Form **990** 

Department of the Treasury

DLN: 93493295003055

OMB No 1545-0047

**Return of Organization Exempt From Income Tax** 

▶ Do not enter social security numbers on this form as it may be made public

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

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

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Ins	pe	cti	on	

Internal F	Revenue :	Service	F-Information abou	it Form 990 and its instructions	is at <u>ww</u>	W.1K5.gov/T	<u>orm990</u>		Inspection
A Fo	rthe 2	014 cal	endar year, or tax year beginni	ng 01-01-2014 , and ending 12	2-31-2014	1			
<b>B</b> Che	ck ıf ap	plicable	C Name of organization KNIGHTS OF COLUMBUS				D Emplo	oyer id	lentification number
☐ Add	ress cha	ange	KNIGHTS OF COLOMBOS				06-0	4164	70
☐ Nar	ne chan	ige	Doing business as						
Init	al retur	n					E Teleph	none nu	ımber
Fina	al ırn/term	unatod	Number and street (or P O box if ONE COLUMBUS PLAZA	mail is not delivered to street address)	Room/su	te			
	ended r			1770			(203	) /52	-4000
		pending	NEW HAVEN, CT 065103326	untry, and ZIP or foreign postal code			<b>G</b> Gross	receipt	s \$ 4,603,663,936
i App	iication	pending	E Name and address of m						
			<b>F</b> Name and address of pr CHARLES E MAURER JR	incipal officer			his a group ordinates?		rn for ┌ Yes
			ONE COLUMBUS PLAZA NEW HAVEN, CT 065103	326					
			NEW HAVEN, CT 003103	320			all subord uded?	linates	s
I Tax	(-exem	pt status	「 501(c)(3)	(insert no )	527			h a lıs	t (see instructions)
J W	ebsite	: <b>►</b> WW	/W KOFC ORG			H(c) Gro	oup exemp	tion n	umber ▶
V Form	of ora	- numation	Corporation Trust Associat	uon C Othor In			formation 1		M State of legal domicile CT
	rt I		mary	ion i Other F		L fear or	ionnation 1	002	M State of legal dofficile. CT
				ion or most significant activities	<u> </u>				
Governance	C M	HARIT 1EMBE	ABLE, RELIGIOUS AND SOC	ATION DEDICATED TO PROMI IAL WELFARE WORKS, RENDER D PROVIDING INSURANCE PR	RING MU	TUALAID	1ATZIZZA	NCE T	O SICK AND NEEDY
rem.	-								
GOS	2 0	heck th	nis box দ if the organization (	discontinued its operations or di	sposed o	f more than	25% of its	s net a	assets
			,						1
Activities &			-	rning body (Part VI, line 1a) .				3	26
Stivi				s of the governing body (Part VI <sub>)</sub> n calendar year 2014 (Part V, lii				5	19
ď			·	necessary)				6	3,462 1,874,000
				Part VIII, column (C), line 12				7a	12,688,751
				from Form 990-T, line 34 .				7b	1,459,275
						Pr	ior Year		Current Year
ο.	8	Contri	butions and grants (Part VIII,	line 1 h)				0	0
Ravenue	9	_	· · · · · · · · · · · · · · · · · · ·	line 2g)		1	,198,412		1,245,533,441
Rev	10		·	nn (A), lines 3, 4, and 7d)			939,636	-	981,552,357
_	11 12			), lines 5, 6d, 8c, 9c, 10c, and 1 1 (must equal Part VIII, columr		<u> </u>	48,288	,036	58,022,576
	12		_	· · · · · · · · · · · · · · · ·			,186,337	,569	2,285,108,374
	13	Grants	s and similar amounts paid (Pai	rt IX, column (A), lines 1-3) .			27,570		37,156,727
	14			IX, column (A), line 4)		1	,658,677	,920	1,738,758,797
ø	15	Saları 5–10)		yee benefits (Part IX, column (A	), lines		150,493	,570	154,505,505
Expenses	16a			(, column (A ), line 11e)				0	0
хbе	ь	Total fu	ndraising expenses (Part IX, column (	D), line 25) 🕨					
Е	17	Other	expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e) .			235,539	.620	239,611,298
	18			ust equal Part IX, column (A), lı			,072,281	-	2,170,032,327
	19	Reven	ue less expenses Subtract line	e 18 from line 12			114,055	,613	115,076,047
or ces						Beginni	ng of Curre	ent	End of Year
Net Assets or Fund Balances	20	Total	accets (Part V line 16)			20	<b>Year</b> 0,541,656	462	21,469,370,592
t As	21						3,624,670		19,564,496,039
₩ Fer	22			t line 21 from line 20			,916,985		1,904,874,553
	t II		ature Block						
my kr	iowled	ge and		xamined this return, including acomplete Declaration of preparer					
		****					2015-09-28		
Sign		Signa	ature of officer				Date		
Here	•	CHAR	RLES E MAURER JR SUPREME SECRET or print name and title	ARY					
		<b>.</b>	Print/Type preparer's name	Preparer's signature	Ιn	ate C	heck I if	PTIN	
Paid	ı	Lī	HOMAS F LYDEN  imm's name ► SEWARD AND MOND	THOMAS F LYDEN		se	elf-employed	P012	215353
		1 F	nnn sname 📂 SEWARD AND MOND	E CPAS		I Fi	rm's EIN 🟲 (	Jo-U53(	UOJU

Firm's address ► 296 STATE STREET

Preparer

**Use Only** 

Firm's name FSEWARD AND MONDE CPA'S

NORTH HAVEN, CT 064732165

Phone no (203) 248-9341

**□Yes** □No

Form	990 (201	14)	Pa	ge <b>2</b>
Par		Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III		<u>.</u>
1	Briefly d	describe the organization's mission		
EDU AND	CATIONA NEEDY M	COLUMBUS IS A CATHOLIC FRATERNAL ORGANIZATION DEDICATED TO PROMOTING AND CONDU AL, CHARITABLE, RELIGIOUS AND SOCIAL WELFARE WORKS, RENDERING MUTUAL AID AND ASSIST MEMBERS AND THEIR FAMILIES, AND PROVIDING INSURANCE PRODUCTS AND ANNUITIES TO BEN CHILDREN	ANCE TO SICE	
2		organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?	┌ Yes ┌ No	
	If"Yes,"	describe these new services on Schedule O		
3	services	organization cease conducting, or make significant changes in how it conducts, any program	┌ Yes ┌ No	
	If"Yes,"	" describe these changes on Schedule O		
4	expenses	e the organization's program service accomplishments for each of its three largest program services, as meass Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation I expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 1,738,758,797 including grants of \$ ) (Revenue \$ 1,22	25,609,919 )	
	FRATERN MEMBERS NEEDY M EDUCATION PURPOSE ACCIDEN AND CAN ORGANIZ	MS FOR THE PAYMENT OF IRC SEC 501(C)(8) BENEFITS TO MEMBERS, WIVES AND THEIR DEPENDENTS KNIGHTS OF COLUMBUS IN ALL SERVICE ORGANIZATION WITH OVER 1 8 MILLION MEMBERS, FOUNDED IN 1882 FOR THE FOLLOWING PURPOSES (A) RENDER IN ALL SERVICE ORGANIZATION WITH OVER 1 8 MILLION MEMBERS, FOUNDED IN 1882 FOR THE FOLLOWING PURPOSES (A) RENDER IS SELECTIVELY CALL SELECTION OF THEIR FAMILIES, AND ASSISTANCE TO ITS MEMBERS AND THEIR FAMILIES, AND (D) PROMOTING IONAL, CHARITABLE, RELIGIOUS SOCIAL WELFARE, WAR RELIEF AND WELFARE AND PUBLIC RELIEF WORK TO MORE EFFECTIVELY CEST THE CORPORATION, A CONNECTICUT SPECIALLY CHARTERED CORPORATION WITHOUT CAPITAL STOCK, PROVIDES COVERAGE FOR AND HEALTH, LONG TERM CARE AND ANNUITY BENEFITS TO MEMBERS, WIVES, WIDOWS AND MINOR CHILDREN PRINCIPALLY IN WADA THE TOTAL IRC SEC 501(C)(8) BENEFITS ACCRUED TO MEMBERS OF \$1,738,758,797 WERE INCURRED FOR THE PURPOSE INCURRED IN 2014, 17,827 DEATH CLAIMS WERE INCURRED THE AVERAGE SIZE OF A LIFE INSURANCE CERTIFICATE IS \$100.	ING AID TO ITS SICK, DISABLED AN AND CONDUCTING ARRY OUT ITS OR LIFE INSURANC THE UNITED STATE FOR WHICH THE	ID E, ES
4b	(Code	) (Expenses \$ 394,116,803 including grants of \$ ) (Revenue \$	)	—
	•	MS FOR EXPENSES INCURRED NECESSARY IN THE KNIGHTS OF COLUMBUS INSURANCE AND FRATERNAL ENDEAVORS		
4c	(Code	) (Expenses \$ 37,156,727 including grants of \$ 37,156,727 ) (Revenue \$	8,928,590 )	—
	PROGRAM	MS OF ASSISTANCE TO OTHER SOCIAL ACTION, EDUCATIONAL, CHARITABLE, BENEVOLENT, MORAL AND RELIGIOUS ENDEAVORS		
4d	O ther p	program services (Describe in Schedule O )		—
	(Expens	ses \$ including grants of \$ ) (Revenue \$	)	
4e	Total pi	program service expenses > 2,170,032,327		

