

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: CATHOLIC FINANCIAL LIFE
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address): 1100 W WELLS ST Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: MILWAUKEE, WI 53233

D Employer identification number: 39-0201015
E Telephone number: (414) 273-6266
G Gross receipts \$ 300,781,917

F Name and address of principal officer:
 Kari R Diestelhorst
 1100 W Wells St
 Milwaukee, WI 53233

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 0507

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

J Website: ▶ WWW.CATHOLICFINANCIALLIFE.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1885 **M** State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 Catholic Financial Life, a faith-based membership organization, puts Catholic values in action by serving God through serving others, providing financial security and enhancing quality of life. The Society offers individual life insurance and annuity products through a network of Financial Advisors. Members also have access to fraternal benefits that include child cancer and orphan benefits, will preparation benefit and social activities through the chapter system. The Society is committed to hosting and supporting fraternal activities and community outreach. In 2018, members volunteered over 96,000 hours of service valued at nearly \$2.4 million to extend their hand to help others in need. Over \$1.6 million in contributions were raised through the Society's efforts to promote Catholic education, Diocesan programs, civic causes and more.

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

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	199
6 Total number of volunteers (estimate if necessary)	15,289
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	24,074

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,830	2,770
9 Program service revenue (Part VIII, line 2g)	78,713,394	79,754,548
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,841,989	74,780,133
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,828,913	2,445,414
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	157,387,126	156,982,865
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,040,946	958,440
14 Benefits paid to or for members (Part IX, column (A), line 4)	116,505,311	117,879,959
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,310,921	9,615,800
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,477,506	14,221,140
18 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)	145,334,684	142,675,339
19 Revenue less expenses—Subtract line 18 from line 12	12,052,442	14,307,526

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,641,577,299	1,653,316,399
21 Total liabilities (Part X, line 26)	1,553,525,352	1,553,958,979
22 Net assets or fund balances—Subtract line 21 from line 20	88,051,947	99,357,420

Part II Signature Block

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

Sign Here Signature of officer: _____ Date: 2019-11-13
 Kari Diestelhorst Vice President of Finance
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Catholic Financial Life, a faith-based membership organization, puts Catholic values in action by serving God through serving others, providing financial security and enhancing quality of life

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 141,608,059 including grants of \$ 0) (Revenue \$ 156,980,095)
See Additional Data

4b (Code) (Expenses \$ 1,067,280 including grants of \$ 0) (Revenue \$ 2,770)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 142,675,339

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	199		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 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		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
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		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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: Kari R Diestelhorst, 1100 W WELLS ST, MILWAUKEE, WI 53233 (414) 278-6582.

Part VII

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

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

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 21

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Wellington Management CO LLP, American Benefit LLC, etc.

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 12

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a Premium Income, 2b Commissions and expense allowances on reinsurance ceded, 2c, 2d, 2e, 2f All other program service revenue, and 2g Total.

Main revenue table with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6d Rental income, 7a-7d Net gain or loss from sales of assets, 8a-8c Net income from fundraising events, 9a-9c Net income from gaming activities, 10a-10c Net income from sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	758,352	758,352		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	200,088	200,088		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	117,879,959	117,879,959		
5 Compensation of current officers, directors, trustees, and key employees.	3,694,920	3,694,920	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	3,677,296	3,677,296	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	341,971	341,971	0	0
9 Other employee benefits.	1,084,101	1,084,101	0	0
10 Payroll taxes.	817,512	817,512	0	0
11 Fees for services (non-employees)				
a Management.	0	0	0	0
b Legal.	212,853	212,853	0	0
c Accounting.	186,017	186,017	0	0
d Lobbying.	0	0	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	976,075	976,075	0	0
12 Advertising and promotion.	630,242	630,242	0	0
13 Office expenses.	146,476	146,476	0	0
14 Information technology.	594,577	594,577	0	0
15 Royalties.	0	0	0	0
16 Occupancy.	883,239	883,239	0	0
17 Travel.	243,218	243,218	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	336,269	336,269	0	0
20 Interest.	0	0	0	0
21 Payments to affiliates.	325,497	325,497	0	0
22 Depreciation, depletion, and amortization.	818,905	818,905	0	0
23 Insurance.	103,511	103,511	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Commissions.	4,323,919	4,323,919	0	0
b Field Representative Expense.	1,457,609	1,457,609	0	0
c Merger related expenses.	223,024	223,024	0	0
d Other expenses.	2,759,709	2,759,709	0	0
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	142,675,339	142,675,339	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-215,019	1	336,283
	2 Savings and temporary cash investments	32,563,982	2	10,435,653
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	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 19,365,814		
	b Less accumulated depreciation	10b 13,554,347	5,655,750	10c 5,811,467
	11 Investments—publicly traded securities	1,358,187,684	11	1,378,154,127
	12 Investments—other securities See Part IV, line 11	186,288,531	12	200,742,504
	13 Investments—program-related See Part IV, line 11	39,112,792	13	38,335,526
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	19,983,579	15	19,500,839
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,641,577,299	16	1,653,316,399	
Liabilities	17 Accounts payable and accrued expenses	5,725,825	17	5,516,554
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,547,799,527	25	1,548,442,425
	26 Total liabilities. Add lines 17 through 25	1,553,525,352	26	1,553,958,979
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	88,051,947	31	99,357,420
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	88,051,947	33	99,357,420	
34 Total liabilities and net assets/fund balances	1,641,577,299	34	1,653,316,399	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	156,982,865
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,675,339
3	Revenue less expenses Subtract line 2 from line 1	3	14,307,526
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,051,947
5	Net unrealized gains (losses) on investments	5	-1,767,075
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,234,978
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	99,357,420

