

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) lacktriangle Do not enter social security numbers on this form as it may be made public! $^{\it O}$

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending JUN 30, A For the 2017 calendar year, or tax year beginning JAN 1, 2017 D Employer identification number C Name of organization Address change EWTN RELIGIOUS CATALOGUE, INC. Name change 63-1180778 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return 5817 OLD LEEDS ROAD (205)271-2900 2,981,836. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$]Amende]return IRONDALE, AL 35210 H(a) Is this a group return Applica F Name and address of principal officer MR. MICHAEL P. for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? _ Yes __) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.EWTNRELIGIOUSCATALOGUE.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Association Year of formation: 1996 M State of legal domicile: AL Part I | Summary Briefly describe the organization's mission or most significant activities TO SUPPORT ETERNAL WORD Governance TELEVISION NETWORK, INC., A 501(C)(3) ORGANIZATION WHICH OPERATES Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets 12 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 0. Contributions and grants (Part VIII, line 1h) Ō. 0. Program service revenue (Part VIII, line 2g) 49. 274. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,166,152. 1,654,989. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,166,201. 1,655,263. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 350,000. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 626,797. 1,529,845. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D) (line-25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e, CEIVED 1,191,584. 475,391. 2,721,429. 452,188. 18 Total expenses Add lines 13-17 (must equal Part IX. column (A). Revenue less expenses Subtract line 18 from line 12 444,772. 203,075. 8 **Beginning of Current Year End of Year** 1,835,381. 20 Total assets (Part X, line 16) 2,106,068. 708,190. 775.802. 21 Total liabilities (Part X, line 26) OGDEN. 127,191. 330,266. Net assets or fund balances. Subtract line 21 from line 20 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.

		miche P. wr	05/15/15
Sign		Signature of officer	Date
Here		MR. MICHAEL P. WARSAW, CHAIRMAN & CEO Type or print name and title	······································
	Prin	t/Type preparer's name Rreparer's signature Date	Check PTIN
Paid	ME	SAN RANDOLPH Way 6 Malle 05/04,	/18 sti-employed P00989558
Preparer	Firm		Firm's EIN > 45-4084437
Use Only	Firm	's address ≥ 2500 ACTON ROAD	
	<u> </u>	BIRMINGHAM, AL 35243	Phone no. 205-979-4100
May the I	RS di	scuss this return with the preparer shown above? (see instructions)	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	m 990 (2017) EWTN RELIGIOUS CATALOGUE, INC. 63-1	180778	Page 2
Pa	art 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		
	TO SUPPORT ETERNAL WORD TELEVISION NETWORK, INC., A 501(C)(3)		
	ORGANIZATION WHICH OPERATES TELEVISION, RADIO, & INTERNET MED	IA	
	NETWORKS FROM A CATHOLIC PERSPECTIVE.		
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	X 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	X 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	ıl expenses, ar	ıd
	revenue, if any, for each program service reported		
4a			
	THE SALE OF EDUCATIONAL AND RELIGIOUS ITEMS IN SUPPORT OF ETE		RD
	TELEVISION NETWORK, INC., AN EXEMPT 501(C)(3) ORGANIZATION WH	ICH	
	OPERATES TELEVISION, RADIO, & INTERNET MEDIA NETWORKS FROM A	CATHOLIC	<u> </u>
	PERSPECTIVE.		
	- 4		
4b			
40	(Code) (Expenses \$ including grants of \$) (Revenue \$,
	•		
4c	Code) (Expenses \$)
			
			
4d	1 Other program services (Describe in Schedule O)		
-+0	(Expenses \$ including grants of \$) (Revenue \$,	
40	Total program capuca expenses 1 362 188		

Form **990** (2017)

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63-1180778

Page 3

Form 990 (2017) EWTN RELIGIOUS CATALOGUE, INC. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
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		_X_
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 98-197 If "Yes," complete Schedule C, Part III	_5_		X
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_		_X_
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_		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		_X_
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?	_		v
40	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	-110		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	i	Х
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		Х
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
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	Х	
13	- · · · · · · · · · · · · · · · · · · ·	13		<u> X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	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			17
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16		4.0		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
• /		4.7		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		-44
.5	complete Schedule G. Part III	19		X
	Symposic Constitute of Fate III		990	2017)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 17 If "Yes," complete Schedule I, Parts I and II	21	X	
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 27 If "Yes," complete Schedule I, Parts I and III	_22_		Х
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			i
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	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		X
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		X_
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	the state of the s	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II	32		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	v	
25-	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	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?			ų.
27	If "Yes," complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	_	X	
	Note: Air Form 330 diets are required to complete ocheduje o	38	_A	I

