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# Form 990 Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public
► Information about Form 990 and its instructions is at *www.IRS.gov/form990*

**A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015**

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 Street | 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 $ 214,340,775

F Name and address of principal officer
Jeffrey B Tilley
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

**Activities & Governance**

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 2015, members volunteered over 91,000 hours of service valued at more than $2 1 million to extend their hand to help others in need Over $1 3 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) | 3 | 14 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 212 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 16,332 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 3,970 | 3,440 |
| | 9 | Program service revenue (Part VIII, line 2g) | 63,593,231 | 61,686,561 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 63,086,014 | 63,326,347 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,361,329 | 2,473,741 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 129,044,544 | 127,490,089 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,136,939 | 1,222,381 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 96,330,018 | 96,313,302 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 9,129,169 | 9,141,327 |
| | 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) | 11,689,979 | 11,168,257 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 118,286,105 | 117,845,267 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 10,758,439 | 9,644,822 |

| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| | 20 | Total assets (Part X, line 16) | 1,350,071,147 | 1,378,099,759 |
| | 21 | Total liabilities (Part X, line 26) | 1,304,077,496 | 1,320,497,146 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 45,993,651 | 57,602,613 |

## 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 2016-08-15

Jeffrey Tilley Chief Financial Officer
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ 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 $ 116,972,225 including grants of $ 0 ) (Revenue $ 127,486,649 )

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

**4b** (Code ) (Expenses $ 873,042 including grants of $ 0 ) (Revenue $ 3,440 )

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 91,000 hours of service were donated to support various Diocesan and community programs and events in 2015 valued at over $2 1 million

**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** ▶ 117,845,267

## Part IV Checklist 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** | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | **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? *If "Yes," complete Schedule C, Part III* | **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? *If "Yes," complete Schedule D, Part 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** | Yes | |
| **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* | **9** | | No |
| **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 | | | |
| **a** | 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** | | No |
| **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** | | No |
| **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** | | No |
| **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** | | No |
| **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** | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 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? *If "Yes," complete Schedule J* | 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 | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 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? *If "Yes," complete Schedule L, Part III* | 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) | | | |
| a | 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 |
| c | 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? *If "Yes," complete Schedule M* | 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 | | No |
| 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 | | No |
| 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 | | |
| 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? **Note.** All Form 990 filers are required to complete Schedule O | 38 | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 32,500 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 212 | | | |
| 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? *If "No" to line 3b, provide an explanation in Schedule O* | | | 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? *If "No," provide an explanation in Schedule O* | | | 14b | | |

**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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 12 | | |
| 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 | Yes | |
| 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 | | | | |
| a | 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 |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Yes | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| b | 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* | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | 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? | 16a | | No |
| b | 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? | 16b | | |

## Section C. Disclosure

**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 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
▶Jeffrey B Tilley 1100 W Wells Street Milwaukee, WI 53233 (414) 278-6583

**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): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |

| | | (D) | (E) | (F) |
|---|---|---|---|---|
| **1b** | **Sub-Total** ▶ | | | |
| c | **Total from continuation sheets to Part VII, Section A** ▶ | | | |
| d | **Total (add lines 1b and 1c)** ▶ | 2,307,274 | 0 | 332,761 |

**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

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | No |
| **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 individual* | 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? *If "Yes," complete Schedule J for such person* | 5 | | No |

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| Wellington Management Co LLP<br><br>PO Box 13694<br>Newark, NJ 071880694 | Investment management | 1,018,271 |
| Sungard Iworks LLC<br>DBA Insurance Systems<br>11605 Haynes Bridge Rd Suite 400<br>Alpharetta, GA 30009 | Accounting solutions | 239,400 |
| John Augustine,<br>2665 S Moorland Road<br>Suite 212<br>New Berlin, WI 53151 | Sales Advisor | 218,291 |
| Milwaukee City Center LLC<br>The Milwaukee Hilton<br>509 W Wisconsin Ave<br>Milwaukee, WI 53203 | Event hosting | 200,014 |
| Karen Stiles,<br>1100 West Wells Street<br>0<br>Milwaukee, WI 53233 | Sales Advisor | 121,454 |