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9	Yes	
10	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	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	21	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	22	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? <i>If "Yes," complete Schedule J.</i>	23	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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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 $I$	25a		
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	25b		
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? If "Yes," complete Schedule L, Part II	26		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Emer the number reported in Box 3 of Form 1096 Enter -10 - finet applicable   1a   123,271		Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
be Enter the number of Forms W-2G included in line 1 a Enter-O-I make applicable   1	1 =	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1 1 1 2 2 7 1		Yes	No
but the arganization comply with backing withholding rules for reportable payments to vendors and reportable garming (parming yourning to previous winners).  2 Extent the number of employees reported on Form Will, Transmittal of Wage and Tax Statements, filed for the calibration of Tax Statements on the calibration of Ta			_		
gamma (pamblina) winnings to prize winners?  2 Enter the authority of implyone 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.  3,462  b If at least one is reported on line 2, and dit he organization file all required feederal employment tax returns?  3 b Oth the organization have simplified but he organization and all required feederal employment tax returns?  3 b Oth the organization have simplified but he organization and all required feederal employment tax returns?  3 b Oth the organization have simplified but he organization and all required feederal employment tax returns?  3 b Oth the organization have simplified but he organization have an interest in, or a signature or other authority over a manner in file of a form 30 of feeder year, did the organization have an interest in, or a signature or other authority over a file of a form 30 of the organization and party for organization that were not tax deductible on that the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000			4		
Tax Statements, field for the celendary year ending with or within the year covered 22 3,462 b   6 at least one is reported on line 22, did the organization in fell irrequired feederal employment tax returns 3,462 b   6 at least one is reported on line 22, did the organization in fell irrequired feederal employment tax returns 3,2462 b   7 at least one is reported on line 22, did the organization have unrelated business gross income of \$1,000 or more during the year? 3		gaming (gambling) winnings to prize winners?	1c	Yes	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If If Yes, he is third a Form 990-T for this year? If You To lime 3b, provide an explanation in Schedule 0.  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a hinancial account in foreign country town as a bank account, securities account, or other financial accounts in freeign country town as a bank account, securities account, or other financial accounts (FBAR)  5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6d 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?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided that payments that may receive deductible contributions under section 170(c).  8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9d Did the organization on bothy the donor of the value of the goods or services provided?  7d Organization that may receive deductible contributions under section 170(c).  8d Did the organization on bothy the donor of the value of the goods or services provided?  7d Did the organization of the year of		Tax Statements, filed for the calendar year ending with or within the year covered by this return	2		1
14   14   15   15   15   15   15   15	b	· · · · · · · · · · · · · · · · · · ·	2b	Yes	
4. A tary 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 accounts (PEA).  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (PEA).  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (PEA).  If "Yes," enter the name of the foreign country (Such as a bank account, securities).  By the organization is party to a prohibited tax shelter transaction at any time during the tax year?  50	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts accounts).  b If "Yes," enter the name of the foreign country. ►CA .RP, VT .MX .DR .PL .BE  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)  b D da any taxable party noisy the organization that it was or is a party to a prohibited tax shelter transaction?  b D da any taxable party noisy the organization that it was or is a party to a prohibited tax shelter transaction?  50 C  If "Yes," to line So or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  50 D Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the normal state of the organization solicit any contributions that the normal state of the organization solicit any contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  Did the organization necesses a payment in excess of \$75 made party as a contribution and partly for goods and as errores provided to the payor?  71 If "Yes," indicate the number of Forms 8282 filed during the year.  72 If "Yes," indicate the number of Forms 8282 filed during the year.  73 If the organization secesses any funds, directly or indirectly, to pay premiums on a personal benefit contract?  74 In If "Yes," indicate the number of Forms 8282 filed during the year.  75 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  76 Did the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-0.  8 Sponsoring organization	b	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	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Dies 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?  50 Diff was received that the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  80 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  70 Did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  71 If "Yes," indicate the number of Forms \$282 filed during the year  72 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  73 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  74 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  75 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 or a	4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	Yes	
Sa No state organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b No No Tif "Yes," to line 5a or 5b, did the organization file Form 886-7?  5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization about any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," 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?  7b If "Yes," indicate the number of forms 8282 filed during the year.  7d If "Yes," indicate the number of Forms 8282 filed during the year.  8c Did the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required?  9c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7c No Payonoving organizations maintaining donor advised funds.  8c Did a donor advised fund maintained by the sopnosoring organization have excess business holdings at any time during the year?  9a Did the sponsoring organizations maintaining donor advised funds.  8 Did a donor advised fund maintained by the sopnosoring organization have excess business holdings at any time during the year?  9a Did the sponsoring organizations. Enter  1 Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities  1 Section 501(c)(2) organizations. Enter  1 Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities  1 Section 501(c)(2) organizations. Enter	b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b N  1 "Yes," to line 5 a or 5b, did the organization file form 8886-T?  5c S  5c S  5d 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?  1 "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  9 Did the organization or receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  10 Did the organization notify the donor of the value of the goods or services provided?  11 P'es," did the organization notify the donor of the value of the goods or services provided?  12 Did the organization notify the donor of the value of the goods or services provided?  13 Did the organization notify the donor of the value of the goods or services provided?  14 Did the organization notify the donor of the value of the goods or services provided?  15 Did the organization received a payor?  16 Did the organization donor	5-2		52		No
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Sc   Sc   Sc   Sc   Sc   Sc   Sc   Sc			5b		14.0
organization solicit any contributions that were not tax deductible as chantable contributions?  b If "Yes," add the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  8 Did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1 F'Yes," indicate the number of Forms 9282 filed during the year.  2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1095-C?  9 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?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advised, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advised person?  9 Did the sponsoring organizations. Enter  1 Did Did the sponsoring organization make any taxable distribution to a donor, donor advised person?  1 Did Did the sponsoring organizations. Enter  2 Gross income from members or shareholders  3			5c		
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
c Did the organization sell, exchange, or otherwise dispose of tampible personal property for which it was required to file Form \$282?    Variable   Form \$282?   Variable   Var	b		7b		
e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  F Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77  F Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77  F Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77  F Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  76  F Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C?  87  S Ponsoring 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?  90  F Did the sponsoring organization make any taxable distributions under section 4966?  91  F Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  92  F Did the sponsoring organizations. Enter  12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  In the cross income from embers or shareholders  In b Gross income from embers or shareholders  In Section 501(c)(12) organizations. Enter  In Section 501(c)(12) organizations. Enter  In Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them  In Time of the amount of the secure of the sec		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
contract?	d		/c		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	e		70		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Possible of the 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?  Did the sponsoring organization make any taxable distributions under section 4966?  Possible of the sponsoring organization make any taxable distributions under section 4966?  Possible of the sponsoring organization make any taxable distributions under section 4966?  Possible of the sponsoring organization make any taxable distributions under section 4966?  Possible of the sponsoring organization make any taxable distributions under section 4966?  Possible of the sponsoring organization make any taxable distributions under section 4966?  Possible of the sponsoring organization make any taxable distributions under section 4966?  Possible of the sponsoring organizations included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital on Form 990, Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiati	f				No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	5		- 110
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?	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
9a Did the sponsoring organization make any taxable distributions under section 4966?	8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	Did the sponsoring organization make any taxable distributions under section 4966?			
Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12 10a  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders					
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders					
a Gross income from members or shareholders		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	1	Section 501(c)(12) organizations. Enter			
against amounts due or received from them )	а	Gross income from members or shareholders			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
year	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a 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  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	b	12h			
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  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  c Enter the amount of reserves on hand	3	·	1		
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		Is the organization licensed to issue qualified health plans in more than one state?	13a		
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states			
.4a Did the organization receive any payments for indoor tanning services during the tax year?	c	in which the organization is neclised to issue qualified health plans	-		
		130	142	! 	l No
THE RESEARCH FOR THE PROPERTY OF THE PROPERTY		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140

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

Check if Schedule O contains a response or note to any line in this Part VI	Check if Schedule (	contains a response or note to a	v line in this Part VI											_	.マ
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	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	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	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?	7b	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 R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod <b>Yes</b>	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  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	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  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	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►CHARLES E MAURER JR SUPREME SECRETARY

ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 (203) 752-4227

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (2014)

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

<b>(A)</b> Name and Title	and Title A verage hours per week (list any hours		han d n is	ne l both	box, an	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	,	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Lb	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	r			
d	Total (add lines 1b and 1c)	►	9,536,303	0	667,177
	·				

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►136

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

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
VERTEX INC ONE LIBERTY SQUARE NEW BRITAIN, CT 060510000	PMO SUPPORT, IMAGING WORKFLOW & NETWORKS	6,779,155
ST JOSEPH PRINTING LTD 50 MACINTOSH BLVD CONCORD, ONTARIO L4K 4P3 CA	PRINTING SERVICES	2,827,176
EBIX INC PO BOX 105046 ATLANTA, GA 303485046	E-COMMERCE SOFTWARE & SERVICES	1,427,211
COMPUTER SCIENCES CORPORATION 200 WEST CESAR CHAVEZ ST AUSTIN, TX 787010000	IT SERVICES	1,386,840
GSS INFOTECH INC 2842 MAIN STREET SUITE 164 GLASTONBURY, CT 060330000	WEBSITE SERVICES	1,344,053
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 of compensation from the organization ►333

Part V	ЛП	Statement of		ance or note to any lu	no in this Bort VIII			
		Check ii Sched	ule O contains a respo	nise or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a	1				512-514
ats and								
ie a	b	Membership du						
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising ev	ents <b>1</b> 0	:				
調節	d	Related organiz	zations 1d					
E. S.	e	Government grant	s (contributions) <b>1e</b>					
ë S	f		ons, gifts, grants, and <b>1f</b>			i		
but the		similar amounts no	ot included above ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines					
Con	h	Total. Add line	s 1 a - 1 f	· · ·				
				Business Code				
ĬĮ.	2a	PREMIUM INCOME	:	524113	1,186,645,620	1,175,650,688	10,994,932	
Program Serwce Revenue	ь	SUPPLEMENTARY (	CONTRACT	524113	27,595,536	27,595,536		
93	c	INTEREST MAINT I	RESERVE	524113	18,520,452	18,520,452		
ja Ja	d	MEMBERSHIP ASSI	ESSMENTS	900099	4,684,128	4,684,128		
ය =	e			900099	4,244,462	4,244,462		
្រីនា	f	All other progra	am service revenue		3,843,243	3,843,243		
جُ	g	Total Add line	s 2a-2f		1,245,533,441			
	3		ome (including divider		1,243,333,441			
		and other sımıl	aramounts)		924,350,438		1,693,819	922,656,619
	4	Income from inves	stment of tax-exempt bond	proceeds				
	5	Royalties .		🕨				
		C	(ı) Real	(II) Personal				
	ba b	Gross rents Less rental						
	"	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,375,757,481					
	ь	Less cost or other basis and	2,318,555,562					
		sales expenses						
	C .	Gain or (loss)	57,201,919		F7 201 010			F7 201 010
	d		ss)		57,201,919			57,201,919
eune	8a	events (not inc	_					
Other Revenue		See Part IV, lir						
Ě			penses b					
O	C		(loss) from fundraising 	events 🛌				
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or	(loss) from gamıng act	ivities				
	10a	Gross sales of returns and allo						
	Ь	Less costofa	oods sold <b>b</b>					
	1		(loss) from sales of inv	rentory 🛌	1			
		Mıscellaneou		Business Code				
	11a	CERTIFICATE	LOANS	524113	49,499,684			49,499,684
	ь	MORTGAGE LO		524113	8,522,892			8,522,892
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	🛌	E0 022 E70			
	12	Total revenue	See Instructions .		58,022,576			
	1			7	2,285,108,374	1,234,538,509	12,688,751	1,037,881,114