Form 990 (2017)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) EWTN RELIGIOUS CATALOGUE, INC. 63-1180 / / / 8 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b b to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 12								
	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.			<u> </u>					
h	Enter the number of voting members included in line 1a, above, who are independent 1b 10								
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		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
3	of officers, directors, or trustees, or key employees to a management company or other person?	_		х					
		4		X					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X					
6	Did the organization have members or stockholders?	6		Х					
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		Х					
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	_8a	<u> </u>	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b	X						
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		X					
Sec	tion 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		X					
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							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	X						
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.50	_ _						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
100	taxable entity during the year?	16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104							
	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							
Sec	tion C. Disclosure	100							
	List the states with which a copy of this Form 990 is required to be filed NONE								
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	alch!							
18		allable							
	for public inspection Indicate how you made these available Check all that apply.								
	Own website X Another's website X Upon request Other (explain in Schedule O)	_							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ппапс	al						
	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								
	REV MR. GERALD J. ZUKAUCKAS - (205)795-5744								
	5817 OLD LEEDS ROAD, IRONDALE, AL 35210								

Form 990 (2017) 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, and 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

X Check this box if neither the organization n	organization compensate					sate	ited any current officer, director, or trustee			
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of
	week		Cor an		II OCIC	I/U us	-	from	from related	other
	(list any	recto		Ì	1			the	organizations	compensation
	hours for related	o d	83			ated		organization	(W-2/1099-MISC)	from the
	organizations	uste	trus		8	en en		(W-2/1099-MISC)		organization and related
	below	를	tiona		흍	5 g	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL P. WARSAW	5.00	-	-		-		_			
CHAIRMAN, CEO & GOVERNOR	40.00	X		Х						
(2) JACK MCALEER	0.00									
GOVERNOR	1.00	X	<u> </u>							
(3) MOST REV. CHARLES J. CHAPUT	0.00									
VICE CHAIRMAN & GOVERNOR	1.00	X		X	<u></u>					
(4) MOST REV, ROBERT J. BAKER	0.00									
GOVERNOR	1.00	X								
(5) DANNY ABRAMOWICZ	0.00		1							
GOVERNOR	1.00	X	<u> </u>	<u></u>	<u> </u>					
(6) MOST REV. JOSE GOMEZ	0.00									
GOVERNOR	1.00	X								
(7) BERNI NEAL	0.00			Ì		1]
GOVERNOR	1.00	Х			<u></u>					
(8) DOUGLAS J. KECK	5.00									
PRESIDENT, COO & GOVERNOR	40.00	X	L	X						
(9) FATHER ANTHONY MARY STELTEN	0.00	1								
GOVERNOR	1.00	X								
(10) FRANK J. HANNA III	0.00	ļ		l		1				
GOVERNOR	1.00	X	L							
(11) LAWRENCE J. BLANFORD	0.00									
GOVERNOR	1.00	X		L						
(12) TIMOTHY R. BUSCH	0.00	1								
GOVERNOR	1.00	X		_	<u> </u>	_				
(13) JOHN MANOS	1.00		ĺ							
CORP SECRETARY & GEN'L COU	40.00	<u> </u>	<u> </u>	Х					.	
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	[VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than e	one i an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	a	(F) stimate mount other	of	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	,		ie tion ted
												-	
			<u> </u>		_								
	Sub-total							<u> </u>					
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							>					
	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on	3	163	Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportable		-						ne organization	4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con	accrue comper	nsatı	on fi	rom	any	unre			ual for services	5		х
Sec 1	Complete this table for your five highest co	•	•							•	ensation f	rom	
	the organization Report compensation for (A) Name and business	•		oni ONI		itri C	or wi	tnin	(B) Description of s			C) ensatio	n
									·				
								_					
								_			_		
2	Total number of independent contractors (i	-	ot III	nite	d to	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organi	zation 🟲								L		ggn	