**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 ▶ 6

## Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | **1a** Federated campaigns | 1a | 0 | | | | |
| | **b** Membership dues | 1b | 3,440 | | | | |
| | **c** Fundraising events | 1c | 0 | | | | |
| | **d** Related organizations | 1d | 0 | | | | |
| | **e** Government grants (contributions) | 1e | 0 | | | | |
| | **f** All other contributions, gifts, grants, and similar amounts not included above | 1f | 0 | | | | |
| | **g** Noncash contributions included in lines 1a-1f $ | | 0 | | | | |
| | **h** **Total.** Add lines 1a-1f ▶ | | | 3,440 | | | |
| **Program Service Revenue** | | | Business Code | | | | |
| | **2a** Premium income | | 524113 | 61,510,661 | 61,510,661 | 0 | 0 |
| | **b** Reinsurance commission and expense allowances | | 524113 | 175,900 | 175,900 | 0 | 0 |
| | **c** | | | | | | |
| | **d** | | | | | | |
| | **e** | | | | | | |
| | **f** All other program service revenue | | | 0 | 0 | 0 | 0 |
| | **g** **Total.** Add lines 2a–2f ▶ | | | 61,686,561 | | | |
| **Other Revenue** | **3** Investment income (including dividends, interest, and other similar amounts) ▶ | | | 63,609,756 | 63,609,756 | 0 | 0 |
| | **4** Income from investment of tax-exempt bond proceeds ▶ | | | 0 | 0 | 0 | 0 |
| | **5** Royalties ▶ | | | 0 | 0 | 0 | 0 |
| | | (i) Real | (ii) Personal | | | | |
| | **6a** Gross rents | 2,084,983 | 0 | | | | |
| | **b** Less rental expenses | 1,521,627 | 0 | | | | |
| | **c** Rental income or (loss) | 563,356 | 0 | | | | |
| | **d** Net rental income or (loss) ▶ | | | 563,356 | 563,356 | 0 | 0 |
| | | (i) Securities | (ii) Other | | | | |
| | **7a** Gross amount from sales of assets other than inventory | 84,656,905 | 388,745 | | | | |
| | **b** Less cost or other basis and sales expenses | 84,963,528 | 365,531 | | | | |
| | **c** Gain or (loss) | -306,623 | 23,214 | | | | |
| | **d** Net gain or (loss) ▶ | | | -283,409 | -283,409 | 0 | 0 |
| | **8a** Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | **b** Less direct expenses | b | | | | | |
| | **c** Net income or (loss) from fundraising events ▶ | | | | | | |
| | **9a** Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | **b** Less direct expenses | b | | | | | |
| | **c** Net income or (loss) from gaming activities ▶ | | | | | | |
| | **10a** Gross sales of inventory, less returns and allowances | a | | | | | |
| | **b** Less cost of goods sold | b | | | | | |
| | **c** Net income or (loss) from sales of inventory ▶ | | | | | | |
| | Miscellaneous Revenue | | Business Code | | | | |
| | **11a** Net allocated investment expense | | 524113 | 1,902,129 | 1,902,129 | 0 | 0 |
| | **b** Miscellaneous income | | 524113 | 8,256 | 8,256 | 0 | 0 |
| | **c** | | | | | | |
| | **d** All other revenue | | | 0 | 0 | 0 | 0 |
| | **e** **Total.** Add lines 11a–11d ▶ | | | 1,910,385 | | | |
| | **12** **Total revenue.** See Instructions ▶ | | | 127,490,089 | 127,486,649 | 0 | 0 |