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	30,817,054	30,817,054		· .
2	Grants and other assistance to domestic individuals See Part IV, line 22	230,926	230,926		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	6,108,747	6,108,747		
4	Benefits paid to or for members	1,738,758,797	1,738,758,797		
5	Compensation of current officers, directors, trustees, and	1,730,730,797	1,730,730,797		
3	key employees	7,908,987	7,908,987		
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	58,832,126	58,832,126		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,478,193	7,478,193		
9	Other employee benefits	69,272,935	69,272,935		
10	Payroll taxes	11,013,264	11,013,264		
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,716,967	4,716,967		
С	Accounting	1,387,386	1,387,386		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,601,312	6,601,312		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,527,582	6,527,582		
12	Advertising and promotion	2,156,238	2,156,238		
13	Office expenses	16,493,925	16,493,925		
14	Information technology	13,401,961	13,401,961		
15	Royalties				
16	Occupancy	5,597,723	5,597,723		
17	Travel	7,327,554	7,327,554		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,435,658	2,435,658		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,661,332	2,661,332		
23 24	Insurance	2,621,476	2,621,476		
	miscellaneous expenses in line 24e If line 24e amount exceeds $10\%$ of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COMMISSIONS ON PREMIUM	112,969,429	112,969,429		
b	UBI AND OTHER TAXES	805,665	805,665		
c	SUNDRY GENERAL EXPENSE	18,061,960	18,061,960		
d	BENEVOLENCE PROGRAMS	14,599,231	14,599,231		
е	All other expenses	21,245,899	21,245,899		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,170,032,327	2,170,032,327	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)				
				For	rm <b>990</b> (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line	e in this	rart X			· · · · · · · · · · · · · · · · · · ·
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			22,273,050	1	19,443,309
	2	Savings and temporary cash investments			213,355,297	2	695,962,589
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Com Schedule L	nplete P				
4ssets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c) contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instru II of Schedule L	(3)(B), a ction 50	nnd 1(c)(9)		5	
8	7	Notes and loans receivable, net				7	
₫	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	   10a	74,694,427		9	
	Ь	Less accumulated depreciation	10b	40,098,743	33,788,924	10c	34,595,684
	11	Investments—publicly traded securities		' '	18,647,417,599	11	19,000,156,884
	12	Investments—other securities See Part IV, line 11			1,406,984,004	12	1,496,937,851
	13	Investments—program-related See Part IV, line 11			1,400,004,004	13	1,400,007,001
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			217,837,588		222,274,275
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			20,541,656,462	16	21,469,370,592
					83,211,394		27,730,580
	17	Accounts payable and accrued expenses			65,211,394	17	27,730,380
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
8	21	Escrow or custodial account liability Complete Part IV of S			3,482,010	21	867,034
Liabilitie	22	Loans and other payables to current and former officers, dukey employees, highest compensated employees, and disq	ualified	·			
<u>.</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third pa				23	
	24	Unsecured notes and loans payable to unrelated third parti				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete D	e Part X		18,537,977,425	25	19,535,898,425
	26	Total liabilities. Add lines 17 through 25			18,624,670,829	26	19,564,496,039
'n		Organizations that follow SFAS 117 (ASC 958), check here	<b>▶</b>	nd complete			
Å		lines 27 through 29, and lines 33 and 34.	,	•			
<u>-</u>	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	ck here	► 🗸 and			
S)	30	Capital stock or trust principal, or current funds			0	30	0
Šet	31	Paid-in or capital surplus, or land, building or equipment fu	nd .		0	31	0
Š	32	Retained earnings, endowment, accumulated income, or otl			1,916,985,633	32	1,904,874,553
ž	33	Total net assets or fund balances			1,916,985,633	33	1,904,874,553
Z	34	Total liabilities and net assets/fund balances			20,541,656,462	34	21,469,370,592

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,285,1	108,374
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,170,0	032,327
3	Revenue less expenses Subtract line 2 from line 1	3			 076,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			235,055
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-103,9	952,072
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,904,8	374,553
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

**EIN:** 06-0416470

Name: KNIGHTS OF COLUMBUS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	ependent Cor	tracto	rs				_	I	Ī	1
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor/	ox, ι an o /trus	unless fficer stee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	_,,	_,,	related organizations
(1) CARL A ANDERSON	45 00 15 00	x		х				2,250,274	0	39,532
OIRECTOR/SUPREME KNIGHT  (1) DANIEL J BAKER	5 00							24.150	0	
DIRECTOR (2) MECLEA L CASAVANT	0 00	×						34,150	0	0
PAST DIRECTOR	0 00	х						26,740	0	0
(3) MICHAEL G CONRAD	5 00	x						34,950	0	0
DIRECTOR (4) VIRGIL C DECHANT	0 00							3.7533		
DIRECTOR	5 00	×						26,682	0	0
(5) SCOTT A FLOOD	5 00	x						32,550	0	0
DIRECTOR (6) NATALE L GALLO	0 00 5 00					_		32,333	•	
DIRECTOR	0 00	х						38,150	0	0
(7) MICHAEL T GILLIAM	5 00	х						35,750	0	0
DIRECTOR (8) TOMMY C HARGER	0 00 5 00									
DIRECTOR	0 00	Х						9,010	0	0
(9) ARTHUR J HARRIS	5 00	х						33,140	0	0
DIRECTOR (10) PATRICK E KELLY	0 00 25 00							,		
DIRECTOR/VP PUBLIC POLICY	30 00	Х						212,881	0	37,745
(11) LARRY W KUSTRA	5 00	х						9,010	0	0
DIRECTOR (12) PAUL J LAMBERT	5 00									
DIRECTOR	0 00	X						34,150	0	0
(13) MOST REV WILLIAM E LORI	5 00	x		Х				0	0	0
CIRECTOR/SUPREME CHAPLAIN  (14) LOGAN T LUDWIG	5 00	×		x				389,959	0	31,946
DIRECTOR/DEP SUPREME KNIGHT (15) JOHN A MARRELLA	11 00 50 00	^						309,939		31,940
DIRECTOR/SUPREME ADVOCATE	5 00	x		Х				479,445	0	31,946
(16) JAVIER S MARTINEZ	5 00	х						33,940	0	0
DIRECTOR (17) CHARLES E MAURER JR	0 00 50 00									
DIRECTOR/SUPREME SECRETARY	5 00	X		Х				350,619	0	30,632
(18) MICHAEL J O'CONNOR	50 00	x		х				273,216	0	37,936
DIRECTOR/SUPREME TREASURER (19) DANIEL ROSSI	5 00	,,						22.440		
DIRECTOR	0 00	X						33,140	0	0
(20) JAMES R SCROGGIN DIRECTOR	5 00	x						33,350	0	0
(21) BRIAN W SIMER	5 00	x						34,150	0	0
DIRECTOR (22) THOMAS P SMITH JR	0 00		_			-		34,130		
DIRECTOR/EXECUTIVE VP INS	50 00	x		х				725,727	0	40,068
(23) KENNETH E STOCKWELL	5 00	x						33,140	0	0
DIRECTOR (24) ALONSO L TAN	0 00 5 00		-			+				
DIRECTOR	0 00	x						29,940	0	0
	•	•		•	•	•	•			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position or director	ion (d nan o n is b	ne bector/	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) THOMAS M WEGENER	5 00	x						34,150	0	0
DIRECTOR	0 00							3.,255		
(1) RONALD B WHITE	5 00	l x						25,140	0	0
PAST DIRECTOR	0 00							,		
(2) MICHAEL L WILLS	5 00	x						33,350	0	0
DIRECTOR (3) MICHAEL C CONFORTI MD	0 00 45 00									
MEDICAL DIRECTOR	0 00			Х				331,478	0	31,946
(4) KENNETH LEM	45 00			.,				200.074		20.570
SENIOR VP/ACTUARY	0 00			X				300,874	0	38,679
(5) TERRENCE T LESCOE	50 00			Х				224 572	0	20.002
CHIEF FINANCIAL OFFICER	5 00			^				321,573	0	29,803
(6) RONALD J TRACZ	50 00			х				241,396	0	27,234
ASST SUPREME SECRETARY	5 00							211,050		
(7) ANTHONY V MINOPOLI	45 00				х			540,115	0	40,068
SENIOR VP INVESTMENTS  (8) RICHARD F PLUSH	0 00 45 00									
					х			437,367	0	31,946
SENIOR VP PRODUCT DEVEL  (9) WILLIAM M BROWN JR	0 00 45 00									
CHIEF COMPLIANCE OFFICER	0 00					Х		242,442	0	39,269
(10) BETH ELFREY	45 00								_	
SENIOR VP/DEPUTY GEN COUNCIL	0 00					Х		306,724	0	39,681
(11) RONALD D FRANZLUEBBERS	45 00					Х		361,037	0	40,068
CHIEF ACTUARY	0 00					^		301,037	0	40,008
(12) E NEILL JORDAN	45 00					х		333,150	0	40,068
SENIOR VP FIXED INCOME	0 00							,		
(13) GILLES MARCHAND	45 00					х		257,279	0	34,464
VP CREDIT INVESTMENT (14) DENNIS A SAVOIE	0 00									
							х	576,165	0	24,146
FORMER DIR/DEPUTY SUPREME KNIGHT	0 00	<u> </u>	<u> </u>				L			

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OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Name of the o			Emp	loyer identification nu	nber
(NIGHTS OF COL	UMBUS		06-0	0416470	
	ganizations Maintaining Donor Adv ganızatıon answered "Yes" to Form 990		r Funds	or Accounts. Com	olete if the
<u> </u>	ganization answered Tes to Form 990	(a) Donor advised funds		(b) Funds and other ac	counts
Total num	ber at end of year	. ,		. ,	
	value of contributions to (during year)				
Aggregate	e value of grants from (during year)				
Aggregate	e value at end of year				
	rganization inform all donors and donor adviso the organization's property, subject to the or	_		ısed <b>┌ Y</b> ∈	s
used only	rganization inform all grantees, donors, and do for charitable purposes and not for the benef g impermissible private benefit?				s No
	onservation Easements. Complete if	the organization answered "Ye	s" to Forn	n 990, Part IV, line 7	7.
☐ Prese☐ Proted☐ Prese☐ Complete	s) of conservation easements held by the org rvation of land for public use (e g , recreation ction of natural habitat rvation of open space lines 2a through 2d if the organization held a	or education)  Preservation o	of a certifie	d historic structure	ea
easement	t on the last day of the tax year				
Total num	nber of conservation easements			Held at the End of	the Year
='	eage restricted by conservation easements		2a		
	f conservation easements on a certified histo	ric structure included in (a)	2b 2c		
Number o	f conservation easements on a certified make f conservation easements included in (c) acq tructure listed in the National Register	• • • • • • • • • • • • • • • • • • • •	2d		
	f conservation easements modified, transferr	ed released extinguished or termi	nated by th	ne organization during	
Number o	ear F f states where property subject to conservati organization have a written policy regarding t ent of the conservation easements it holds?		——— handling of	Fviolations, and	s ΓNo
Staff and ►	volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ea	asements c	during the year	
	f expenses incurred in monitoring, inspecting	, and enforcing conservation easem	nents during	g the year	
	h conservation easement reported on line 2(o on 170(h)(4)(B)(II)?	l) above satisfy the requirements of	f section 17	70(h)(4)(B)(ı) <b>Ye</b>	s No
balance s the organ	III, describe how the organization reports con heet, and include, if applicable, the text of the ization's accounting for conservation easeme	e footnote to the organization's finar nts	ncıal stater	ments that describes	
	ganizations Maintaining Collection omplete if the organization answered "Y			ner Similar Assets	<b>5.</b>
If the org works of a	anization elected, as permitted under SFAS 1 art, historical treasures, or other similar asse provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rits held for public exhibition, educati	evenue sta ion, or rese	arch in furtherance of p	
If the org works of a	anization elected, as permitted under SFAS 1 art, historical treasures, or other similar asse provide the following amounts relating to thes	16 (ASC 958), to report in its revei ts held for public exhibition, educati	nue statem	ent and balance sheet	oublic
(i) Reven	ue included in Form 990, Part VIII, line 1			<b>►</b> \$	
(ii) <sub>Asset</sub>	s included in Form 990, Part X			<b>►</b> \$	
If the org	anization received or held works of art, histor amounts required to be reported under SFAS				
Revenue	included in Form 990, Part VIII, line 1			<b>►</b> \$	
Assets in	cluded in Form 990, Part X			<b>►</b> \$	