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 39-0201015

Name: CATHOLIC FINANCIAL LIFE

Form 990 (2018)

Form 990, Part III, Line 4a:

Financial Security The Society operates to provide its members long term financial security through the offering of individual life insurance and annuity products. Members are served by a network of Financial Advisors that provide financial planning, estate planning and other financial services. Each member has access to their financial products and information through their own Financial Service Advisors and/or Home Office Member Services Representative.

Form 990, Part III, Line 4b:

Fraternal Benefits & Community Outreach The Society exists to benefit its members and community in non-financial ways This includes faith based education, fraternal social events and community outreach The Society is committed to provide fraternal benefits including child cancer and orphan benefits, will preparation benefit and the coordination and support of community service In addition to monetary contributions over 96,000 hours of service were donated to support various Diocesan and community programs and events in 2018 valued at nearly \$2.4 million

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sandra Dempsey Director	3 0	X						16,400	0	0
Dennis N Kabat Director	3 0	X						19,400	0	0
John F Kenawell Director	3 0	X						18,800	0	0
Joseph G Kopinski Director	3 0	X						17,000	0	0
Archbishop Jerome E ListECKi Director	1 0	X						12,375	0	0
Allan G Lorge Director	4 0	X						23,600	0	0
John C Mack Director	5 0	X						31,700	0	0
Lisa Mick Director	3 0	X						16,400	0	0
Patrick J Murphy Director	4 0	X						23,600	0	0
Susan Obermiller Director	3 0	X						17,900	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paul B Pinsonnault Director	3 0	X						17,900	0	0
David C Singer Director	3 0	X						18,500	0	0
Michael Stivorc Director	4 0	X						19,700	0	0
Marion Strauss Director	3 0	X						16,400	0	0
William R O'Toole President and Chief Executive Officer	45 1	X		X				477,034	0	80,875
Jeffrey B Tilley Secretary and Chief Financial Officer	45 0	X		X				263,365	0	49,703
John T Borgen Senior Vice President -Membership	45 2			X				185,475	0	33,154
Rogelio Cabral Vice President - Sales	45 0			X				255,934	0	37,058
John Callen Chief Investment Officer	45 0			X				187,419	0	35,362
Elizabeth E Gabrys Vice President & Chief Actuary	45 0			X				171,748	0	11,120

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph E Gadbois Vice President Fraternal Outreach	45 0			X				118,704	0	8,149
Kristen L Mueller Vice President - Human Resources	45 0			X				162,197	0	18,279
Charles A B Haas Vice President - Business Development	45 0			X				131,317	0	30,203
Jeffrey R Piotrowski Senior VP IT & Insurance Services	45 0			X				236,619	0	38,836
Kerry E Riemer Controller	45 1			X				156,102	0	32,951
Kari R Diestelhorst Vice President - Finance	45 0					X		122,977	0	8,847
Daniel Lloyd Regional Sales Manager	45 0					X		117,371	0	7,656
Kristin O'Connell Regional Sales Manager	45 0					X		146,919	0	29,552
Mike Attewell Director -Information Technology	45 0					X		129,046	0	9,309
Brian Brugger Actuary	45 0					X		109,941	0	22,023

TY 2018 Reasonable Cause Explanation

Name: CATHOLIC FINANCIAL LIFE

EIN: 39-0201015

Software ID: 18007995

Software Version: v1.00

Explanation: Catholic Financial Life filed a Form 8868, Extension of Time to File an Exempt Organization Return, by the original due date of May 15, 2019 and was granted an extension until November 15, 2019 .