## 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 . . . . | 1,042,452 | 1,042,452 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 . . . . | 179,929 | 179,929 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . . . . . . . . . . | 0 | 0 | | |
| 4 | Benefits paid to or for members . . . . | 96,313,302 | 96,313,302 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . | 2,640,035 | 2,640,035 | 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 . . . . | 3,999,062 | 3,999,062 | 0 | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . | 653,456 | 653,456 | 0 | 0 |
| 9 | Other employee benefits . . . . . . . | 1,055,522 | 1,055,522 | 0 | 0 |
| 10 | Payroll taxes . . . . . . . . . . . . | 793,252 | 793,252 | 0 | 0 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . . | 0 | 0 | 0 | 0 |
| b | Legal . . . . . . . . . . | 120,196 | 120,196 | 0 | 0 |
| c | Accounting . . . . . . . . . . . . | 189,937 | 189,937 | 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 ) . . . . | 437,186 | 437,186 | 0 | 0 |
| 12 | Advertising and promotion . . . . | 344,818 | 344,818 | 0 | 0 |
| 13 | Office expenses . . . . . . . | 144,287 | 144,287 | 0 | 0 |
| 14 | Information technology . . . . . . | 54,424 | 54,424 | 0 | 0 |
| 15 | Royalties . . | 0 | 0 | 0 | 0 |
| 16 | Occupancy . . . . . . . . . . . . | 766,080 | 766,080 | 0 | 0 |
| 17 | Travel . . . . . . . . . . . . . | 205,966 | 205,966 | 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 . . . . | 296,194 | 296,194 | 0 | 0 |
| 20 | Interest . . . . . . . . . . . . . | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates . . . . . . . | 300,236 | 300,236 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . . . . . | 914,287 | 914,287 | 0 | 0 |
| 23 | Insurance . . . . . . . . . . . . . . . . | 112,785 | 112,785 | 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 | 3,388,900 | 3,388,900 | 0 | 0 |
| b | Field representatives expenses | 1,158,980 | 1,158,980 | 0 | 0 |
| c | Fraternal expenses | 147,243 | 147,243 | 0 | 0 |
| d | Other | 2,586,738 | 2,586,738 | 0 | 0 |
| e | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24e | 117,845,267 | 117,845,267 | 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) | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . ☐

| | | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | | 556,533 | 1 | 892,472 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 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 | 18,279,363 | | | |
| | b | Less accumulated depreciation | 10b | 12,744,369 | 5,531,597 | 10c | 5,534,994 |
| | 11 | Investments—publicly traded securities | | | 1,140,071,672 | 11 | 1,164,042,745 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 156,723,278 | 12 | 159,625,048 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 32,423,243 | 13 | 32,135,894 |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 14,764,824 | 15 | 15,868,606 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | | 1,350,071,147 | 16 | 1,378,099,759 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 4,500,422 | 17 | 4,378,619 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 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 | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 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 | | | 1,299,577,074 | 25 | 1,316,118,527 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | | 1,304,077,496 | 26 | 1,320,497,146 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ 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 ▶ ☑ 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 | | | 0 | 31 | 0 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 45,993,651 | 32 | 57,602,613 |
| | 33 | Total net assets or fund balances | | | 45,993,651 | 33 | 57,602,613 |
| | 34 | Total liabilities and net assets/fund balances | | | 1,350,071,147 | 34 | 1,378,099,759 |

## Part XI Reconcilliation 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 | 127,490,089 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 117,845,267 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 9,644,822 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 45,993,651 |
| 5 | Net unrealized gains (losses) on investments | 5 | -112,431 |
| 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 | 2,076,571 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 57,602,613 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________<br>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? | 2a | | No |
| | 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<br>☐ 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 separate basis, consolidated basis, or both<br>☑ 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? | 2c | Yes | |
| | 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? | 3a | | No |
| 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 | 3b | | |

## Additional Data

**Software ID:** 15000352
**Software Version:** v1.00
**EIN:** 39-0201015
**Name:** CATHOLIC FINANCIAL LIFE

### 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) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Mary E Baker<br>Board member | 3<br>0 | X | | | | | | 16,250 | 0 | 0 |
| Carla C Breunig<br>Board member | 3<br>0 | X | | | | | | 17,375 | 0 | 0 |
| Robert N Dippold<br>Board member | 3<br>0 | X | | | | | | 26,725 | 0 | 0 |
| Dennis N Kabat<br>Board member | 3<br>0 | X | | | | | | 17,100 | 0 | 0 |
| John F Kenawell<br>Board member | 3<br>0 | X | | | | | | 17,525 | 0 | 0 |
| Donald W Layden<br>Board member | 3<br>0 | X | | | | | | 7,525 | 0 | 0 |
| Archbishop Jerome E Listecki<br>Board member | 1<br>0 | X | | | | | | 12,500 | 0 | 0 |
| John C Mack<br>Board member | 3<br>0 | X | | | | | | 19,050 | 0 | 0 |
| Patrick J Murphy<br>Board member | 3<br>0 | X | | | | | | 18,625 | 0 | 0 |
| Paul B Pinsonnault<br>Board member | 3<br>0 | X | | | | | | 15,825 | 0 | 0 |
| David C Singer<br>Board member | 3<br>0 | X | | | | | | 16,675 | 0 | 0 |
| Michael Stivoric<br>Board member | 4<br>0 | X | | | | | | 16,250 | 0 | 0 |
| Thomas W VanHimbergen<br>Board member | 3<br>0 | X | | | | | | 18,625 | 0 | 0 |
| Arthur W Wigchers<br>Board member | 3<br>0 | X | | | | | | 16,925 | 0 | 0 |
| William R O'Toole<br>President and Chief Executive Officer | 45<br>1 | X | | X | | | | 343,339 | 0 | 63,942 |
| Jeffrey B Tilley<br>Secretary and Chief Financial Officer | 45<br>0 | X | | X | | | | 174,456 | 0 | 22,178 |
| Kristen L Mueller<br>Vice President - Human Resources | 45<br>0 | | | X | | | | 70,024 | 0 | 8,001 |
| Jeffrey R Piotrowski<br>Senior VP IT & Insurance Services | 45<br>0 | | | X | | | | 23,940 | 0 | 4,212 |
| John T Borgen<br>Senior Vice President -Membership | 45<br>2 | | | X | | | | 133,683 | 0 | 24,759 |
| Rogelio Cabral<br>Vice President - Sales | 45<br>0 | | | X | | | | 142,577 | 0 | 24,759 |
| John Callen<br>Chief Investment Officer | 45<br>0 | | | X | | | | 109,048 | 0 | 24,210 |
| Elizabeth E Gabrys<br>Vice President & Chief Actuary | 45<br>0 | | | X | | | | 107,203 | 0 | 5,343 |
| Joseph E Gadbois<br>Vice President Fraternal Outreach | 45<br>0 | | | X | | | | 97,290 | 0 | 18,177 |
| Frederick W Muenkel<br>Vice President - Insurance Services | 45<br>0 | | | X | | | | 139,736 | 0 | 20,656 |
| Kerry E Riemer<br>Controller | 45<br>1 | | | X | | | | 113,648 | 0 | 23,435 |

## 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) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Scott G Brost<br>Director Information Systems | 45<br>0 | | | | | X | | 97,275 | 0 | 23,160 |
| Philip Lamphear<br>Programmer Analyst - Lan Administrator | 45<br>0 | | | | | X | | 77,526 | 0 | 22,875 |
| Kristin O'Connell<br>Regional Sales Manager | 45<br>0 | | | | | X | | 225,924 | 0 | 22,728 |
| Michael Soczka<br>Regional Sales Manager | 45<br>0 | | | | | X | | 135,974 | 0 | 6,364 |
| Les Driscoll<br>Programmer Analyst - Database Administrator | 45<br>0 | | | | | X | | 78,656 | 0 | 17,962 |

# TY 2015 Reasonable Cause Explanation

**Name:** CATHOLIC FINANCIAL LIFE

**EIN:** 39-0201015

**Software ID:** 15000352

**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, 2016 and was granted an extension until August 15, 2016.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228036546

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

OMB No 1545-0047

**2015**

**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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ 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 |
|---|---|---|---|
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

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" to Form 990, Part IV, line 10.

| | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | | | | | |
| b | Contributions | | | | | |
| c | 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 (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | | Yes | No |
|---|---|---|---|---|
| | (i) unrelated organizations | 3a(i) | | |
| | (ii) related organizations | 3a(ii) | | |
| b | If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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' to 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 | 5,545,396 | 4,481,664 |
| c Leasehold improvements | 0 | 6,572,565 | 5,720,260 | 852,305 |
| d Equipment | 0 | 1,679,738 | 1,478,713 | 201,025 |
| 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).)* ▶ | | | | 5,534,994 |