		Check if Schedule O cont	ains a response or note to ar		(P)		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
स स	1 :	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts.	١	Membership dues	1b				
Ω, X	(Fundraising events	1c				1
a it	(d Related organizations	1d				
S, Elli		e Government grants (contribut	ions) 1e				
ē	1	f All other contributions, gifts, gran	ts, and				
望舞		similar amounts not included abo	ve 1f				
들임	,	Noncash contributions included in lines	1a-1f \$				1
<u> 응</u>		Total. Add lines 1a-1f		<u> </u>			
			Business C	Code			
8	2 :	a					
ه څ	1	b					ļ
Sala	•	C		_			<u> </u>
e z		d				·	
Program Service Revenue		e					ļ
ءَ ا	1	f All other program service reve	enue				
_		g Total. Add lines 2a-2f		<u> </u>			
	3	Investment income (including	dividends, interest, and	274			0.74
		other similar amounts)		274.			274.
	4	Income from investment of ta	x-exempt bond proceeds	2 000			3 000
	5	Royalties	77.	3,008.	•		3,008.
	_		(i) Real (II) Person	<u>nal</u>			
	6	-	3,000.				
		b Less rental expenses	3,000.				
		c Rental income or (loss)	3,000.	3,000.			3,000.
		d Net rental income or (loss) a Gross amount from sales of	(i) Securities (ii) Other		'		3,000.
	′		(i) Securities (ii) Othe	<u>:r</u>			
		assets other than inventory b Less cost or other basis					
		and sales expenses			,		
		c Gain or (loss)					
	l .	d Net gain or (loss)		•			
		a Gross income from fundraisin	a events (not				
E .		including \$	of				
evenue		contributions reported on line					
æ]	Part IV, line 18	a				j
Other R		b Less direct expenses	b				
δ		c Net income or (loss) from fund	draising events	▶			
		a Gross income from gaming a					
		Part IV, line 19	a				
		b Less, direct expenses	b		1		
	I	c Net income or (loss) from gan	ning activities .	•			
	ı	a Gross sales of inventory, less					
		and allowances	a 2,975,5	554.	1		
		b Less cost of goods sold	b 1,326,	573.			
		c Net income or (loss) from sale	es of inventory	1,648,981,	1,648,981.		
		Miscellaneous Revenu		Code			
	11	a					
		b					
	1	c					
		d All other revenue					
		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		1,655,263	1,648,981.	0.	6,282.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII expenses Grants and other assistance to domestic organizations 350,000. 350,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 461,235. 396,831. 64,404. Other salaries and wages Pension plan accruals and contributions (include 29,092. 25,975. 3,117. section 401(k) and 403(b) employer contributions) 7,146. 97,898. 90,752. Other employee benefits 38,572. 34,715. 3,857. 10 Payroll taxes Fees for services (non-employees) a Management 1,550. 1,395. 155. **b** Legal c Accounting d Lobbyina e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 158,637. 158,637. column (A) amount, list line 11g expenses on Sch O.) 6,931. 6,931. 12 Advertising and promotion 19,104. 19,104. 13 Office expenses 10,707. 9,636. 1,071. 14 Information technology 15 Rovalties 82,228. 82,228. 16 Occupancy 5,098. 4,588. 510. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,580. 1,580. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 23,787. 21,408. 2,379. Depreciation, depletion, and amortization 22 Insurance 23 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 BANK & CREDIT CARD FEES 92,161. 92,161. 16,399. 1,822. REPAIRS & MAINTENANCE 18,221. 6,175. 6,861. 686. TELEPHONE d 43,673. 48,526. 4,853. e All other expenses 1,452,188. 1,362,188. 90,000. 0. 25 Total functional expenses. Add lines 1 through 24e 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 f following SOP 98-2 (ASC 958-720)

Form **990** (2017)

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 784,621. 175,239. 1 Cash - non-interest-bearing 900,261. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 142,423. 43,198. Accounts receivable, net 4 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 instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 690,161. 784,214. 8 Inventories for sale or use 44,228. 48,392. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,935,133. basis Complete Part VI of Schedule D 10a 1,780,369. 173,948. 154,764. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 1,835,381. 2,106,068. Total assets. Add lines 1 through 15 (must equal line 34) 16 642,717. 423,255. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 65,473. 352,547. Schedule D 708,190. 775,802. 26_ Total liabilities. Add lines 17 through 25_ 26 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,127,191. 1,330,266. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 1,127,191. 1,330,266. 33 33 Total net assets or fund balances 1,835,381. 34 2,106,068. Total liabilities and net assets/fund balances

Form	990 (2017) EWIN RELIGIOUS CATALOGUE, INC.	03	<u>-TTOO//O</u>	Pag	<u>je 12</u>
Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,65	5,20	<u>63.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,45		
3	Revenue less expenses Subtract line 2 from line 1	3		3,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4	1,12	7,19	<u>91.</u>
5	Net unrealized gains (losses) on investments	_5			
6	Donated services and use of facilities	_6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,33	0,20	<u> 66.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		} }		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	·		
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	i i		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		l i		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	1		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	99U ((2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Name of the organization EWTN RELIGIOUS CATALOGUE, INC. 63-1180778 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) livi is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) ETERNAL WORD TELEVISION NETWORK, 63-0801391 350,000. X 0.

350,000.