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CATHOLIC FINANCIAL LIFE

Employer identification number
39-0201015

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____ 0

b Assets included in Form 990, Part X ► \$ _____ 0

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,469,728	297,751	294,328	220,629	213,079
b Contributions	338,670	1,181,225	0	75,376	0
c Net investment earnings, gains, and losses	-9,919	15,548	11,951	2,448	11,443
d Grants or scholarships	37,731	24,183	7,736	3,773	3,583
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	1,775	613	792	352	310
g End of year balance	1,758,973	1,469,728	297,751	294,328	220,629

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	10,027,060	5,596,706	4,430,354
c Leasehold improvements	0	7,345,135	6,304,402	1,040,733
d Equipment	0	1,993,619	1,653,239	340,380
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,811,467

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Private commercial loans	10,329,288	C
(B) Private placement bonds	172,565,912	C
(C) Private equity holding	565,479	F
(D) Other	17,281,825	C
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	200,742,504	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
Policy and claim reserves	1,522,022,171
Pension liability	1,593,303
Asset Valuation Reserve	10,048,572
Refunds payable	2,040,335
Advance premiums	2,162,866
Interest Maintenance Reserve	10,186,279
Other miscellaneous liabilities	388,899
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,548,442,425

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	154,787,376
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	0	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	154,787,376
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,912,894	
b	Other (Describe in Part XIII)	4b	282,595	
c	Add lines 4a and 4b		4c	2,195,489
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	156,982,865

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

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

1	Total expenses and losses per audited financial statements		1	140,762,444
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	140,762,444
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,912,895	
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b		4c	1,912,895
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	142,675,339

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 39-0201015

Name: CATHOLIC FINANCIAL LIFE

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 1	The Society considers all works of art and historical exhibits to be nonadmitted assets as defined by the guidance within the National Association of Insurance Commissioner's Accounting Practices and Procedures Manual. These assets are accordingly excluded from the Society's balance sheet.

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4	The Society has an extensive collection of historical items. The items are displayed throughout the Society's home office for viewing by associates, members and the general public. The Society maintains these items with utmost care to ensure they are available for future generations.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	All endowment funds are held and administered by the Society's tax exempt affiliate, Catholic Financial Life Foundation, for the sole use of the Foundation in accordance with its governing guidelines

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4b	Realized gains

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
CATHOLIC FINANCIAL LIFE

Employer identification number

39-0201015

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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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
Schedule I, Part I, Line 2	Matching funds grants are made to chapters for charitable fundraising programs which local chapters decide to support in accordance with the Matching Funds Program Policy. Elementary school tuition grants are made in accordance with a written corporate policy and are paid directly to the named educational institution or service provider. Member loyalty awards are based upon years of membership. All other contributions and grants are made by a Charitable Contributions Committee comprised of the Society's President/CEO, Corporate Secretary/VP of Human Resources, Sr VP of Membership and the President's Sr Executive Assistant.

Additional Data

Software ID: 18007995
Software Version: v1.00
EIN: 39-0201015
Name: CATHOLIC FINANCIAL 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Archdiocese of Milwaukee 3501 S Lake Dr Milwaukee, WI 53207	39-0807221	501(c)(3)	25,000	0	Cash		Sponsorships and general support
Catholic Memorial High School 601 East College Ave Waukesha, WI 53186	39-0964819	501(c)(3)	10,000	0	Cash		Support 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Father Pablos Mission Helpers of the Holy Savior 455 E Eisenhower Pkwy STE 355 Ann Arbor, MI 48108	47-2492914	501(c)(3)	10,000	0	CASH		Nicaraguan seminary contribution
Marquette University 1250 W Wisconsin Ave Milwaukee, WI 53201	39-0806251	501(c)(3)	10,500	0	Cash		Sponsorships for education and peacemaking

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Notre Dame School of Milwaukee 2604 W Orchard St Milwaukee, WI 53204	39-1850760	501(c)(3)	55,000	0	Cash		Support Catholic education
Seton Catholic Schools 3501 S Lake Dr Milwaukee, WI 53207	47-5493941	501(c)(3)	50,500	0	Cash		Support 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Anthony Schools 1727 S 9th St Milwaukee, WI 53213	39-0924288	501(c)(3)	10,465	0	Cash		Support Catholic education
Society of St Vincent de Paul 58 Progress Parkway Maryland Heights, MO 63043	13-5562362	501(c)(3)	50,204	0	Cash		National partner