**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<br>(A) Private commercial loans | 25,356,573 | C |
| (B) Private placement bonds | 132,601,717 | C |
| (C) Private equity holdings | 473,426 | F |
| (D) Other private holdings | 1,193,332 | C |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 159,625,048 | |

**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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **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 |
|---|---|
| | |
| | |
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| | |
| **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.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| Policy and claim reserves | 1,293,561,399 |
| Minimum pension liability | 4,812,345 |
| Asset valuation reserve | 7,653,760 |
| Refunds payable | 2,028,597 |
| Advance premiums | 2,100,324 |
| Interest maintenance reserve | 5,622,992 |
| Other miscellaneus liabilities | 339,110 |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 1,316,118,527 |

**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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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 | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12 ) | | | 5 | |

**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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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 | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**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 |
|---|---|
| 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 |
| 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 |
| Schedule D, Part VI, Line 1a | Amounts are aggregated for the Society's land and buildings on Schedule D, Part VI, line b |
| | |
| | |
| | |
| | |

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

| Return Reference | Explanation |
|---|---|
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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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 non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) Archdiocese of Milwaukee 3501 S Lake Dr Milwaukee, WI 53207 | 39-0807221 | 501(c)(3) | 30,945 | | Cash | | Soles for Education Walk sponsorship, sponsorships, etc |
| (2) BVM Helping Hands 32088 N Pine Avenue Grayslake, IL 60030 | 41-2115749 | 501(c)(3) | 10,450 | | Cash | | WSFI Catholic radio sponsorship |
| (3) Catholic Financial Life Foundation Inc 1100 W Wells St Milwaukee, WI 53233 | 20-4780760 | 501(c)(3) | 276,200 | 1,370 | Cash | Items for auction | Scholarships and educational initiatives |
| (4) Catholic Memorial High School 601 East College Ave Waukesha, WI 53186 | 39-0964819 | 501(c)(3) | 10,000 | | Cash | | CMHS sponsorship |
| (5) Irish Festivals Inc 1532 Wauwatosa Ave Wauwatosa, WI 53213 | 39-1374611 | 501(c)(3) | 7,850 | | Cash | | Irish Fest sponsorship |
| (6) Milwaukee Habitat for Humanity 3726 N Booth St Milwaukee, WI 53212 | 39-1496741 | 501(c)(3) | 10,000 | | Cash | | Pope Francis House Build sponsorship |
| (7) Society of St Vincent de Paul 58 Progress Parkway Maryland Heights, MO 63043 | 13-5562362 | 501(c)(3) | 50,323 | | Cash | | National partner |
| (8) St Gabriel 3733 Hubertus Rd Hubertus, WI 53033 | 81-0555020 | 501(c)(3) | 6,491 | | Cash | | Sponsorship and general support |
| (9) Waukesha Catholic School System 221 S Hartwell Ave Waukesha, WI 53186 | 39-1688421 | 501(c)(3) | 5,500 | | Cash | | Sponsorship |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) 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 172 chapters out of 183 throughout the United States (126 of which are in Wisconsin) conducted 681 fundraisers in 2015 In 2015, $725,409 was raised by chapters, $350,083 was matched by the Home Office for a total of $1,075,492 | 681 | 350,083 | | Cash | The number of recipients cannot be determined so an estimate is used based on the number of events matched |
| (2) Direct charitable outreach Catholic Financial Life embodies Catholic values in action In 2015 our chapters and the Home Office donated funds in support of our local communities and dioceses through direct donations In 2015, $20,861 was donated by chapters and $221,144 was donated by the Home Office for a total of $242,005 While the number of recipients are not accumulated on an individual basis, the Society annually audits a sample of its local chapters | 0 | 242,005 | | Cash | The number of recipients cannot be determined |
| (3) Educational benefits Grade school scholarships Members attending Catholic elementary schools are eligible for annually renewable scholarships | 510 | 102,000 | | Cash | |
| (4) 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 | 717 | 65,888 | | Cash | |
| (5) Financial benefits Estate planning, Prenatal Benefit, Newborn Protection Benefit, Guaranteed Protection Benefit, Uninsurable Child Protection Benefit, Orphan's Benefit, Child Cancer Benefit and Special Needs Benefit | 152 | 78,100 | | Cash | |
| (6) 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 | 20 | 1,010 | 33,956 | Cash | 1,182 prescriptions with a value of $33,956 as reported by the benefit administrator |
| (7) 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 not tracked on an individual basis | 0 | 42,374 | | Cash | |

**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, Secretary/CFO, and the Sr VP of Membership Additionally, the Society provides funding to the Catholic Financial Life Foundation for high school and college scholarships which is reported as a fraternal expense in the year of the funding to the foundation |

**Additional Data**

**Software ID:** 15000352
**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) | 30,945 | | Cash | | Soles for Education Walk sponsorship, sponsorships, etc |
| BVM Helping Hands 32088 N Pine Avenue Grayslake, IL 60030 | 41-2115749 | 501(c)(3) | 10,450 | | Cash | | WSFI Catholic radio sponsorship |
| Catholic Financial Life Foundation Inc 1100 W Wells St Milwaukee, WI 53233 | 20-4780760 | 501(c)(3) | 276,200 | 1,370 | Cash | Items for auction | Scholarships and educational initiatives |

**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 |
|---|---|---|---|---|---|---|---|
| Catholic Memorial High School<br>601 East College Ave<br>Waukesha, WI 53186 | 39-0964819 | 501(c)(3) | 10,000 | | Cash | | CMHS sponsorship |
| Irish Festivals Inc<br>1532 Wauwatosa Ave<br>Wauwatosa, WI 53213 | 39-1374611 | 501(c)(3) | 7,850 | | Cash | | Irish Fest sponsorship |
| Milwaukee Habitat for Humanity<br>3726 N Booth St<br>Milwaukee, WI 53212 | 39-1496741 | 501(c)(3) | 10,000 | | Cash | | Pope Francis House Build sponsorship |

**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 |
|---|---|---|---|---|---|---|---|
| Society of St Vincent de Paul<br>58 Progress Parkway<br>Maryland Heights, MO 63043 | 13-5562362 | 501(c)(3) | 50,323 | | Cash | | National partner |
| St Gabriel<br>3733 Hubertus Rd<br>Hubertus, WI 53033 | 81-0555020 | 501(c)(3) | 6,491 | | Cash | | Sponsorship and general support |
| Waukesha Catholic School System<br>221 S Hartwell Ave<br>Waukesha, WI 53186 | 39-1688421 | 501(c)(3) | 5,500 | | Cash | | Sponsorship |

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
CATHOLIC FINANCIAL LIFE

**Employer identification number**
39-0201015

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☑ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **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 | **1b** | Yes | |
| **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? | **2** | Yes | |
| **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<br>☑ Compensation committee ☐ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☐ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **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 | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | 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.** | | | |
| **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 | | | |
| **a** | The organization? | **5a** | | |
| **b** | Any related organization? | **5b** | | |
| | If "Yes," on line 5a or 5b, describe in Part III | | | |
| **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 | | | |
| **a** | The organization? | **6a** | | |
| **b** | Any related organization? | **6b** | | |
| | If "Yes," on line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | |
| **8** | Were any amounts reported on 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 in Part III | **8** | | |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **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 (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable 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 |
|---|---|---|---|---|---|---|---|---|
| **1** William R O'Toole<br>President and Chief Executive Officer | (i) | 303,412 | 30,100 | 9,827 | 45,357 | 18,585 | 407,281 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** John T Borgen<br>Senior Vice President - Membership | (i) | 120,171 | 13,350 | 162 | 6,174 | 18,585 | 158,442 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3** Rogelio Cabral<br>Vice President - Sales | (i) | 111,480 | 8,500 | 22,597 | 6,174 | 18,585 | 167,336 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4** Frederick W Muenkel<br>Vice President - Insurance Services | (i) | 127,924 | 10,100 | 1,712 | 6,541 | 14,115 | 160,392 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5** Jeffrey B Tilley<br>Secretary and Chief Financial Officer | (i) | 156,868 | 16,400 | 1,188 | 8,073 | 14,105 | 196,634 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6** Kristin O'Connell<br>Regional Sales Manager | (i) | 76,496 | 31,798 | 117,630 | 4,993 | 17,735 | 248,652 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**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 the President, Sr VP of Membership and VP Chief Actuary 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 Board chair |
| Schedule J, Part I, Line 3 | All officer positions are compared to market averages for like positions utilizing a mix of insurance and not for profit industry market data 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 |
| Schedule J, Part I, Line 4 | Line 4b) Supplemental deferred compensation to William O'Toole ($34,757) which is included in Mr O'Toole's officer compensation on Part VII, section A |

# SCHEDULE O
(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.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| CATHOLIC FINANCIAL LIFE | 39-0201015 |

### 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section A, Line 4 | The Society made a number of amendments to its Bylaws effective September 26, 2015 Three specific "grandfather clauses" relating to matters that were included in the Catholic Knights and Catholic Family Merger Agreement were no longer needed and were deleted as the dates they reference had either passed or the unique reason for the clause no longer exists In addition to these changes, the Society changed the timing of specific matters related to Triennial Council business from a number of days methodology to a specific date reference, moved the timelines 30 to 60 days earlier than the previous Bylaws timelines and deleted a reference to appointing the Judiciary Committee by a specific number of days before the Triennial Council meeting Complete copies of the amended bylaws are available upon request |
| 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 |
| 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 Th e Board of Directors meets, at a minimum, quarterly |
| Form 990, Part VI, Section A, Line 7b | In the case of a merger with another fraternal with more than 10,000 members or more than $50 million of assets, the Society's delegates are required to vote on and approve the mer ger and/or Bylaw changes as previously approved by the Society's Board of Directors |
| 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 Directo rs before filing All Directors are provided access to a copy after it is filed |
| Form 990, Part VI, Section B, Line 12c | Annually all officers and directors are provided a copy of the Society's Code of Ethics (w hich includes conflict of interest policies) and they are required to certify they have re ad the Code, have no conflicts of interest and have not violated the Code The Secretary/C FO reviews all signed certified copies The Board of Directors also completes an annual se lf evaluation process |
| Form 990, Part VI, Section B, Line 15 | All officer positions are compared to market averages for like positions utilizing a mix o f insurance and not for profit industry market data to determine compensation that is reas onable 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 an d industry average compensation survey data, the Executive Committee recommends the Presid ent'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 minute s |
| Form 990, Part VI, Section C, Line 19 | Governing documents and financial statements of the Society are available upon request Al l members are provided a summary annual financial statement in the Society's membership ma gazine 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 e ach time the convention convenes |
| Form 990, Part VIII, Line 1a | All revenues are regarded as being from activities substantially related to the organizati on's exempt purpose and therefore, included in column (B), Related or exempt function reve nue |
| Form 990, Part IX, Line 1 | All expenses are regarded as being from activities substantially related to the organizati on's exempt purpose and therefore, included in column (B), Program service expenses of the Statement of Functional Expenses |
| Form 990, Part XI, Line 9 | 1 $-1,208,458 change in non-admitted assets, 2 $-21,232 change in Asset Valuation Reserv e, 3 $3,482,161 change in pension liability, 4 $-175,900 change in surplus as a result o f reinsurance |

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## 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*.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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 |
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**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<br>1100 W Wells Street<br><br>Milwaukee, WI 53233<br>20-4780760 | Religious and educational grants | WI | 501(c)(3) | 9 | N/A | | No |
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**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) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)** Catholic Knights Financial Services Inc<br><br>1100 W Wells Street<br>Milwaukee, WI 53233<br>39-1796482 | Holding company | WI | N/A | C | 46,428 | 473,426 | 100 % | | No |
| **(2)**<br>Catholic Brokerage Service Corp<br><br>1100 W Wells Street<br>Milwaukee, WI 53233<br>39-1807368 | Supplemental brokerage services | WI | N/A | C | | | 0 % | | No |
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**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 orgranization 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 | 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 | | No |
| **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) | 1g | | 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 | | No |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | 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 | |
| **o** Sharing of paid employees with related organization(s) | 1o | Yes | |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | No |
| **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) | 1s | | 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 |
|---|---|---|---|
| **(1)** Catholic Financial Life Foundation Inc | b | 276,200 | Cash |
| | | | |
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**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) Disproprtionate 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 | |
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## Part VII Supplemental Information

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

| Return Reference | Explanation |
|---|---|