Sch	edule A (Form 990 or 990-EZ) 2017 E	WTN RELIG	IOUS CATAL	OGUE, IN	iC.	63-118	0778 Page 2
Pa	rt II Support Schedule for	Organizations	Described in S	ections 170	(b)(1)(A)(iv) and	I 170(b)(1)(A)(v	i)
	(Complete only if you checked				on failed to qualify t	under Part III If the	organization
	fails to qualify under the tests	listed below, pleas	se complete Part III)			
Sec	ction A. Public Support						//
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		}			/	1
	ınclude any "unusual grants ")					l.	
2	Tax revenues levied for the organ-					//	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					J.	
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		i				1
	on line 1 that exceeds 2% of the				1	1	
	amount shown on line 11,						
	column (f)						}
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			,,			
8	Gross income from interest,			,			
	dividends, payments received on						
	securities loans, rents, royalties,						1
	and income from similar sources	Ì	,		}	}	1
9	Net income from unrelated business		1				
	activities, whether or not the		/ [İ		
	business is regularly carried on		,				
10	Other income Do not include gain				-		
	or loss from the sale of capital	1	,				
	assets (Explain in Part VI)		<i>#</i>		ļ		
11	Total support. Add lines 7 through 10		1				
	Gross receipts from related activities,	etc. (see instruction	ons)			12	•
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	•				,,,,	
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	line 6, column (f) di	vided by line 11, co	lumn (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16	33 1/3% support test - 2017. If the	organization did no	t check the box on	line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ 🗀
ŀ	33 1/3% support test - 2016. If the		-	ne 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	-					▶□
178	10% -facts-and-circumstances test		•		ne 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"					3	▶□
ŀ	10% -facts-and-circumstances test	-			-	17a, and line 15 is	10% or
	more, and if the organization meets the	•					
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization		- ·				s_ >

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						//		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and						f.		
	membership fees received (Do not					,	<i>[</i>		
	include any "unusual grants ")		·						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513				j				
						 			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge				/				
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and	ļ		/					
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b			/		<u> </u>			
8	Public support. (Subtract line 7c from line 6)			/					
Sec	ction B. Total Support			,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014 /	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income		1						
	(less section 511 taxes) from businesses	!	/			1	}		
	acquired after June 30, 1975				<u> </u>				
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,	/						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for		first second the	d fourth or fifth to	N VOOT OC 2 222**	501(a)(3) areasis			
14		r ure organization's	s irst, secono, thin	u, iourui, or mun ta	ax year as a section	i ao i(c)(a) organiza	±11071,		
Sec	check this box and stop here ction C. Computation of Publi	c Support Per	centage		•••		·		
	Public support percentage for 2017 (Olumn (fl)		15	<u> </u>		
16			-	Oldmir (i))		16			
	ction D. Computation of Inves			-		1 10 1			
17				ne 13. column (fi)		17	%		
18									
	19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
.50	more than 33 1/3%, check this box as						▶ □		
b	33 1/3% support tests - 2016. If the	= · · · · · · · · · · · · · · · · · · ·	-						
-	line 18 is not more than 33 1/3%, che						▶□		
20	Private foundation. If the organization		-	· ·		-	▶□		
				_					

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	v	
1_	X	
		x
2		Α_
3a		X
3b		
3с		
4a		х
		- _
4b		
40		
4c		
-		X
5a		Α_
5b 5c		
6		x
7		x
8		Х
9a		х
9b		Х
9c		х
		v
10a		Х

	ule A (Form 990 or 990-EZ) 2017 EWTN RELIGIOUS CATALOGUE, INC. 63-11	8077	8 Pá	age 5
Part	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)] .	v
	pelow, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11b		X
	on B. Type I Supporting Organizations	1 IIC		Λ
9000	on britypo reapporting enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	'	Х
	ion C. Type II Supporting Organizations	'		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		'	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
<u> </u>	supported organizations played in this regard	3	L	
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)-		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions		NI.
	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ľ		
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
_	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	26		
	activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below.		\vdash	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Sa		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	II 163. Geodelius III - was true fore played by the organization in this redaid.			

	dule A (Form 990 or 990-EZ) 2017 EWTN RELIGIOUS CATALOG	<u>ne, in</u>	<u>C </u>	63-1180778 Page 6
Par	Type in tent and an analysis a			
1	Check here if the organization satisfied the Integral Part Test as a qualify	_		Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	complete Se	ections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4	· 	
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		_	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	 	
2	Enter 85% of line 1	2	···	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		<u>-</u> -	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see
	instructions)	- -	,, 5 0	•

Sche	t V Type III Non-Functionally Integrated 509(3-1180//8 Page 7
L	on D - Distributions	alo oupporting orga	inizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		Ourrent rear
2	Amounts paid to perform activity that directly furthers exemp		-	
_	organizations, in excess of income from activity	r parpoore or eappering		
3	Administrative expenses paid to accomplish exempt purpose	s		
4	Amounts paid to acquire exempt-use assets	<u></u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions.	io organization to responding		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
<u></u>	Line o amount arrace by time o amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		···	
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c.			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A	(Form 990 or 990-EZ) 2017 EWT1	N RELIGIOUS (CATALOGUE,	INC.	63-1180778 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1, Part IV, Section D, lines 2 ai Section D, lines 5, 6, and 8, and P (See instructions)	Provide the explanation of the Provide the explanation of the Provide the Prov	ons required by Part I 9c, 11a, 11b, and 11d lines 1c, 2a, 2b, 3a, a	ll, line 10, Part II, line 17a c c, Part IV, Section B, lines and 3b, Part V, line 1, Part	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V. Section B. line 1e, Part V.
					<u></u>
					
					
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				-	
					
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		<u> </u>			
					

732028 10-08-17

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

EWTN RELIGIOUS CATALOGUE, INC.

Employer identification number 63-1180778

	d "Yes" on Form 990, Part IV, III			·
		(a) Donor advised funds	(b) Fund	is and other accounts
Total number at end of year				
Aggregate value of contributi	ions to (during year)			
Aggregate value of grants fro	om (during year)			- <u></u>
Aggregate value at end of year	ar			
Did the organization inform a	ill donors and donor advisors in	writing that the assets held in donor advi	sed funds	
are the organization's proper	ty, subject to the organization's	exclusive legal control?		Yes No
Did the organization inform a	III grantees, donors, and donor	advisors in writing that grant funds can be	e used only	
for charitable purposes and r	not for the benefit of the donor	or donor advisor, or for any other purpose	conferring	
ımpermissible private benefit				Yes No
rt II Conservation Ea	isements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.	
Purpose(s) of conservation ea	asements held by the organizat	ion (check all that apply).		
Preservation of land for	r public use (e g., recreation or	education) Preservation of a his	storically import	ant land area
Protection of natural ha	abitat	Preservation of a ce	rtified historic s	tructure
Preservation of open s	pace			
Complete lines 2a through 2d	d if the organization held a qual	ified conservation contribution in the form	of a conservat	on easement on the last
day of the tax year				Held at the End of the Tax Year
Total number of conservation	n easements		2a	
Total acreage restricted by c	onservation easements		2b	
Number of conservation ease	ements on a certified historic st	ructure included in (a)	2c	
Number of conservation ease	ements included in (c) acquired	after 7/25/06, and not on a historic struct	ture	
listed in the National Register	r		2d	
Number of conservation ease	ements modified, transferred, re	eleased, extinguished, or terminated by th	e organization of	luring the tax
year >				
Number of states where prop	perty subject to conservation ea	sement is located >	_	
Does the organization have a	a written policy regarding the pe	riodic monitoring, inspection, handling of	•	
-	of the conservation easements			Yes No
Staff and volunteer hours do	voted to manitoring inspecting	handling of violations, and enforcing cor	nservation easei	ments during the year
indo Volt Almore at tillings og				
Just 400 Manutes illustres				
Just My Amures til us de				
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_		LIGIOUS CA			4C •			<u>63-11</u>	<u>80778</u>	Page 2
Par	1 1 3						-			
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	are a sign	ıficant u	ise of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d	╵Ш╵	oan or exc	hange progra	ms				
b	Scholarly research	e	. 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ie organizatioi	n's exemp	t purpo	se ın Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or other	r sımılar as	ssets		_	
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organızatıo	n answered "`	Yes" on Fo	orm 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for c	ontributions	s or other ass	ets not inc	luded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ıble						
									Amount	
С	Beginning balance						1c			
ď	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	istodial accou	ınt liability	?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation	n has been	provided on F	art XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered '	'Yes" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) P	rior year_	(c) Two years	s back (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions				<u> </u>					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		ĺ		ĺ	Ì				
f	Administrative expenses									
g	End of year balance		·							
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a)) held as					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	=	ation that	are held ar	nd administere	ed for the	organiz	ation		
	by .	Ū					•		<u> </u>	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on So	hedule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	see Form 990,	Part X, fir	ne 10			
	Description of property	(a) Cost or o	T		or other		umulate	ed	(d) Book	value
	Coordinate of property	basis (investr			(other)		eciation		,_,	
12	Land	 								
	Buildings		1							
	Leasehold improvements			61	3,876.	6	13,8	76.		0.
_	Equipment				1,257.		$\frac{15,0}{56,4}$		154	,764.
	• •				_,,		1 -			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other			n /D) line 1					154	764

(6) (7) (8) (9) 352,547. Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of 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

Schedule D (Form 9	990) 2017 EWTN RELIGIOUS CATALOGU		63-118077	8 Page 4
	onciliation of Revenue per Audited Financial Stat		de per Heturn.	
	plete if the organization answered "Yes" on Form 990, Part IV, Iir	le 12a		
	e, gains, and other support per audited financial statements		1	
	luded on line 1 but not on Form 990, Part VIII, line 12 ed gains (losses) on investments	2a		
	vices and use of facilities	2b		
	of prior year grants	2c		
	ibe in Part XIII)	2d		
e Add lines 2a	•		2e	
	2e from line 1		3	
-	luded on Form 990, Part VIII, line 12, but not on line 1			
	expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Descr	ibe in Part XIII)	4b		
c Add lines 4a	and 4b		4c	
5 Total revenue	e Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	<u> </u>	5	
Part XII Rec	onciliation of Expenses per Audited Financial Sta	atements With Exper	ses per Return.	
Comp	plete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a		
1 Total expens	es and losses per audited financial statements		1	
2 Amounts inc	luded on line 1 but not on Form 990, Part IX, line 25	i 1		
a Donated ser	vices and use of facilities	2a		
b Prior year ad	justments	<u>2b</u>		
c Other losses		2c		
d Other (Descr	ibe in Part XIII.)	2d		
e Add lines 2a	through 2d		2e	
3 Subtract line	e 2e from line 1		3	
	luded on Form 990, Part IX, line 25, but not on line 1	1 1		
	expenses not included on Form 990, Part VIII, line 7b	4a		
•	ribe in Part XIII)	4b		
c Add lines 4a			4c	···
	ses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 plemental Information.	8.)	5	
		1 Dort IV Imag 1h and 0h I	Doub V. June 4. Doub V. June G. Do	
•	ptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 nd Part XII, lines 2d and 4b. Also complete this part to provide ai		rant v, iine 4, rant A, iine 2, Pa	irt AI,
nines zu anu 40, ar	id Part Air, lines 20 and 40 Aiso complete this part to provide ai	ly additional information		
PART X, L	INE 2:			
1111(1 11, 11.				
THE NETWO	RK ASSESSES ANY UNCERTAIN TAX PO	SITIONS FOR TH	E LIKELIHOOD TH	IAΤ
1112 112 1110				
THEY WOUL	D BE OVERTURNED UPON INTERNAL RE	VENUE SERVICE	EXAMINATION OR	UPON
		· · · · · · · · · · · · · · · · · · ·		
EXAMINATION	ON BY STATE TAXING AUTHORITIES. '	THE NETWORK HA	S DETERMINED TH	ΙΑΤ
IT DOES NO	OT HAVE ANY POSITIONS AT JUNE 30	, 2017 THAT IT	WOULD BE UNABL	E TO
			· · · · · · · · · · · · · · · · · · ·	
SUBSTANTI	ATE. THE NETWORK HAS FILED ITS T	AX RETURNS THR	OUGH	
DECEMBER	31, 2016. THE TAX RETURNS FOR TH	E YEARS ENDED	DECEMBER 31, 20	14,
				· ·
AND THERE	AFTER ARE SUBJECT TO AUDIT BY TH	E TAXING AUTHO	RITIES.	
	 -			

732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

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.

Open to Public Inspection

Schedule I (Form 990) (2017)

OMB No 1545-0047

Attach to Form 990.

Attach to Form 990.

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

Name of the organization EWTN RELI	GIOUS CAT	ALOGUE, INC	• _				Employer identification number 63-1180778
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assistance. Describe in Part IV the organization's pro-	stance?				y for the grants or assi	stance, and the selecti	on X Yes No
Part II Grants and Other Assistance to	Domestic Organi	zations and Domestic	c Governments C	complete if the org	janization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	5,000 Part II can	be duplicated if addit	ional space is need		(f) Method of		
1 (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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ETERNAL WORD TELEVISION NETWORK,							
INC 5817 OLD LEEDS ROAD -							
IRONDALE, AL 35210	63-0801391	501(C)(3)	350,000.	0.	N/A	N/A	N/A
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	=	-	ne line 1 table				1.

732101 11-01-17

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cohedule I (Form 990) (2017) EWTN RELIGION Part III Grants and Other Assistance to Domestic Individual	JS CATALOGUE	INC.	arad "Var" on Form 0	IOO Part IV June 22	63-1180778	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is need	iuals. Complete if the led	organization answ	erea "Yes" on Form 9	190, Part IV, line 22		
(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 noncash ass	stance
						_
			<u> </u>			
Part IV Supplemental Information Provide the information	on required in Part I, lin	e 2, Part III, colum	l n (b), and any other ac	l dditional information		
PART I, LINE 2:						
EWTN MANAGEMENT EVALUATES AND A	PROVES THE	DISTRIBUT	ION OF FUND	S TO ASSIST		
OTHER ORGANIZATIONS.						
OTHER ORGANIZATIONS.						
	<u> </u>					
					_	
732102 11-01-17					Schedule I (Form (990) (2017

732102 11-01-17

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.

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

2017
Open to Public Inspection

Name of the organization

EWTN RELIGIOUS CATALOGUE, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 63 - 1180778 \end{array}$

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TELEVISION, RADIO, & INTERNET MEDIA NETWORKS FROM A CATHOLIC
PERSPECTIVE.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF GOVERNORS
BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
ARTICLE VII OF THE CONFLICT OF INTEREST POLICY PROVIDES FOR PERIODIC
REVIEWS TO BE CONDUCTED TO ENSURE THE ORGANIZATION OPERATES IN A MANNER
CONSISTENT WITH ITS CHARITABLE PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES
THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS. ALL BOARD MEMBERS ARE
REQUIRED TO SIGN AN ANNUAL DISCLOSURE CERTIFYING COMPLIANCE WITH THIS
POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
THE PURPOSE OF THE INDEPENDENT COMPENSATION COMMITTEE OF ETERNAL WORD
TELEVISION NETWORK, INC., A RELATED ORGANIZATION, IS TO ASSIST THE BOARD
IN: (1) OVERSEEING THE CORPORATION'S COMPENSATION PHILOSOPHY AND ITS
EMPLOYEE COMPENSATION AND BENEFITS PROGRAMS CONSISTENT WITH SUCH
PHILOSOPHY; (2) REVIEWING AND MAKING DETERMINATIONS REGARDING COMPENSATION,
BENEFITS AND INCENTIVE PROGRAMS FOR OTHER SENIOR OFFICERS; AND (3)
OVERSEEING AND REVIEWING THE MANAGEMENT DEVELOPMENT AND SUCCESSION PLANS
FOR THE CORPORATION.

Name of the organization **Employer identification number** EWTN RELIGIOUS CATALOGUE, INC. 63-1180778 FORM 990, PART VI, SECTION C, LINE 19: THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. THE FORM 990 IS MADE AVAILABLE ON OTHER WEBSITES AT WWW.GUIDESTAR.ORG AND WWW.CHARITYNAVIGATOR.ORG. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 158,637. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 158,637. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 158,637. FORM 990, PART XII, LINE 2C: THE ORGANZATION HAS AN AUDIT COMMITTEE THAT REVIEWS AND DISCUSSES THE EXTERNAL AUDIT. THIS COMMITTEE IS DIRECTLY RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT PROCESS. FORM 990, PAGE 1, LINE A: EWTN RELIGIOUS CATALOGUE, INC. CHANGED ITS REPORTING PERIOD FROM A CALENDAR YEAR TO A FISCAL YEAR ENDING JUNE 30, EFFECTIVE JANUARY 1, 2017. THIS RETURN REPORTS THE CURRENT YEAR OPERATIONS OF THE ORGANIZATION FOR THE SHORT PERIOD JANUARY 1, 2017 THROUGH JUNE 30, 2017. THE PRIOR YEAR INFORMATION IS FOR THE CALENDAR YEAR 2016. CERTAIN COMPENSATION INFORMATION THAT WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990 IS NOT AGAIN DISCLOSED IN THE FISCAL YEAR 2017 SHORT PERIOD RETURN.

EWTN RELIGIOUS CATALOGUE, INC. Employer identification numbe 63-1180778 PART VII, SECTIONS A & B: RELEVANT INFORMATION RELATING TO COMPENSATION OF BOARD MEMBERS, OFFICERS, HIGHLY COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS WAS DISCLOSED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990. PART I, LINE 5 & PART V, LINES 1A & B, LINE 2A: INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990.	Schedule O (Form 990 or 990-EZ) (2017)	Page 2
PART VII, SECTIONS A & B: RELEVANT INFORMATION RELATING TO COMPENSATION OF BOARD MEMBERS, OFFICERS, HIGHLY COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS WAS DISCLOSED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990. PART I, LINE 5 & PART V, LINES 1A & B, LINE 2A: INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED	·	Employer identification number
RELEVANT INFORMATION RELATING TO COMPENSATION OF BOARD MEMBERS, OFFICERS, HIGHLY COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS WAS DISCLOSED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990. PART I, LINE 5 & PART V, LINES 1A & B, LINE 2A: INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED	BWIN REDICTOOD CATABOGON, INC.	03-1180778
RELEVANT INFORMATION RELATING TO COMPENSATION OF BOARD MEMBERS, OFFICERS, HIGHLY COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS WAS DISCLOSED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990. PART I, LINE 5 & PART V, LINES 1A & B, LINE 2A: INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED		
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DISCLOSED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990. PART I, LINE 5 & PART V, LINES 1A & B, LINE 2A: INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED	RELEVANT INFORMATION RELATING TO COMPENSATION OF BOARD MEM	BERS,
DISCLOSED IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990. PART I, LINE 5 & PART V, LINES 1A & B, LINE 2A: INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED	OFFICERS, HIGHLY COMPENSATED EMPLOYEES, AND INDEPENDENT CON	TRACTORS WAS
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PART I, LINE 5 & PART V, LINES 1A & B, LINE 2A: INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED		
INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED	DISCLOSED IN THIS SHORT PERIOD FISCAL TEAR 2017 FORM 990.	
INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 1099 FILED WAS REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED		
REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AGAIN DISCLOSED	PART I, LINE 5 & PART V, LINES 1A & B, LINE 2A:	
	INFORMATION REGARDING THE NUMBER OF EMPLOYEES AND FORMS 10	99 FILED WAS
IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990.	REPORTED IN THE 2016 CALENDAR YEAR FORM 990, AND IS NOT AG	AIN DISCLOSED
	IN THIS SHORT PERIOD FISCAL YEAR 2017 FORM 990.	
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 356, 36, or 37. Attach to Form 990.

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

2017 Open to Public Inspection

Name of the organization

EWTN RELIGIOUS CATALOGUE, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Employer identification number 63-1180778

(a)	(b)	(c)	(d)		(e)	(1)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-c	f year assets	Direct controlling entity			
					<u>.</u> .				
Part II Identification of Related Tax-Exempt Organications during the tax year	zations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, I	pecause it had	d one or more	e related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status (if se	(e) Public chanty Dire tatus (if section 501(c)(3))		(g) Section 512(b)(13) controlled entity?		
ETERNAL WORD TELEVISION NETWORK, INC							105	110	
63-0801391, 5817 OLD LEEDS ROAD, IRONDALE,	GLOBAL TELEVISION AND		1				Ī		
AL 35210	MEDIA NETWORK	ALABAMA	501(C)(3)	LINE 7	N/A		1	х	
EWTN NEWS, INC - 27-4581132	OPERATE CATHOLIC NEWS				ETERN	AL WORD	 		
5817 OLD LEEDS ROAD	AGENCY & PUBLISH THE				TELEV	ISION		[
IRONDALE, AL 35210	NATIONAL CATHOLIC REGISTER	ALABAMA	501(C)(3)	LINE 12A		RK, INC.		x	
SEBASTIAN PAUL LONG TESTAMENTARY TRUST -				† <u> </u>	_ + -	AL WORD	1-		
72-6176613, 5817 OLD LEEDS ROAD, IRONDALE,	TO GENERATE INCOME FOR THE				TELEV	ISION			
AL 35210	BENEFIT OF EWTN	ALABAMA	501(C)(3)	LINE 12A	I NETWO	RK, INC.		x	
EWTN PUBLISHING, INC 47-4664579			1		\rightarrow	AL WORD	1		
5817 OLD LEEDS ROAD	CATHOLIC BOOK PUBLISHING	1		ĺ	TELEV	ISION		ĺ	
IRONDALE, AL 35210	IN SUPPORT OF EWIN	ALABAMA	501(C)(3)	LINE 12A		RK INC.		x	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017

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732163 09-11-17

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)	(b)	(c)	(d)	(e)).	(f)	(g)	(1	h)	(0)	ω	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501(c) orgs	E SEC	Share of	Share of	Orapi	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity		(state or foreign	(related, unrelated,	501(c))(3)	total	end-of-year	affeca	nate itions?	amount in box 20	managing	ownership
· ·		country)	excluded from tax under	Yes		income			T	of Schedule K-1	partner?	1
			00010110 0 12 0 14)	793	NO			Yes	No	(101111 1003)	Yes No	
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Schedule R (Form 990) 2017

732164 09-11-17

Schedule H	(Form 990) 2017 EWIN RELIGIOUS CATALOGUE, INC.	03-1100//0	Page 5						
Part VII	Supplemental Information.	-							
	P. H. H. A.								
	Provide additional information for responses to questions on Schedule R. See instructions								
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