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Community Center Inc 1028 S 9th St Milwaukee, WI 53204	39-1146191	501(c)(3)	9,500	0	Cash		Support local education

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<p>Match Fund Program Through this program our chapters and members conduct fundraisers to benefit individuals, families, communities, religious and charitable organizations Catholic Financial Life matches up to \$1,000 for each fundraiser conducted by our local chapters Our chapters work independently or partner with local organizations to conduct fundraising activities A total of 626 fundraisers were conducted in 2018 In 2018, \$793,182 was raised by chapters, \$328,075 was matched by the Home Office for a total of \$1,121,257</p>	626	328,075		Cash	The number of recipients cannot be determined so an estimate is used based on the number of events matched
<p>Direct charitable outreach Catholic Financial Life embodies Catholic values in action In 2018 our chapters and the Home Office donated funds in support of our local communities and dioceses through direct donations In 2018, \$31,218 was donated by chapters and \$511,299 was donated by the Home Office for a total of \$542,517 While the number of recipients are not accumulated on an individual basis, the Society annually audits a sample of its local chapters</p>	0	542,517		Cash	The number of recipients cannot be determined
<p>Impact Teams In 2018, a new member engagement program was launched, putting the power of sponsoring a community service project into the hands of individual members The home office provides seed money of \$150 to purchase supplies and five Impact Team t-shirts to members who sponsor an approved project There were 30 Impact Teams in 2018</p>	0	5,700		Cash	The number of recipients cannot be determined
<p>Educational benefits Grade school and seminarian scholarships Members attending Catholic elementary schools or studying for the priesthood are eligible for applicable scholarships</p>	465	96,800		Cash	
<p>Spiritual benefits Catholic Financial Life values the spiritual growth of its members To foster and recognize this growth, several spiritual benefits are granted to members 1 Baptismal certificates, 2 Commemorative prayer book for celebrating the Sacrament of First Holy Communion, 3 Up to \$100 for those who participate in a retreat for the Sacrament of Confirmation or for spiritual growth, 4 Commemorative plaque for celebrating Holy Matrimony and 5 Up to \$100 towards the cost of attending a Catholic summer camp</p>	553	51,958		Cash	

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Financial benefits Estate planning, Prenatal Benefit, Newborn Protection Benefit, Guaranteed Protection Benefit, Uninsurable Child Protection Benefit, Orphan's Benefit, Child Cancer Benefit, Special Needs Benefit and Member Rewards Program	3521	34,050	65,630	Cash	
Wellness benefits / Prescription Savings Prescription savings on brand name and generic medications, vision care, hearing care, diabetes care and supplies and daily living products Free Medic alert membership for qualifying members for the first year Free apartment (Family Care Suite) for members or families of members who are hospitalized in the Milwaukee area	16	777	13,103	Cash	356 prescriptions with a value of \$13,103 as reported by the benefit administrator
Member recognition program Members are honored for longevity of membership with Catholic Financial Life 50 year members are eligible to receive a gold rosary and 75 year members are eligible to receive a statue of the Immaculate Conception Number of recipients are not tracked on an individual basis	0	7,286		Cash	

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC FINANCIAL LIFE

Employer identification number
39-0201015

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

See Additional Data Table

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	The Society directly pays for social and health club dues for selected officers as those facilities are used for the Society's business purposes. Spouse travel costs are paid directly by the Society in those instances where spouse attendance is considered a normal business practice for the specific event. All club dues and spousal attendance events are reported to and reviewed by the Executive Committee of the Board of Directors.

Return Reference	Explanation
Schedule J, Part I, Line 3	Annually, all officer positions are compared to market averages for like positions utilizing insurance industry market data for similar insurance companies to determine compensation that is reasonable. All top officer salaries are reviewed with the Executive Committee of the Board of Directors. The Executive Committee of the Board of Directors completes an annual written evaluation of the President from all Directors. Considering this performance evaluation and industry average compensation survey data, the Executive Committee recommends the President's compensation for full Board of Directors action. Deliberations and decisions by the Executive Committee and Board of Directors are recorded in their respective meeting minutes.