Part	Organizations Maintaining Collections of Art, Hi	stor	·ic	al Trea	asu	res, or Ot	he	r Similar Ass	sets (d	continued)
3	Using the organization's acquisition, accession, and other records, collection items (check all that apply)	check	сa	ny of the	follo	owing that ar	e a	significant use	of its	
а	Public exhibition d		•	Loan or	exch	nange progra	ms			
b	Scholarly research e	Г	-	Other						
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain he Part XIII	ow th	еy	further t	he o	rganızatıon's	ex	empt purpose ıı	า	
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part								_ Yes	┌ No
Par	Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 990, I	ıf the	9 0	organiza	tior			es" to Form 9	90,	
1a	Is the organization an agent, trustee, custodian or other intermedial included on Form 990, Part X?					r other asse	ts r	not 「	– Yes	✓ No
b	If "Yes," explain the arrangement in Part XIII and complete the follo	owing	ta	able						
								Am	ount	
C	Beginning balance						.c			
d	Additions during the year					1	d			
e	Distributions during the year					1	e			
f	Ending balance					_1	.f			
2a	Did the organization include an amount on Form 990, Part X, line 21	, for	es	crow or c	usto	dıal account	: lıa	bility?	✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the exp	olanat	tıo	n has be	en p	rovided in Pa	art :	KIII		I
Pai	t V Endowment Funds. Complete if the organization ar									
	(a)Current year (	<b>b)</b> Prio	rу	ear <b>b</b>	<b>(c)</b> Tv	vo years back	(d)	Three years back	(e)Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end balance (I	ıne 1	g,	column (	a)) h	ield as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ▶									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
За	Are there endowment funds not in the possession of the organization organization by	n that	: a	re held a	nd a	dmınıstered	for	the	Yes	No
	(i) unrelated organizations		1					3a(i		1
	(ii) related organizations							3a(i		
b	If "Yes" to $3a(II)$ , are the related organizations listed as required on							3b		
4	Describe in Part XIII the intended uses of the organization's endow									
Par	<b>t VI</b> Land, Buildings, and Equipment. Complete if the 11a. See Form 990, Part X, line 10.									
	Description of property			Cost or oth (Investme		(b)Cost or other)		(c) Accumulated depreciation	( <b>d)</b> B	ook value
<b>1</b> a l	and					7,153,1	60			7,153,160
b i	Buildings					48,821,8	61	21,912,299		26,909,562
<b>c</b> l	_easehold improvements				$\Box$					
d i	Equipment					18,012,2	09	17,479,247		532,962
	Other					707,1	97	707,197	1	0
Tota	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, co	lumn	(B	3), line 10	(c).)		•	<u> ► </u>		34,595,684
								Schedule D	(Form	990) 2014

<b>Part VII Investments—Other Securities.</b> Com See Form 990, Part X, line 12.	plete if the organization a	inswered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other (A)CERTIFICATE LOANS AND LIENS	997,401,618	С
(B) REAL ESTATE HELD FOR SALE	43,864,439	С
(C) OTHER INVESTED ASSETS		С
	264,064,295	
(D) MORTGAGE LOANS	191,607,499	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	, , ,	
Part VIII Investments—Program Related. Cor See Form 990, Part X, line 13.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (h) must equal Form 990 Part X col (B) line 13 )		
Total (Colami (2) mass equal form 350) rate by col (2) mile 15 /		Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip	otion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the organ		Form 990. Part IV. line 11e or 11f. See
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes See Additional Data Table		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide	19,535,898,425 the text of the footnote to the	e organization's financial statements that reports the

the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	1	2,257,309,458
Net unrealized gains (losses) on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII )		
Add lines <b>2a</b> through <b>2d</b>	2e	94,623
Subtract line <b>2e</b> from line <b>1</b>	3	2,257,214,835
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a 22,821,359		
Other (Describe in Part XIII )		
Add lines <b>4a</b> and <b>4b</b>	4c	27,893,539
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,285,108,374
Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	<b>eturn.</b> Complete
Total expenses and losses per audited financial statements	1	2,142,138,788
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII)............ <b>2d</b>		
Add lines <b>2a</b> through <b>2d</b>	2e	0
Subtract line <b>2e</b> from line <b>1</b>	3	2,142,138,788
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 4a 22,821,359		
Other (Describe in Part XIII )		
Add lines <b>4a</b> and <b>4b</b>	4c	27,893,539
Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	2,170,032,327
	Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12)  Total expenses and losses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  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  4a 22,821,359  Other (Describe in Part XIII )  4b 5,072,180	Add lines 2a through 2d

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

Return Reference	Explanation
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
PART XI, LINE 4B - OTHER ADJUSTMENTS	CULTURE OF LIFE FUND 4,684,128 COST-PROMOTIONAL GOODS 388,052
PART XII, LINE 4B - OTHER ADJUSTMENTS	CULTURE OF LIFE FUND 4,684,128 COST-PROMOTIONAL GOODS 388,052
PART X, LINE 2	THERE IS NO FIN 48 NOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

## **Additional Data**

Software ID: Software Version:

(b) Book Value

12,125,201,322

420,571

**EIN:** 06-0416470

Name: KNIGHTS OF COLUMBUS

# Form 990, Schedule D, Part X, - Other Liabilities (a) Description of Liability (

RESERVE UNDER LIFE CERTIFICATES

UNPAID CLAIMS - A AND H

COLLATERAL LIABILITY ON LOANED SECURITIES

RESERVE UNDER ACCIDENT AND HEALTH

CERTIFICATES	339,517,439
LIABILITY FOR DEPOSIT-TYPE CONTRACT FUNDS	6,099,521,170
UNPAID CLAIMS - LIFE	50,637,128
DIVIDENDS DUE AND UNPAID	1,257,103
DIVIDENDS APPORTIONED FOR PAYMENT IN THE FOLLOWING YEAR	278,147,880
PREMIUMS RECEIVED IN ADVANCE	6,795,769
AMOUNTS WITHHELD AS TRUSTEE	2,296,728
AMOUNTS HELD FOR FIELDWORKERS' ACCOUNT	139,480
REMITTANCES AND ITEMS NOT ALLOCATED	9,910,736
LIABILITY FOR BENEFITS FOR EMPLOYEES AND RETIREES	224,215,640
INTEREST MAINTENANCE RESERVE	47,690,370
ASSET VALUATION RESERVE	246,765,944
UNPRESENTED CHECKS AND DUE TO REINSURERS	1,725,907
ADVANCE PAYMENTS FOR COUNCIL SUPPLIES	12,389
FUNDS HELD IN ESCROW - FOURTH DEGREE FUND	2,117
DUE TO AFFILIATES	36,279

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493295003055

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

	ie of the organization GHTS OF COLUMBUS	Employer ident	Employer identification number				
					06-0416470		
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered	
1	<b>For grantmakers.</b> Does the cand other assistance, the grants or a used to award the grants or a	the selection criteria	✓ Yes				
<b>2 For grantmakers.</b> Describe in Part V the organization's procedures for monitoring the use of its grants and assistance outside the United States.							
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed )		
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
( 1	) See Add'l Data		j	,			
( 2	)						
( 3	)						
( 4	)						
( 5	)						
3a	a Sub-total	1	498			391,616,144	
ı	<b>b</b> Total from continuation sheets to Part I	0	0			3,602,730,663	
	c Totals (add lines 3a and 3b)	1	498			3,994,346,807	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

			1		•	1	_	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
(3)								
(4)								
(5)								
( 6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12)								
(13)								
( 14)								
( 15)								
( 16)								

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

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

Part III can be	Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	( <b>f)</b> A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
(1)					7		1			
( 2)		+			<u> </u>		<u> </u>			
(3)		+ +			<u> </u>		<u>'</u>			
(4)		+ +					<u> </u>			
(5)		+ +			†		<del>                                     </del>			
(6)		+ +	·		+		<del>                                     </del>			
(7)		+ +			+					
(8)	+				+		+			
(9)					<del>                                     </del>					
( 10)	+				+		-			
(11)	+	+			+					
( 12)					<del>                                     </del>		<del>                                     </del>			
( 13)					<del>                                     </del>					
( 14)					<del>                                     </del>					
( 15)	+	+	·		<del>                                     </del>					
( 16)		+								
( 17)	+	+	·							
( 18)	+	+ +								

# Part IV Foreign Forms

1	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)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Г	Yes	<u>r</u>	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)	<b>I</b>	Yes	Г	Νo
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)	Г	Yes	<b>V</b>	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)	Г	Yes	<b>▽</b>	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Γ	Yes	<u>~</u>	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

## Part V Supplemental Information

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

### 990 Schedule F, Supplemental Information

Return Reference	Explanation								
PART I, LINE 2	GRANTS MADE TO ORGANIZATIONS ARE FOR GENERAL SUPPORT OF THE RECIPIENT ORGANIZATION THE OR GANIZATION VERIFIES THAT ALL GRANTS ARE PROVIDED TO ENTITIES THAT HAVE AN EQUIVALENT STATU S 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 DETE RMINED BASED ON APPLICATION AND VERIFICATION OF ELIGIBILITY								

# 990 Schedule F, Supplemental Information

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

### **Additional Data**

Software ID: Software Version:

**EIN:** 06-0416470

Name: KNIGHTS OF COLUMBUS

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	494		PROGRAMS FOR INSURANCE AND FRATERNAL ENDEAVORS	385,657,897
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS	GRANTMAKING	1,216,737
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS	GRANTMAKING	203,800

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
EUROPE	1	<u>-</u>	GRANTS TO RECIPIENTS	GRANTMAKING	4,056,303					
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT TO RECIPIENT	GRANTMAKING	105,600					
RUSSIA AND NEIGHBORING STATES	0		GRANTS TO RECIPIENTS	GRANTMAKING	225,000					

Form 990 Schedule F	<u>Part I - Activ</u>	<u>ities Outside</u>	The United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANT TO RECIPIENT	GRANTMAKING	39,500
SUB-SAHARAN AFRICA	0	_	GRANT TO RECIPIENTINVESTMENTS	GRANTMAKING	111,307
CENTRAL AMERICA AND THE CARIBBEAN	0		GRANTS TO RECIPIENTS	GRANTMAKING	150,500

Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region						
SOUTH ASIA	0	0	INVESTMENTS		5,000,000						
SOUTH AMERICA	0	0	INVESTMENTS		14,885						
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		102,966,610						

Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region						
EUROPE	0	0	INVESTMENTS		447,040,165						
NORTH AMERICA	0	0	INVESTMENTS		2,903,253,041						
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		120,284,672						

Form 990 Schedule F	form 990 Schedule F Part I - Activities Outside The United States											
(a) Region (b) Number of (c) Number			(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region							
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		24,020,790							

Form 990 Schedu	le F Part II	Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		EUROPE	PROGRAM SUPPORT	10,073	WIRE TRANSFER					
		RUSSIA AND NEIGHBORING STATES	SUPPORT CONSTRUCTION OF A CHURCH IN THE UKRAINE	125,000	WIRE TRANSFER					
		EUROPE	SUPPORT PUBLICATION OF A JOURNAL	20,201	WIRE TRANSFER					
		EUROPE	SUPPORT HD BROADCAST OF CANONIZATIONS	147,000	CHECK					

form 990 Schedule F Part II - Grants or Entities Outside The United States												
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
		EAST ASIA AND THE PACIFIC	SUPPORT OF VARIOUS PROGRAMS AND COMMUNICATIONS	,	WIRE TRANSFER							
		NORTH AMERICA	SUPPORT OF "RISE UP" NATIONAL CONFERENCE IN CALGARY, CANADA	26,631	СНЕСК							
		NORTH AMERICA	SPONSOR OF NATIONAL MARCH OF LIFE IN OTTAWA, CANADA	22,608	СНЕСК							
'		EUROPE	TO REBUILD	100,000	WIRE TRANSFER							

CHURCH

orm 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		NORTH AMERICA	PROGRAM SUPPORT	10,163	WIRE TRANSFER				
		NORTH AMERICA	SUPPORT PROGRAMS AND COMMUNICATIONS	·	CHECK				
		EUROPE	SUPPORT MAINTENANCE OF PLAYGROUNDS AND PROGRAMS IN ROME, ITALY	, ,	WIRE TRANSFER				
		EUROPE	SUPPORT RENOVATION OF ELECTRICAL SYSTEM	70,000	CHECK				

Form 990 Schedu	ale F Part II	Grants or Entit <sup>;</sup>	ies Outside The Uni	ited States				, , , , , , , , , , , , , , , , , , ,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE	DONATION OF EARNINGS FROM THE VICARIUS CHRISTI FUND	1,600,000	CHECK			
		NORTH AMERICA	SUPPORT DEVELOPMENT OF WEBSITE	48,425	WIRE TRANSFER			
		EUROPE	PROMOTE KNOWLEDGE AND UNDERSTANDING BETWEEN CHRISTIANS AND MUSLIMS	274,700	WIRE TRANSFER			
		EUROPE	SUPPORT OF INTERNATIONALE SU PIO XII	8,101	WIRE TRANSFER			

Form 990 Schedi	ale F Part II	Grants or Entiti⁄	ies Outside The Uni	ited States				·
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
			SUPPORT PROGRAMS TO PROMOTE PEACE IN THE REGION	105,600	CHECK			
			SUPPORT DISTRIBUTION OF "HUMANITAS" TO SPANISH SPEAKING BISHOPS	39,500	WIRE TRANSFER			
			SUPPORT BROADCAST EXPENSES FOR PAPAL CEREMONIES	207,456	WIRE TRANSFER			
		EUROPE	SUPPORT VARIOUS PROGRAMS	97,117	СНЕСК			

Form 990 Schedu	le F Part II	- Grants or Entitie	s Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			SUPPORT OF 2014 CONFERENCES	180,138	CHECK			
		AND THE CARIBBEAN	SUPPORT PROGRAM FOR HAITI EARTHQUAKE RELIEF	30,500	WIRE TRANSFER			
			SUPPORT SYMPOSIUM FOR CLERGY	13,374	CHECK			
			TO TRANSLATE "CALLED TO LOVE"	6,774	WIRE TRANSFER			

Form 990 Schedi	ule F Part II	Grants or Entit <sup>†</sup>	ies Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA AND THE PACIFIC	TO SUPPORT SATELLITE UPLINK OF PAPAL VISIT	33,000	WIRE TRANSFER			
		EUROPE	SUPPORT THE FOTA V INTERNATIONAL LITURGY CONFERENCE	24,727	WIRE TRANSFER			
		NORTH AMERICA	DONATIONS TO CANADIAN PROVINCES' SPECIAL OLYMPICS ORGANIZATIONS	·	CHECKS			
		NORTH AMERICA	SUPPORT FOR RELIGIOUS FREEDOM CONFERENCE	15,753	CHECK			

Form 990 Schedu	le F Part II اي	Grants or Entit <sup>r</sup>	ties Outside The Unit	ted States				, , , , , , , , , , , , , , , , , , ,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE	SPONSOR "THE ROMAN TRIPTYCH" CONCERT	8,000	WIRE TRANSFER			
		EUROPE	SUPPORT HOLY SEE'S STRATEGIC COMMUNICATIONS OFFICE	100,000	CHECK			
		EUROPE	SUPPORT FOR "PROJECT LATIN AMERICA" SCHOLARSHIPS	100,000	CHECK			
		EUROPE	DONATIONS OF THE ANNUAL EARNINGS OF OUR LADY OF GUADALUPE FUND	45,500	CHECK			

Form 990 Schedi	ule F Part II	- Grants or Entit	ies Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	pose of grant (e) A mount of cash grant c		(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT OF SCHOLARSHIP PROGRAMS	20,000	CHECK			
		EAST ASIA AND THE PACIFIC	SUPPORT OF PAPAL VISIT	50,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	SUPPORT ADVANCED STUDIES FOR PRIESTS IN THE PHILIPPINES	52,800	CHECK			
		NORTH AMERICA	SUPPORT THE MICHAEL J MCGIVNEY FUND AND OTHER FUNDS	343,070	CHECKS	,	PROVIDE SALARIES AND FRINGE	воок

, Form 990 Schedv	ile F Part II	- Grants or Entitle	s Outside The Un	ited States		_		<u> </u>
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			SUPPORT SCHOOL PROJECT IN UGANDA	111,307	CHECK			
		NEIGHBORING	SUPPORT VICTIMS OF VIOLENCE IN KIEV, UKRAINE	100,000	CHECK			
		AND THE	SUPPORT FOR HOSPITAL BERNARD MEVA IN HAITI	120,000	CHECK			
			SUPPORT VARIOUS PROGRAMS	344,277	CHECKS			

, Form 990 Scheau	ie F Part II	- Grants or Entition	ies Outside The Uni	ited States				· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			SUPPORT VARIOUS PROGRAMS	226,351	CHECK			
			SUPPORT PROGRAMS IN OPPOSITION OF EUTHANASIA	68,530	CHECK			
		THE PACIFIC	SUPPORT OF SCHOLARSHIP PROGRAMS	18,000	CHECK			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493295003055

OMB No 1545-0047

Department of the Treasury

(Form 990)

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

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

Open to Public **Inspection** 

Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization KNIGHTS OF COLUMBUS

Employer identification number

10141	diris di edebireds		06-0416470					
Pa	rt I General Information	n on Grants and	d Assistance				•	
1 2	Does the organization maintain r the selection criteria used to awa Describe in Part IV the organiza	ard the grants or as	sistance?	·		_		✓ Yes
Pa	rt II Grants and Other As Form 990, Part IV, line							es" to
(	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See	e Addıtıonal Data Table							

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

72 15 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STIPENDS	73	230,926	0		

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

Schedule I (Form 990) 2014

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 06-0416470

Name: KNIGHTS OF COLUMBUS

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN WHEELCHAIR MISSION2309 LAS POSAS ROAD SUITE C-501 CAMARILLO,CA 930100000	26-4571639	501(C)(3)	300,000				FOR THE ACQUISITION AND DISTRIBUTION OF WHEELCHAIRS TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ARCHDIOCESE FOR THE MILITARY SERVICE USA 1025 MICHIGAN AVENUE NE WASHINGTON, DC 200170469	13-1624090	501(C)(3)	40,865				SUPPORT OF SEMINARIAN DEVELOPMENT PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ARCHDIOCESE OF HARTFORD134 FARMINGTON AVENUE HARTFORD,CT 061053784	06-0646669	501(C)(3)	97,389				UPGRADE EQUIPMENT FOR FM STATION AND GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ARCHDIOCESE OF LOS ANGELES3424 WILSHIRE BOULEVARD LOS ANGELES,CA 900100000	45-3623502	501(C)(3)	10,000				SUPPORT CANONIZATION CELEBRATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ARCHDIOCESE OF NEW YORK1011 FIRST AVENUE 14TH FLOOR NEW YORK, NY 100220000	13-3089351	501(C)(3)	120,000				SUPPORT FOR VIDEO PRODUCTION AND WEEKLY SIRIUS XM BROADCAST			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance			
ARCHDIOCESE OF NEWARK 171 CLIFTON AVENUE NEWARK,NJ 071040000	22-1487308	501(C)(3)	25,000				SUPPORT BEATIFICATION OF SISTER TERESA DEMJANOVICH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASSOCIATION FOR CATHOLIC INFORMATION 3392 S BROADWAY ENGLEWOOD, CO 801130000	20-0196438	501(C)(3)	245,000				SUPPORT OPERATIONS OF CATHOLIC NEWS AGENCY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BASILICA OF THE NATIONAL SHRINE400 MICHIGAN AVENUE NE WASHINGTON, DC 200171566	53-0196626	501(C)(3)	64,672				SUPPORT TV BROADCASTS AND USHER MINISTRY PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BE NOT AFRAID INC8800 GLENSIDE STREET HUNTERSVILLE, NC 280780000	37-1659681	501(C)(3)	50,000				FOR ST MARK CATHOLIC CHURCH'S PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BECKET FUND FOR RELIGIOUS LIBERTIES 3000 K STREET NW SUITE 220 WASHINGTON, DC 200070000	52-1858532	501(C)(3)	25,000				A SPONSOR OF THE CANTERBURY MEDAL ON MAY 15TH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
BECKET FUND FOR RELIGIOUS LIBERTIES 3000 K STREET NW SUITE 220 WASHINGTON, DC 200070000	52-1858532	501(C)(3)	300,000				PROTECTING FREE EXPRESSION OF ALL RELIGIOUS TRADITIONS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BIRTHRIGHT INCPO BOX 98361 ATLANTA,GA 303590000	51-0161649	501(C)(3)	50,000				SUPPORT 24-7 HOTLINE PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CATHOLIC ASSOCIATION OF LATINO LEADERS3424 WILSHIRE BOULEVARD 4TH FLOOR LOS ANGELES, CA 900102241	26-1135065	501(C)(3)	125,000				SUPPORT KNOWLEDGE AND UNDERSTANDING OF CATHOLIC FAITH PROGRAMS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CATHOLIC ATHLETES FOR CHRIST3703 CAMERON MILLS ROAD ALEXANDRIA,VA 223050000	65-1274581	501(C)(3)	50,000				SPONSOR ANNUAL RETREAT		

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CATHOLIC INFORMATION CENTER1501 K STREET NW WASHINGTON, DC 200050000	52-1790727	501(C)(3)	60,000				SUPPORT FUNDRAISER FOR 2015 PROGRAMS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDREN'S WORKS INC 334 SURREY STREET SAN FRANCISCO, CA 941310000	94-3258830	501(C)(3)	25,000				SUPPORT WALK FOR LIFE, WEST COAST		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHOOSE LIFE AT YALE206 ELM STREET NEW HAVEN,CT 065200000	32-0090956		6,500				SUPPORT PROGRAMS THAT UPHOLD THE DIGNITY OF HUMAN LIFE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGREGATION FOR DEVINE WORSHIP AND THE DISCIPLINE OF THE SACRAMENTS127 LAKE STREET BRIGHTON, MA 021350000			100,000				SUPPORT VOX CLARA COMMITTEE TRANSLATION OF LITURGICAL TEXTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CONNECTICUT STATE NAACP2074 PARK STREET HARTFORD,CT 061060000	33-1031249		10,000				SUPPORT VARIOUS PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CONNECTICUT FOOD BANK150 BRADLEY STREET EAST HAVEN,CT 065121407	06-1063025	501(C)(3)	121,500				PURCHASE FOOD FOR THE HOLIDAYS FOR THOSE IN NEED		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CONNECTICUT ASSOCIATION FOR THE PERFORMING ARTS247 COLLEGE STREET NEW HAVEN,CT 065100000	06-0196626	501(C)(3)	23,150				SPONSOR SELECT CONCERTS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CONNECTICUT PROFESSIONAL TENNIS LLC45 YALE AVENUE NEW HAVEN,CT 065150000	06-1481220		20,000				SUPPORT PROGRAMS FOR ADULTS AND CHILDREN		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COUNCIL OF MAJOR SUPERIORS OF WOMEN RELIGIOUS SUPERIORS 1211 LAWRENCE STREET NE WASHINGTON, DC 200174028	52-1792586	501(C)(3)	365,000				SPONSOR FOR NATIONAL ASSEMBLY - EUCHARISTIC COUNCIL		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EASTER SEALS GOODWILL INDUSTRIES432 WASHINGTON AVENUE NORTH HAVEN, CT 064730000	23-7431264	501(C)(3)	5,250				SUPPORT THE ORGANIZATION'S MISSION			

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ETERNAL WORLD TELEVISION NETWORK INC5817 OLD LEEDS ROAD IRONDALE,AL 352102164		501(C)(3)	1,250,000				SPONSOR EWTN NEWS 5 NIGHTS A WEEK		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ETHICS AND PUBLIC POLICY CENTER1730 M STREET NW SUITE 910 WASHINGTON, DC 200360000	52-1162185	501(C)(3)	330,000				SUPPORT PROGRAMS FOR AMERICAN RELIGIOUS FREEDOM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FAMILY INSTITUTE OF CONNECTICUT77 BUCKINGHAM STREET HARTFORD,CT 061060000	06-1282690	501(C)(3)	251,000				TO SUBSIDIZE ADMINISTRATIVE COSTS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance		
FARNAM NEIGHBORHOOD HOUSE INC162 FILMORE STREET NEW HAVEN,CT 065133056	06-0646633	501(C)(3)	6,500				FOR YOUTH PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTSPO BOX 18710 GOLDEN,CO 804029809	84-1522811	501(C)(3)	50,000				SUPPORT FOR STUDENT LEADERSHIP CONFERENCE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN,CT 065110000	06-1178712	501(C)(3)	75,000				SUPPORT MISSION FOR AFFORDABLE HOUSING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEARTBEAT INTERNATIONAL665 E DUBLIN-GRANVILLE ROAD COLUMBUS,OH 432290000	23-7335592	501(C)(3)	200,000				SUPPORT OUTREACH TO HISPANIC WOMEN AND FAMILIES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INSTITUTE ON PRIESTLY FORMATION2500 CALIFORNIA PLAZA OMAHA,NE 681780410	47-0376583	501(C)(3)	75,000				SUPPORT MISSION AND VARIOUS PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INSTITUTE ON RELIGIOUS LIFEPO BOX 7500 LIBERTYVILLE,IL 600480000	36-3797840	501(C)(3)	40,000				SUPPORT MISSION AND VARIOUS PROGRAMS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
JUNIOR ACHIEVEMENT OF SW NEW ENGLAND11 ASYLUM STREET HARTFORD,CT 061032209	06-0665972	501(C)(3)	10,000				SUPPORT HANDS- ON PROGRAMS ABOUT WORKFORCE READINESS AND FINANCIAL LITERACY				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LITTLE SISTERS OF THE POOR INC1365 ENFIELD STREET ENFIELD,CT 060824900	06-0882297	501(C)(3)	36,000				SUPPORT FACILITY IMPROVEMENTS			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MAGIS INSTITUTE2532 DUPONT DRIVE IRVING,CA 926120000	54-2075888	501(C)(3)	150,000				WEB VIDEOS "REASON TO BELIEVE" INITATIVE			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MARCH FOR LIFE EDUCATION AND DEFENSE FUNDPO BOX 90300 WASHINGTON, DC 200900300	52-1231772	501(C)(3)	400,000				SUPPORT THE ANNUAL MARCH FOR LIFE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARCH FOR LIFE EDUCATION AND DEFENSE FUNDPO BOX 90300 WASHINGTON, DC 200900300	52-1231772	501(C)(3)	125,000				SUPPORT GENERAL EXPENSES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARKET NEW HAVEN INC 900 CHAPEL STREET 6TH FLOOR NEW HAVEN,CT 065100000	06-1578847	501(C)(6)	30,000				PROMOTE DOWNTOWN ECONOMIC GROWTH IN NEW HAVEN, CT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MORALITY IN MEDIA INC 1100 G STREET NW 1030 WASHINGTON, DC 200057404	13-2608326	501(C)(3)	200,000				SUPPORTING PROGRAMS PROMOTING DECENCY IN THE MEDIA			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL ASSOCIATION OF FILIPINO PRIESTS 21900 SOUTH MAIN STREET CARSON,CA 907450000			17,500				SUPPORT OF TRIENNIAL 2ND NATIONAL ASSEMBLY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NATIONAL CATHOLIC OFFICE FOR THE DEAF 7202 BUCHANAN STREET LANDOVER HILLS, MD 207842236	52-1650979	501(C)(3)	15,000				ENCOURAGE DEAF AND HARD OF HEARING INDIVIDUALS TO BE ACTIVE IN MINISTRY				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL CATHOLIC PARTNERSHIP ON DISABILITY415 MICHIGAN AVENUE NE WASHINGTON, DC 200174501	52-1262317	501(C)(3)	125,000				PROMOTE INCLUSION OF DISABLED PERSONS IN THE PASTORAL AND SACRAMENTAL LIFE OF THE CHURCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL CATHOLIC PRAYER BREAKFAST204 GUTHRIE AVENUE ALEXANDRIA,VA 223050000	20-0408543	501(C)(3)	35,000				GATHER PEOPLE TO RENEW OUR DEDICATION TO FAITH AND THIS GREAT REPUBLIC			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL LIFE CENTER INC686 NORTH BROAD STREET WOODBURY,NJ 080961607	52-1052094	501(C)(3)	100,000				SUPPORT OPERATION OF CRISIS PREGNANCY HOTLINE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL SHRINE OF SAINT ELIZABETH ANN SETON339 SOUTH SETON AVENUE EMMITSBURG, MD 217270000			7,500				GENERAL SUPPORT FOR OPERATING EXPENSES			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW HAVEN SYMPHONY ORCHESTRA INC105 COURT STREET SUITE 302 NEW HAVEN, CT 065110000	06-6000592	501(C)(3)	50,000				SUPPORT FOR VIRTUE AND REDEMPTION PERFORMANCES			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEXT STEP BIONICS AND PROSTHETICS155 DOW STREET SUITE 200 MANCHESTER,NH 031010000	02-0490826		33,600				SUPPORT VICTIMS OF BOSTON MARATHON BOMBING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NORTH DAKOTA CATHOLIC CONFERENCE 103 SOUTH THIRD STREET SUITE 10 BISMARK,ND 585010000	46-1397695		200,000				FOR PROGRAM TO SUPPORT HUMAN LIFE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE NURTURING NETWORK INCPO BOX 1489 WHITE SALMON,WA 986720000	22-2765918	501(C)(3)	25,000				FOR PROGRAMS TO SUPPORT HUMAN LIFE		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHRINE OF OUR LADY OF GUADALUPE INC5250 JUSTIN ROAD LA CROSSE, WI 546010000	39-1982320	501(C)(3)	150,000				TO SUBSIDIZE OPERATING EXPENSES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance			
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 200363604	52-0889518	501(C)(3)	700,000				SUPPORT ADMINISTRATION OF THE ANNUAL SPECIAL OLYMPIC GAMES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SPECIAL OLYMPICS (50 STATE ORGANIZATIONS) VARIOUS VARIOUS,CT 999999999		501(C)(3)	228,000				SUPPORT SPECIAL OLYMPICS STATE ORGANIZATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST ANTHONY OF PADUA 1029 MONROE ST NE WASHINGTON, DC 200171761	53-0196558	501(C)(3)	10,000				SUPPORT VARIOUS PROGRAMS			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST CATHERINE OF SIENA 411 EAST 68TH STREET NEW YORK, NY 100650000	60-1812014	501(C)(3)	20,000				SUBSIDIZE OPERATING EXPENSES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST EDMUND'S ISLAND RETREATONE ENDERS ISLAND MYSTIC,CT 063650000	56-2409535		54,500				FOR FACILITIES HURRICANE REPAIR			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ST MARY'S CHURCH AND PRIORY5 HILLHOUSE AVENUE NEW HAVEN,CT 065116815	06-0646840	501(C)(3)	305,169				GENERAL SUPPORT FOR OPERATING EXPENSES				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GENERATION LIFE INC 3684 NORTH HARBOR LANE BOISE,ID 837030000	20-1838827	501(C)(3)	25,000				CULTURE OF LIFE MATCHING DONATION FOR ULTRASOUND MACHINE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SUSAN B ANTHONY FOUNDATION1707 STREET NW SUITE 550 WASHINGTON, DC 200360000	26-4878870	501(C)(3)	150,000				SUPPORT FOR VOTER REGISTRATION AND EDUCATION PROGRAMS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SUSAN BANTHONY FOUNDATION1707 STREET NW SUITE 550 WASHINGTON, DC 200360000	26-4878870	501(C)(3)	800,000				SUPPORT ADVERTISING CAMPAIGN			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SUSAN BANTHONY FOUNDATION1707 STREET NW SUITE 550 WASHINGTON, DC 200360000	26-4878870	501(C)(3)	50,000				SUPPORT RESEARCH AND EDUCATION OF THE CHARLOTTE LOZIER INSTITUTE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE ALFRED E SMITH MEMORIAL FOUNDATION 1011 FIRST AVENUE 14TH FLOOR NEWYORK,NY 100220000	13-1553263	501(C)(3)	25,000				SUPPORT PROGRAMS TO BRING HOPE TO THE NEEDIEST CHILDREN REGARDLESS OF RACE, CREED OR COLOR			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE FEDERALIST SOCIETY FOR LAW AND PUBLIC POLICY STUDIES1015 18TH STREET NW SUITE 425 WASHINGTON, DC 200365221	36-3235550	501(C)(3)	50,000				SUPPORT WORK IN DEFENSE OF RELIGIOUS FREEDOM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE GREATER NEW HAVEN CHAMBER OF COMMERCE INC900 CHAPEL STREET 10TH FLOOR NEW HAVEN, CT 065102865	06-0468900	501(C)(6)	10,000				SUPPORT COMMUNITY PROGRAMS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE HUMAN LIFE FOUNDATION353 LEXINGTON AVENUE SUITE 802 NEWYORK,NY 100160000	23-7368926	501(C)(3)	25,000				SPONSORSHIP OF AWARDS DINNER		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE SPIRITUAL FAMILY OF THE WORK419 EAST 13TH STREET NEW YORK, NY 100090000		501(C)(3)	82,500				SUPPORT THE MOTHER JULIE HOUSE IN NEW YORK CITY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS3211 4TH STREET NE WASHINGTON, DC 200171104	53-0196617	501(C)(3)	228,244				SUPPORT PROGRAMS FOR EDUCATION CAMPAIGN			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS3211 4TH STREET NE WASHINGTON, DC 200171104	53-0196617	501(C)(3)	945,393				SUPPORT VARIOUS PROGRAMS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF GREATER NEW HAVEN370 JAMES STREET SUITE 403 NEW HAVEN, CT 065130000	06-0646761	501(C)(3)	100,000				SUPPORT FOR SPECIFIED PROGRAMS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WORLD YOUTH ALLIANCE FOUNDATION228 EAST 71ST STREET NEW YORK, NY 100210000	13-4196230		6,500				GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BLACK CATHOLIC EDUCATION FOUNDATION ONE COLUMBUS PLAZA NEW HAVEN,CT 065103326	03-0322037	501(C)(3)	21,250				SUPPORT SCHOLARSHIPS FOR THE SISTER THEA BOWMAN FOUNDATION			

Form 990,Schedule I, Par	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BRIDGEPORT CATHOLIC DIOCESAN CORP760 TAHMORE DRIVE FAIRFIELD,CT 068250000	06-0873792	501(C)(3)	10,000				SUPPORT PROGRAMS AT ST CATHERINE ACADEMY			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CATHOLIC DISTANCE UNIVERSITY120 EAST COLONIAL HIGHWAY HAMILTON,VA 201589012	54-1251090	501(C)(3)	50,000				SUPPORT 2014- 2015 PROGRAMS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHAMBERLAIN HIGH SCHOOLPO BOX 119 CHAMBERLAIN, SD 573250000	46-6000957		5,813				GENERAL PRO GRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS467 BLOOMFIELD AVENUE BLOOMFIELD,CT 060020000	06-1359802	501(C)(3)	38,000				SUPPORT VARIOUS PRO GRAMS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KNIGHTS OF COLUMBUS PUERTO RICO STATE COUNCILPO BOX 1373 BAYAMON,PR 009601373	66-0620347	501(C)(8)	8,000				SUPPORT SCHOLARSHIP PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KNIGHTS OF PETER CLAVER INC1825 ORLEANS AVENUE NEW ORLEANS, LA 701162825	72-0393921	501(C)(8)	10,000				SUPPORT PROGRAMS FOR URBAN CATHOLIC EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL CATHOLICS BIOETHICS CENTER6399 DREXEL ROAD PHILADELPHIA, PA 191512511	04-2871526	501(C)(3)	250,000				SUPPORT HUMAN DIGNITY IN HEALTH CARE AND LIFE SCIENCE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SACRED HEART ACADEMY INC265 BENHAM STREET HAMDEN,CT 065142833	06-1271712	501(C)(3)	8,500				GENERAL SUPPORT		

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SACRED HEART UNIVERSITY5151 PARK AVENUE FAIRFIELD,CT 068251000	06-0776644	501(C)(3)	20,000				SUPPORT OF CONCERT PROGRAMS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAINT LUKE INSTITUTE INC8901 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 209030000	52-1082730	501(C)(3)	10,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BOSTON COLLEGE140 COMMONWEALTH AVE CHESTNUT HILL, MA 024670000	04-2103545	501(C)(3)	50,000				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE NE WASHINGTON, DC 200640002	53-0196583	501(C)(3)	50,000				SUPPORT EDUCATIONAL CONFERENCES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance				
KNIGHTS OF COLUMBUS CHARITIES INCONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	23-7227608	501(C)(3)		89,433			SUPPORT THE ADMINISTRATION OF PROGRAM SERVICES				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KNIGHTS OF COLUMBUS CHARITIES INCONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	23-7227608	501(C)(3)	2,745,000				DONATIONS TO VARIOUS DESIGNATED FUNDS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KNIGHTS OF COLUMBUS CHARITIES USA INCONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	41-2140273	501(C)(3)	305,350				DONATION TO VARIOUS DESIGNATED FUNDS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KNIGHTS OF COLUMBUS CHARITIES USA INCONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	41-2140273	501(C)(3)		193,684		FRINGE	SUPPORT THE ADMINISTRATION OF PROGRAM SERVICES				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	06-1590283	501(C)(3)	1,300,000				SUPPORT PROGRAM SERVICES AND BUILDING MAINTENANCE			

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA NEW HAVEN,CT 065103326	06-1590283	501(C)(3)		1,043,638			SUPPORT MUSEUM OPERATIONS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	06-1590283	501(C)(3)		· '	VALUE		SUPPORT PROGRAM SERVICES				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JOHN PAUL II SHRINE AND INSTITUTE INCONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	52-1547103	501(C)(3)	8,835,239	1,743,383			SUPPORT FOR SAINT JOHN PAUL II NATIONAL SHRINE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JOHN PAUL II SHRINE AND INSTITUTE INCONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	52-1547103	501(C)(3)	2,325,000	5,053			SUPPORT FOR ACCREDITED EDUCATIONAL INSTITUTION			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ARCHDIOCESE OF BALTIMORE320 CATHEDRAL STREET BALTIMORE, MD 212010000	51-0214510	501(C)(3)	250,000				SUPPORT OF CATHOLIC BENEFIT ASSOCIATION		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ARCHDIOCESE OF KANSAS CITY12615 PARALLEL PARKWAY KANSAS CITY, KS 661090000	48-0559094	501(C)(3)	250,000				SUPPORT OF CATHOLIC BENEFIT ASSOCIATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ARCHDIOCESE OF OKLAHOMA CITY7501 NW EXPRESSWAY OKLAHOMA CITY,OK 731320000	73-0632924	501(C)(3)	250,000				SUPPORT OF CATHOLIC BENEFIT ASSOCIATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
GARY SINISE FOUNDATION1901 AVENUE OF THE STARS LOS ANGELES, CA 900670000	80-0587086	501(C)(3)	201,000				SUPPORT PRO GRAMS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LIFE ATHLETES INC210 SOUTH MICHIGAN 400 PLAZA BLDG SOUTH BEND,IN 223160231	22-3160231	501(C)(3)	100,000				SUPPORT PRO GRAMS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE NE WASHINGTON, DC 200640002	53-0196583	501(C)(3)	158,400		воок		ESTABLISH POPE BENEDICT XVI CHAIR IN THEOLOGY		

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DLN: 93493295003055

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization KNIGHTS OF COLUMBUS

**Employer identification number** 

06-0416470 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract ~ Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

For each individual whose compensation must be reported in 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable benefits	(E) Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation									
PART I, LINE 1A	FIRST CLASS OR CHARTER TRAVEL SUPREME OFFICERS ARE ALLOWED TO TRAVEL FIRST-CLASS TRAVEL FOR COMPANIONS SPOUSAL TRAVEL IS ALLOWED FOR SUPREME OFFICERS WHEN THEIR SPOUSES' PRESENCE SERVES A BONA-FIDE BUSINESS PURPOSE									
	CARL A ANDERSON \$1,035,863 LOGAN T LUDWIG 45,796 JOHN A MARRELLA 46,906 CHARLES E MAURER, JR 55,786 MICHAEL J O'CONNOR 23,095 THOMAS P SMITH, JR 163,100 MICHAEL C CONFORTI M D 6,997 ANTHONY V MINOPOLI 1,672 RICHARD F PLUSH 54,209 DENNIS A SAVOIE 113,817 KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR BENEFITS LOST IN THE TAX-QUALIFIED RETIREMENT PLAN DUE TO IRS LIMITS ONCE A PARTICIPANT BECOMES VESTED IN THIS NONQUALIFIED DEFERRED COMPENSATION PLAN, BY LAW, THE PARTICIPANT IS TAXED ON THE VESTED AMOUNT THE KNIGHTS OF COLUMBUS' PLAN PROVIDES THAT UPON VESTING, A PARTICIPANT WILL RECEIVE A PAYMENT FOR THE ESTIMATED INCOME TAXES RELATED TO THE VESTED AMOUNT THE ABOVE AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III)									

Schedule J (Form 990) 2014

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		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F</b> ) Compensation in column (B) reported as deferred in prior Form 990
1 CARL A ANDERSON, DIRECTOR/SUPREME KNIGHT	(I) (II)	882,200 0	320,150	1,047,924	7,800 0	31,732	2,289,806	0
1 PATRICK E KELLY, DIRECTOR/VP PUBLIC POLICY	(I) (II)	186,135 0	24,800	1,946 0	5,477 0	32,268 0	250,626 0	0
2 LOGAN T LUDWIG, DIRECTOR/DEP SUPREME KNIGHT	(I) (II)	273,900 0	58,950 0	57,109 0	7,800 0	24,146 0	421,905 0	0
3 JOHN A MARRELLA, DIRECTOR/SUPREME ADVOCATE	(I) (II)	328,000 0	100,150 0	51,295 0	7,800 0	24,146 0	511,391 0	0
4 CHARLES E MAURER JR, DIRECTOR/SUPREME SECRETARY	(I) (II)	216,200 0	67,450 0	66,969 0	6,486 0	24,146 0	381,251 0	0
<b>5</b> MICHAEL J O'CONNOR, DIRECTOR/SUPREME TREASURER	(I) (II)	198,500 0	47,550 0	27,166 0	5,668 0	32,268 0	311,152 0	0 0
6 THOMAS P SMITH JR, DIRECTOR/EXECUTIVE VP INS	(I) (II)	431,700 0	124,250 0	169,777 0	7,800 0	32,268 0	765,795 0	0 0
7 MICHAEL C CONFORTI MD, MEDICAL DIRECTOR	(I) (II)	269,798 0	49,600 0	12,080	7,800 0	24,146 0	363,424 0	0 0
8 KENNETH LEM, SENIOR VP/ACTUARY	(ı) (ıı)	245,302 0	46,600 0	8,972 0	6,411 0	32,268 0	339,553 0	0 0
9 TERRENCE T LESCOE, CHIEF FINANCIAL OFFICER	(I) (II)	243,700 0	0	6,123 0	5,657 0	24,146 0	351,376 0	0 0
10 RONALD J TRACZ, ASST SUPREME SECRETARY	(I) (II)	194,956 0	40,389 0	6,051 0	3,088 0	24,146 0	268,630 0	0 0
11 ANTHONY V MINOPOLI, SENIOR VP INVESTMENTS	(I) (II)	422,100 0	114,350 0	3,665 0	7,800 0	32,268 0	580,183 0	0
12 RICHARD F PLUSH, SENIOR VP PRODUCT DEVEL	(I) (II)	320,532 0	57,500 0	59,335 0	7,800 0	24,146 0	469,313 0	0 0
13 WILLIAM M BROWN JR, CHIEF COMPLIANCE OFFICER	(I) (II)	203,543 0	36,900 0	1,999 0	7,001 0	32,268 0	281,711 0	0 0
14 BETH ELFREY, SENIOR VP/DEPUTY GEN COUNCIL	(I) (II)	247,084 0	57,500 0	2,140 0	7,412 0	32,269 0	346,405 0	0
<b>15</b> RONALD D FRANZLUEBBERS, CHIEF ACTUARY	(I) (II)	301,722 0	57,600 0	1,715 0	7,800 0	32,268 0	401,105 0	0
16 E NEILL JORDAN, SENIOR VP FIXED INCOME	(ı) (ıı)	272,800 0	58,100 0	2,250 0	7,800 0	32,268 0	373,218 0	0
17 GILLES MARCHAND, VP CREDIT INVESTMENT	(ı) (ıı)	197,219 0	0	2,021	2,196 0	32,268 0	291,743 0	0 0
18 DENNIS A SAVOIE, FORMER DIR/DEPUTY SUPREME KNIGHT	(I) (II)	350,000 0	99,400 0	126,765 0	0	24,146 0	600,311	0

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OMB No 1545-0047

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# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Name of the organization KNIGHTS OF COLUMBUS **Employer identification number** 06-0416470

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	DELEGATES ARE ELECTED AT VARIOUS STATE AND DISTRICT CONVENTIONS THESE DELEGATES ELECT CER TAIN DIRECTORS EACH YEAR AT THE SUPREME COUNCIL ANNUAL MEETING
FORM 990, PART VI, SECTION A, LINE 7B	CHANGES IN THE BY-LAWS OF THE ORGANIZATION ARE VOTED ON BY MEMBERS IN GOOD STANDING EITHER THROUGH AN ELECTED DELEGATE OR A GENERAL VOTE. THEIR ELIGIBILITY TO VOTE ON A MATTER IS
	L I IMITED TO THEIR STANDING AS AN INSURANCE MEMBER OR NON-INSURANCE MEMBER
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE 990 IS DISTRIBUTED TO EACH BOARD MEMBER FOR REVIEW AT A BOARD OF DIRECTORS MEETING BEFORE THE RETURN IS FILED
FORM 990, PART VI, SECTION B,	ON AN ANNUAL BASIS ALL BOARD MEMBERS AND TOP MANAGEMENT OFFICIALS ARE REQUIRED TO
LINE 12C	FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE. ALL POTENTIAL ISSUES ARE REVIEWED AND RESOLVED
	BY T HE SECRETARY'S OFFICE IN CONJUNCTION WITH THE CHIEF COMPLIANCE OFFICER AND THE INTERNAL AU
	DIT DEPARTMENT
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ENGAGES AN
LINE 15	INDEPENDENT COMP ENSATION CONSULTANT ON AN ANNUAL BASIS, INCLUDING IN 2014, 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 COMPENSATIO
	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 INDIV
	IDUALS TOTAL COMPENSATION FOR EACH INDIVIDUAL IS WITHIN THE RANGE APPROVED BY THE BOARD O
	F DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMEN
	TS ARE PHOTOCOPIED AND MAILED TO INDIVIDUALS OR ORGANIZATIONS UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN ASSET VALUATION RESERVE -7,862,407 CHANGE IN NON-ADMITTED ASSETS NOT INCLUDED P
	URSUANT TO INSURANCE LAW -5,642,748 NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY EX CHANGE RATES -36,255,330 UNREALIZED GAIN ON INVESTMENTS - FOURTH DEGREE 94,623 CHANGE
	IN  FOREIGN EXCHANGE - FOURTH DEGREE -16,940 CUMULATIVE EFFEECT - CHANGE IN ACCOUNTING
	PRINC  IPLE -8,988,727 NET CHANGE IN TRANSITION LIABILITY FOR PENSION AND POSTRETIREMENT BENEFIT
	S -45,280,543
FORM 990, SCHEDULE R-1, PART II, COLUMN D	KNIGHTS OF COLUMBUS CANADA CHARITIES, INC 'S EXEMPT CODE SECTION CANADA CHARITIES IS EXEM
	PT FROM FEDERAL TAXATION IN CANADA UNDER PARAGRAPH 149(1)(F) OF THE INCOME TAX ACT AND IS
	DESIGNATED AS A "PUBLIC FOUNDATION" PER PARAGRAPH 149 1(63) OF THE ACT

#### DLN: 93493295003055

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury

KNIGHTS OF COLUMBUS

**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 www.irs.gov/form990.

Internal Revenue Service Name of the organization

06-0416470

**Employer identification number** 

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.											
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
(1) 151 ROGERS LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	REAL ESTATE ACTIVITIES	тх	0	7,749,725	N/A						
(2) LOUDOUN LAND BAY DFAIRWAY PARK LOT C-1 LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	REAL ESTATE ACTIVITIES	VA	0	36,114,714	N/A						
(3) FMJM LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	CREATION AND INVESTMENT IN MOVIES, FILMS, DOCUMENTARIES & OTHER	DE	26,098	7,467,616	N/A						

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		512(b) ntrolled
						entity? Yes No	
(1) KNIGHTS OF COLUMBUS CHARITIES INC ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 23-7227608	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	ст	501(C)(3)	7	KNIGHTS OF COLUMBUS	Yes	
(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 41-2140273	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	ст	501(C)(3)	11B	KNIGHTS OF COLUMBUS	Yes	
(4) THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 06-1590283	OPERATION OF A MUSEUM	СТ	501(C)(3)	11B	KNIGHTS OF COLUMBUS	Yes	
(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	

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.

because it had one of more foliated organizations decided as a partitioning and tax your														
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end- of-year assets	allocations?		hare of end- Disprop of-year allocat		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	<b>(k)</b> Percentage ownership
				311)			Yes	No	1	Yes	No			
(1) FMJM LLC RWL TRUST 2013-1  THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901 46-3828517	INVEST IN RESIDENTIAL MORTGAGES		KNIGHTS OF COLUMBUS	EXCLUDED	555,477	3,186,774		No			No	52 000 %		
(2) FMJM LLC RWL II  THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901 46-4274270	INVEST IN RESIDENTIAL MORTGAGES		KNIGHTS OF COLUMBUS	EXCLUDED	715,389	18,868,507		No			No	52 000 %		
(3) AUDAX CREDIT STRATEGIES KOC A PARTNERSHIP  101 HUNTINGTON AVENUE BOSTON, MA 02110 46-3833926	INVEST IN DEBT OF LEVERAGED MIDDLE MARKET COMPANIES		KNIGHTS OF COLUMBUS	EXCLUDED	2,437,416	88,538,816		No			No	81 500 %		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization	1 ,	domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
, and the second	1 ,	(state or foreign	,	corp,		assets	•	controlled	
	1	,		or trust)		ussets		entity?	ŀ
	1	country)		or tiust)				entity	
	1	'						Yes	No
1	1			1				1 '	1 '

See Additional Data Table

cne	dule R (Form 990) 2014		Рa	age 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> 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)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
_	(a) (b) (c) (d)			
	Name of related organization  Transaction  Amount involved  Method of determining am	ount	nvolve	d

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

4 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	s 50 orgai	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		<u> </u>	514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	
				$\Box$				,	$\Box$				

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## Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Software ID: Software Version:

**EIN:** 06-0416470

Name: KNIGHTS OF COLUMBUS

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

(a) Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> A mount Involved	<b>(d)</b> Method of determining amount involved
KNIGHTS OF COLUMBUS CHARITIES INC	В	2,834,433	FAIR MARKET VALUE
KNIGHTS OF COLUMBUS CHARITIES USA INC	В	499,034	FAIR MARKET VALUE
THE KNIGHTS OF COLUMBUS MUSEUM INC	В	2,489,514	FAIR MARKET VALUE
THE KNIGHTS OF COLUMBUS MUSEUM INC	К	310,000	FAIR MARKET VALUE
JOHN PAUL II SHRINE AND INSTITUTE INC	В	12,908,675	FAIR MARKET VALUE
JOHN PAUL II SHRINE AND INSTITUTE INC	Q	460,177	FAIR MARKET VALUE
JOHN PAUL II SHRINE AND INSTITUTE INC	D	15,087,500	FAIR MARKET VALUE
KNIGHTS OF COLUMBUS CANADA CHARITIES INC	В	354,392	FAIR MARKET VALUE
KNIGHTS OF COLUMBUS CANADA CHARITIES INC	Р	132,225	FAIR MARKET VALUE
AUDAX CREDIT STRATEGIES KOC A PARTNERSHIP	В	25,000,000	FAIR MARKET VALUE