Return Reference	Explanation
Schedule J, Part I, Line 4	Line 4b) Supplemental deferred compensation to William O'Toole (\$42,814) and Jeffrey Tilley (\$19,663) Payment(s) are included in the individual's officer compensation on Part VII, section A



Schedule J (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
CATHOLIC FINANCIAL LIFE

Employer identification number

39-0201015

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 4	<p>The Society made one amendment to the Articles of Incorporation and four amendments to its bylaws in 2018</p> <p>1 Amended the Articles of Incorporation to require amendments to the Articles to be considered at a regular meeting of the Council to be submitted to the Judiciary Committee by May 1 of the year of the regular meeting of the Council rather than not less than one hundred twenty (120) days prior to the regular meeting of the Council</p> <p>2 Bylaw section 8(a)(2) Number of Directors and Term of Office Amended to allow the Board, in consummating a merger, to increase the number of director positions provided that the number of elected directors serving on the Society's Board before a merger constitute at least 2/3's of the total number of elected directors serving on the Society's Board after the merger and that the added positions serve until the end of the calendar year of the next regular meeting of the Council</p> <p>3 Bylaw Section 8 (e) Number of Directors and Term of Office Deleted wording that required compliance with the agreement of merger between Catholic Knights and Catholic Family that is no longer applicable</p> <p>4 Bylaw Section 15 Mergers Amended to authorize the Board of Directors to approve mergers with fraternal benefit societies with less assets than the Society and</p> <p>5 Bylaw Section 19 Duties Amended to remove Board responsibility for assignment of duties to Other Principal Officers and the Vice Presidents and Other Officers</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	Catholic Financial Life is a fraternal benefit society operated under a mutual form owned by its members who own financial products

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	Members of the Society's local chapters elect delegates to represent them at the triennial convention. Those delegates then elect Board of Directors at the triennial convention. The Board of Directors meets, at a minimum, quarterly.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	In the case of a merger with another fraternal with assets greater than the Society, the Society's delegates are required to vote on and approve the merger as previously approved by the Society's Board of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The Form 990 is reviewed by select officers of the Society for accuracy and completeness The return is then reviewed by the Governance and Audit Committees of the Board of Directors before filing All Directors are provided access to a final copy before it is filed

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Annually all officers and directors are provided a copy of the Society's Code of Ethics (which includes conflict of interest policies) and they are required to certify they have read the Code, have no conflicts of interest and have not violated the Code. The CFO reviews all signed certified copies. The Board of Directors also completes an annual self evaluation process.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	Annually, all officer positions are compared to market averages for like positions utilizing insurance industry market data for similar insurance companies to determine compensation that is reasonable. All top officer salaries are reviewed with the Executive Committee of the Board of Directors. The Executive Committee of the Board of Directors completes an annual written evaluation of the President from all Directors. Considering this performance evaluation and industry average compensation survey data, the Executive Committee recommends the President's compensation for full Board of Directors action. Deliberations and decisions by the Executive Committee and Board of Directors are recorded in their respective meeting minutes.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	Governing documents are available on the Society's website. Financial statements of the Society are available upon request. All members are provided a summary annual financial statement in the Society's membership magazine. Approved Bylaw changes are also reported to all members in the membership magazine. Delegates to the Society's triennial conventions receive complete copies of the Bylaws each time the convention convenes.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2a - 2e	All revenues are regarded as being from activities substantially related to the organization's exempt purpose and are therefore included in column B as related or exempt function revenue

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 1	All expenses are regarded as being from activities substantially related to the organization's exempt purpose and therefore, included in column (B), Program service expenses of the Statement of Functional Expenses

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	1 \$-1,375,287 change in non-admitted assets, 2 \$-122,148 change in Asset Valuation Reserve, 3 \$438,358 change in pension liability, 4 \$-175,900 change in surplus as a result of reinsurance

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC FINANCIAL LIFE

Employer identification number

39-0201015

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Catholic Financial Life Foundation Inc 1100 W Wells St Milwaukee, WI 53233 20-4780760	Religious and educational grants	WI	501(c)(3)	9	N/A		No
(2) St Jean Baptiste Educational Foundation PO Box 30065 Worcester, MA 01603 23-7377080	Educational scholarships	RI	501(c)(3)	9	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Catholic Knights Financial Services Inc 1100 W Wells St Milwaukee, WI 53233 39-1796482	Holding company	WI	N/A	C			100 %		No
(2) Catholic Brokerage Service Corp 1100 W Wells St Milwaukee, WI 53233 39-1807368	Supplemental brokerage services	WI	N/A	C			0 %		No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation