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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Open to Public

A Foi							
	the 20	,	r, or tax year beginning 01-01-2009 a C Name of organization	nd ending 12-31-2009		D Employer ide	ntification number
_	ck if app	i icasc	Knights of Columbus Charities USA Inc				
_	ress char	label or	Doing Business As			41-214027 E Telephone nu	
_	ne chang	type. See				(203) 752-4	
Initi: —	al return	Specific Instruc-	Number and street (or P O box if mail is not	delivered to street address) Room/suite	G Gross receipts	
Terr	nınated	tions.	One Columbus Plaza			G Gloss receipts .	57,004,500
– Ame	ended ret	turn	City or town, state or country, and ZIP + 4		_		
- App	lication p	ending	New Haven, CT 065103326				
		F Nan	ne and address of principal officer		H(a) is the	l Is a group return	for
			D R KEHOE		affilia		⊤Yes ▼No
			lumbus Plaza ven, CT 065103326				
			,			l affiliates include	
Тах	-exempt	status 🔽 501(c)	(3) ◀ (insert no)	27		o," attach a list ip exemption nui	(see instructions) mber >
\A/ 4	ebsite:	- Ν /Λ			n(c) 5156	p exemperen na	11501 F
					1		
			on Trust Association Other -		L Year of fo	rmation 2004 M	State of legal domicile C
Par		Summary					
			e organization's mission or most signifi igious, Charitable, and educational pur				
٧	느	stablished for Re	igious, Charitable, and educational pur	poses			
2011 COLON							
5	_						
;	2 C	heck this box 🛏	f the organization discontinued its op	erations or disposed o	f more than	25% of its net a	
	3 N	umber of voting r	nembers of the governing body (Part V $^{ m I}$, line 1a)		3	1
(4 N	umber of indepen	dent voting members of the governing	body (Part VI, line 1b)		. 4	
	5 T	otal number of en	nployees (Part V , line 2a)	•		5	
	6 T	otal number of vo	lunteers (estimate if necessary)			6	
נ	7 a ⊤	otal gross unrela	ed business revenue from Part VIII, c	olumn (C), line 12 .	•	7a	
	b N	et unrelated busi	ness taxable income from Form 990-T	line 34		7b	i .
				Prio	r Year	Current Year	
	8	Contributions and	grants (Part VIII, line 1h)			5,515,616	4,193,721
를	9	Program service	revenue (Part VIII, line 2g)		49,039	62,252	
Rayenu	10	Investment incor	ne (Part VIII, column (A), lines 3, 4, ai	nd 7 d)		1,016,451	1,965,106
포	11	Other revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)			(
			dd lines 8 through 11 (must equal Part				
			 			6,581,106	6,221,079
			r amounts paid (Part IX, column (A), li	•		2,218,900	1,972,989
		-	r for members (Part IX, column (A), lin			(
g l		Salaries, other co 10)	mpensation, employee benefits (Part I	X, column (A), lines 5-	-		(
පිරිමයි 		•	raising fees (Part IX, column (A), line 1	1e)			
<u>⊕</u>			enses (Part IX, column (D), line 25) •0	10, 1 1 1			
ă			enses (Part IX, column (D), line 25) ► <u>°</u> Part IX, column (A), lines 11a-11d, 1:	15.246		2 260 280	2.155.246
						2,260,389	2,155,346
			and d lines 13-17 (must equal Part IX, c			4,479,289	4,128,335
_ qp	19	kevenue less exp	enses Subtract line 18 from line 12 .		P::	2,101,817	2,092,744
5 0 3 0						g of Current ear	End of Year
€ Æ.	20	Total assets (Par	t X, line 16)			46,778,265	55,804,865
\$#E			art X, line 26)			9,142,046	9,944,837
2 B.B.	21			=		37,636,219	45,860,028
Fend Ba		Net assets or fun	d balances Subtract line 21 from line 2	20			
Fend Balances	22		d balances Subtract line 21 from line 2	20		0.,000,220	
	22 t II	Signature Blo			chedules and st	'	ne best of my knowledge
	22	Signature Blo Under penalties of pe	ock	ı, ıncludıng accompanyıng s		tatements, and to t	
Par	22 t II	Signature Blo Under penalties of pe and belief, it is true,	ock rjury, I declare that I have examined this return	ı, ıncludıng accompanyıng s	on all informati	tatements, and to ti on of which prepare	
Par Sign	22 t II	Signature Blo Under penalties of pe	rjury, I declare that I have examined this return correct, and complete Declaration of preparer (ı, ıncludıng accompanyıng s	on all informati	tatements, and to t	
Par Sign	22 t II	Under penalties of pe and belief, it is true, of ****** Signature of office	ryury, I declare that I have examined this return correct, and complete Declaration of preparer (ı, ıncludıng accompanyıng s	on all informati 2010-	tatements, and to ti on of which prepare	
Par Sign	22 t II	Signature Blo Under penalties of pe and belief, it is true, o	ryury, I declare that I have examined this return correct, and complete Declaration of preparer (ı, ıncludıng accompanyıng s	on all informati 2010-	tatements, and to ti on of which prepare	
Par Sign	22 t II	Under penalties of	ryury, I declare that I have examined this return correct, and complete Declaration of preparer (i, including accompanying s other than officer) is based	on all informati 2010- Date	tatements, and to the on of which prepare 05-05	er has any knowledge
Par Sign Iere	22 t III	Under penalties of	ryury, I declare that I have examined this return correct, and complete Declaration of preparer (te Ch	on all information all information all information and all information and all information all information and all information all information and all information and all information all inf	tatements, and to ti on of which prepare	er has any knowledge
Par Sign Here	t III	Under penalties of	ryury, I declare that I have examined this return correct, and complete Declaration of preparer (correctary e and title	te Ch	on all information all 2010-Date	tatements, and to tion of which prepare 05-05 Preparer's identif	er has any knowledge
Par Sign Here	t III	Signature Blo Under penalties of pe and belief, it is true, or ****** Signature of office DONALD R KEHOE Type or print name Preparer's signature Firm's name (or yours)	ryury, I declare that I have examined this return correct, and complete Declaration of preparer (correctary e and title	te Ch	on all information all information all information and all information and all information all information and all information all information and all information and all information all inf	tatements, and to tion of which prepare 05-05 Preparer's identif	er has any knowledge
Par Sign Here	t III	Under penalties of	ryury, I declare that I have examined this return correct, and complete Declaration of preparer (correctary e and title	te Ch	on all information all information all information and all information and all information all information and all information all information and all information and all information all inf	O5-05 Preparer's identif (see instructions)	ying number

Form **990** (2009)

Part III Statement of Program Service Accomplishments

- Briefly describe the organization's mission
- Charities USA is operated exclusively for religious, charitable, educational and scientific purposes. In furtherance of these purposes, Charities USA has established centers for the dissemination of the truths of Christianity, maintains facilities for the proper physical, intellectual and moral development of youth, and administers scholarship funds for the benefit of deserving persons. Knights of Columbus, through its members, provides donations which are placed under the control of Charities USA.

4e	Total program serv	ice expenses ⊢ \$	4,128,33	5									
	(Expenses \$	•	uding grants o	of\$ 844,3	77) (Revenue \$)							
4d	Other program serv	vices (Describe in Scho	edule O)										
	(Code) (Expenses \$	1,394,140	including grants of \$	844,377) (Revenue \$)							
	scholarships - see sche	dule o											
4c	(Code) (Expenses \$	1,128,612	ıncludıng grants of \$	1,128,612) (Revenue \$)							
	the italian welfare fund	- see schedule o											
4b	(Code) (Expenses \$	1,119,851	including grants of \$) (Revenue \$)							
	The Catholic Informatio	on Program - See Schedule O											
4a	(Code) (Expenses \$	485,732	including grants of \$) (Revenue \$	1,344,733)							
4	Section 501(c)(3) a allocations to others	nd 501(c)(4) organizati s, the total expenses, ai	ons and section and revenue, if a	on 4947(a)(1) trusts ar any, for each program s		nt of grants and							
	If "Yes," describe th	ese changes on Schedu	ile O										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?												
	If "Yes," describe th	If "Yes," describe these new services on Schedule O											
2	•	undertake any significa or 990-EZ?		• ,		Yes 🔽 No							

Part IV Checklist of Required Schedul	les
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A 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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
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	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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25	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) and 501(c)(4) 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		Νο
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		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
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	Yes	
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
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		
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			
ь	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 this return (see instructions)	2b		
3 _				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	Yes	
b	If "Yes," enter the name of the foreign country ▶VT			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5с		
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?	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
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		l No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

12b

New Haven, CT 065103326

(203) 752-4391

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 10			
b	Enter the number of voting members that are independent 1b 1			
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		Νο
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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?			
а	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 a or b, 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	100		110
	organization's exempt status with respect to such arrangements?	16b		
	Let the Cates with which a convention form 000 is required to be filed.			
17 18	List the States with which a copy of this Form 990 is required to be filed.			
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 make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th DONALD R KEHOE One Columbus Plaza	ie orga	nızatıor	n ►

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did n	ot compens	ate any	curr	ent d	or fo	rmer o	ffıce	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Carl A Anderson President	4 00	х		х				0	1,149,432	30,330
dennis A Savoie vice President	2 00	х		х				0	323,504	23,701
donald r kehoe sECRETARY	2 00	х		х				0	288,967	22,879
emilio b moure treasurer	2 00	х		х				0	215,580	22,144
virgil c Dechant dIRECtor	2 00	х						0	176,650	0
most Rev William E Lori Director	2 00	х						0	0	0
Edward ງ Mullen Director	2 00	х						0	621,296	30,330
John A Marrella Director	2 00	х						0	214,862	21,871
Thomas P Smith Jr Director	2 00	х						0	375,313	30,330
JOHN W O'REILLY JR dIRECtor	2 00	х		х				0	229,619	27,503
PAUL R DEVIN PAST DIRECTOR	2 00	х						0	144,233	4,432
ronald j tracz assistant secretary	2 00			х				0	188,103	21,901
terrence t lescoe chief financial officer	2 00			х				0	227,172	23,357

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

(A) Name and Title	(B) Average hours per		(C tion (hat a	ched		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estima amount o	ated fother
	week	Individual trustee or director	Institutional Trustee	Officei	Highest compensated employee Key employee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compens from organizat relat organiza	the ion and ed
1b Total			•	•			P	0	4,154,731		258,778
Total number of individuals (include \$100,000 in reportable compensations)					sted	l above	e) wh	no received more tha	an		
										Yes	No

			165	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "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	Vas	
		4	Yes	——
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

1	Complete this table for your five highest compens	sated independ	ent contractors t	that received	i more thar
	\$100,000 of compensation from the organization				

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0

Form 99								Page 9
Part	<u>/1111</u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ut	1a	Federated camp	paigns 1a					
g E E	Ь	Membership du						
₩	c .		ents 1c	2,906,253				
<u>2</u>	d e	Government grants	ations 1d s (contributions) 1e					
ons sin	f	_	ons, gifts, grants, and 1f	1,287,468				
bati Bei	g	sımılar amounts no						
Contributions, gifts, grants and other similar amounts	9							
ပြွန်	h	Total. Add lines	s 1a-1f	•	4,193,721			
an				Business Code				
Program Service Revenue	2a b	Sale of Pamphlets		900,099	62,252	62,252		
Έχ								
 ≥	d							
å E	e							
Š	f	All other progra	ım service revenue					
š	g	Total. Add lines	l 32a-2f		62,252			
	3	Investment inc	ome (including dividenc	ls, interest				
			ar amounts)	F	1,905,297			1,905,297
	4 5		tment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(i) Securities 30,903,090	(II) O ther				
	′	from sales of assets other	,,					
	Ь	than inventory Less cost or	30,843,281					
		other basis and sales expenses						
	С	Gain or (loss)	59,809					
	d 8a	Net gain or (los Gross income f	s)	▶	59,809			59,809
Other Revenue	b	events (not incl f contributions See Part IV, lin Less direct ex	luding reported on line 1c)	nvents -				
•	c 9a		rom gaming activities	events				
		See Part IV , lin	e 19 a					
	b c		penses b [loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	inventory, less					
	ь	Less cost of go	oods sold b					
	С	Net income or (loss) from sales of inve	-				
	4.4	Miscellaneous	Revenue	Business Code				
	11a b							
	C B							
	d	All other revenu	ue					
	e	Total. Add lines	L					
	12	Total revenue.	See Instructions	. •	6,221,079	62,252	0	1,965,106

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations				
	in the U.S. See Part IV, line 21	704,377	704,377		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	1,041,505	1,041,505		
3	Grants and other assistance to governments,	, ,			
	organizations, and individuals outside the U.S. See				
	Part IV, lines 15 and 16	227,107	227,107		
4	Benefits paid to or for members				
5	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 $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
_	Legal	F4 966	E4 966		
b		54,866	54,866		
С.	Accounting	39,648	39,648		
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	67,007	67,007		
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	187,059	187,059		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	52,652	52,652		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	141,773	141,773		
23	Insurance	, -	, -		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
9	Italian Welfare - Opera	1,119,851	1,119,851		
_	<u> </u>	, ,			
b	Cath Info Prog - Printi	303,582	303,582		
C	Cath Info Prog - Other	154,397	154,397		
d	Cath Info Prog - Religi	20,120	20,120		
e	CATH INFO PROG - ADVERT	7,633	7,633		
f	All other expenses	6,758	6,758		
25	Total functional expenses. Add lines 1 through 24f	4,128,335	4,128,335	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of vear 52.799 111.280 1 Cash—non-interest-bearing 1 7,777,497 2 7.251.687 2 3 3 4 6.608 4 203.889 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 8 9 Land, buildings, and equipment cost or other basis Complete 3.720.794 10a 10a Part VI of Schedule D 3.128,019 **10c** 10b 709.529 3.011.265 b Less accumulated depreciation 24,526,438 34.587.829 11 11 9,037,523 12 10,191,173 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2.249.381 15 447.742 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 46,778,265 55,804,865 29.679 17 223.501 17 Accounts payable and accrued expenses . 18 18 19 19 20 Tax-exempt bond liabilities 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 8,528,034 21 8,996,028 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 584.333 25 Other liabilities Complete Part X of Schedule D 25 725,308 26 **Total liabilities.** Add lines 17 through 25 9,142,046 9,944,837 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 34.836.972 42.695.732 27 Unrestricted net assets 27 28 2.115.794 28 2.480.843 Temporarily restricted net assets Fund 683.453 29 683.453 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 37,636,219 33 Total net assets or fund balances 33 45,860,028 34 Total liabilities and net assets/fund balances 46,778,265 34 55,804,865

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		

Form **990** (2009)

SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

Employer identification number

OMB No 1545-0047

2009

Open to Public Inspection

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A chospital 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, city, and state 5	
A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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, city, and state 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 organization that normally receives (1) more than 331/3% 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 331/3% 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 Sesection 509(a)(a). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Complete Part III b P Type II c Type III - Functionally integrated d Type III - Other bases of the box that describes the type of supporting organization and complete lines 11e through I1th a Type II b P Type III c Type III - Functionally integrated d Type III - Other bases of the public organization received	
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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 organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Contains the section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Contains the section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Contains the section 509(a)(3) or section 509(a)(3) or section 509(a)(3). Contains the section 509(a)(3) or section 509(a)(3) or section 509(a)(3). Contains the section 509(a)(3) or section 509(a)(3) or section 509(a)(3). Contains the section 509(a)(3) or section 509(a)(3) or section 509(a)(3). Contains the section 509(a)(3) or section 509(a)(3). Contains the section 509(a)(3) or section 509(a)(3). Contains the section 509(a)(3) or section 509(a)(3). Contains the section 509(a)(3) or section 509(a)(3) or section 509(a)(3) or section 509(
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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. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). On the box that describes the type of supporting organization and complete lines 11e through 11h a	
An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). On the box that describes the type of supporting organization and complete lines 11e through 11h a	
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). On the box that describes the type of supporting organization and complete lines 11e through 11h a	
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). On the box that describes the type of supporting organization and complete lines 11e through 11h a	
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	heck
check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	
following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes	:ion,
and (III) below, the governing body of the the supported organization?	No
	Νo
	Νo
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	Νo
h Provide the following information about the supported organization(s)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your govel documel	on in ed in rning	(v) Did you not organizati col (i) of support	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No]
knights of Columbus Charities inc	237227608	7	Yes		Yes		Yes		0
 Total									0
IULAI									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	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 on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization'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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information Form 990, Schedule A, PART I, reason for PUBLIC CHARITY STATUS, line 11h The taxpayer is a supporting organization for Knights of Columbus Charities, Inc. ("Charities") As a supporting organization, the taxpayer is organized to support Charities, as indicated in taxpayer's Articles of Incorporation. In addition, the taxpayer is supervised and controlled in connection with Charities Taxpayer is operated exclusively for the benefit, and to carry out the purposes, of Charities Knights of Columbus Charities, Inc transferred assets, liabilities and net assets to Knights of Columbus Charities USA, Inc effective January 1, 2005 Knights of Columbus Charities USA, Inc administers these funds as part of its supportive role of Knights of Columbus Charities, Inc in furtherance of Knights of Columbus Charities, Inc 's exempt purpose and in fulfillment of its program service accomplishments

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 41-2140273

Name: Knights of Columbus Charities USA Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Italian Welfare - Opera	1,119,851	1,119,851		
Cath Info Prog - Printi	303,582	303,582		
Cath Info Prog – Other	154,397	154,397		
Cath Info Prog - Religi	20,120	20,120		
CATH INFO PROG - ADVERT	7,633	7,633		

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

DLN: 93493126001060

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	Revenue Service Attach to Fo	orm 990. ► See separate instructions.			ınspeci	HOH
	me of the organization thts of Columbus Charities USA Inc		Emp	loyer identification	on numbe	er
			41-	2140273		
Pa	rt I Organizations Maintaining Donor Ac		ınds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99			(b) Founda and abb		
	Total number at and of year	(a) Donor advised funds		b) Funds and oth	eraccou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
,	Aggregate grants from (during year)					
	Aggregate value at end of year					
)	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or advi	sea	☐ Yes	☐ No
ı	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben- conferring impermissible private benefit				┌ Yes	┌ No
a	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Forn	n 990, Part IV,	lıne 7.	
•	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation of natural habitat	,				a
	Preservation of open space					
	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution in the form	of a co	onservation		
				Held at the Er	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminate	d by th	ie organization du	rıng	
	Number of states where property subject to conserva	ition easement is located ►				
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		llıng of	violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year ► _		
	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	g the year ► \$		
;	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tıon		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial		•		
ar	Complete if the organization answered "		or Otl	her Similar As	sets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın fu			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
!	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r fınan			
а	Revenues included in Form 990, Part VIII, line 1	5		▶ \$		
				· · ·		

b Assets included in Form 990, Part X

Sched	dule D (Form 990) 2009										Page 2
Part	IIII Organizations Maintaining Co	llections of Art,	His	torical Tr	eası	ıres, or Ot	her	r Simila	r Asse	ets (co	ontinued
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	_		-		se of its co	ollectio	n	
а	Public exhibition		d	Loand	rexc	hange progra	ms				
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how	they furthe	r the (organızatıon's	ex	empt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				ılar	Г	Yes	┌ No
Par	Part IV, line 9, or reported an ar					n answered	"Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	diary	for contribut	ions	or other asse	ts n	iot	Γ	Yes	▽ No
b	If "Yes," explain the arrangement in Part XI	V and complete the fo	ollowi	ıng table							
									A mou	ınt	
С	Beginning balance					1	c				
d	Additions during the year					1	d				
e	Distributions during the year					1	e				
f	Ending balance					1	f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						ঘ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/									
Par	t V Endowment Funds. Complete	ıf the organızatıon	ans	wered "Yes	s" to	Form 990, F	art	t IV, line	10.		
		(a)Current Year	(b	Prior Year	+ ` ^	Two Years Back	(d)	Three Years	Back (e	Four Y	ears Bacl
.a	Beginning of year balance	27,150,535		31,615,431	+						
b	Contributions	1,163,930		1,706,541	+						
C	Investment earnings or losses	6,081,603		-4,263,325							
d	Grants or scholarships	1,691,248		1,908,112	2						
е	Other expenditures for facilities and programs										
f	Administrative expenses				_						
g	End of year balance	32,704,820		27,150,535	<u> </u>						
2	Provide the estimated percentage of the year		5								
а	Board designated or quasi-endowment 🕨	97 680 % %									
b	Permanent endowment ► 2 320 % %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posse	ssion of the organizat	tıon t	hat are held	and a	administered :	for t	the			
	organization by								2-7:	Yes	No
	(i) unrelated organizations				•		•		3a(i) 3a(ii)		No No
ь	(ii) related organizations	ne lieted as required	on S	chadula B2			-		3b	1	NO
	Describe in Part XIV the intended uses of th	•			•		•				<u> </u>
	VI Investments—Land, Building	<u> </u>			90. P	art X. line 1	0.				
	Description of investment			(a) Cost or basis (investi	other	(b)Cost or oth	er	(c) Accum		(d) Bo	ok value
La I	and					523,0	105				523,00
	Buildings		-			2,968,4	_		536,692		2,331,75
	easehold improvements					2,,,,,,		·	20,002		_,551,75
	Equipment					21,5	63		17,339		4,22
	 N. k. s. m.					207,7	-+		55,498		152,28
	otner	orm 990 Part X colum		line 10(c) \	_	207,7	-		JJ,770		3,011,26
	mos za zo (corann (a) snoula equal (Joby raic X, corain.	(2),	, 10(0/./	• •		•		lule D (I	F 0	

Part VIII Investments—Other Securities. 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
Financial derivatives		osses on your market talas
Closely-held equity interests		
Other COMMON TRUST FUND	9 041 173	_
COMMON TROST FOND	8,941,173	<u> </u>
cOMMON STOCK - not publicly traded	1,250,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See	7-1-1	3
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
	IE 13.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descrip		(b) Book value
		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes accrued donations payable DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	5.)	

Schedule D (Form 990) 2009

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,221,079
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	4,128,335
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	2,092,744
4 Net unrealized gains (losses) on investments	4	6,364,989
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-233,924
9 Total adjustments (net) Add lines 4 - 8	9	6,131,065
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,223,809
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1 Total revenue, gains, and other support per audited financial statements	1	12,562,261
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	6,408,189
3 Subtract line 2e from line 1	3	6,154,072
4 A mounts 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 67,007		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	67,007
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,221,079
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	
1 Total expenses and losses per audited financial statements	1	4,380,868
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	43,200
3 Subtract line 2e from line 1	3	4,337,668
4 A mounts 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 67,007]	
b Other (Describe in Part XIV)]	
c Add lines 4a and 4b	4c	-209,333
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,128,335

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part IV, Line 2b		The Christopher Fund receives from State Councils deposits from which the earnings are designated for certain charitable recipients. Such designations are deemed to be donor options and therefore considered agency transactions reported as an asset and liability in the statement of financial position. Knights of Columbus matches funds in accordance with a prescribed formula. All deposits are managed in accordance with rules of the Christopher Fund and pursuant to the policies established by the Board of Governors.
Part V, Line 4	Description of Intended Use of Endowment Funds	Furtherance of the organization's exempt purpose and donor stipulations
Part XI, Line 8 - Other Adjustments		DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -276340 NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY YEAR END EXCHANGE RATES 42416
Part XIII, Line 4b - Other Adjustments		DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -276340

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As Filed Data -

DLN: 93493126001060

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Totals .

Statement of Activities Outside the United States

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

Open to Public

пенна	ai Revenue Service						Inspection
	ne of the organization					Employer ide	ntification number
nıg	hts of Columbus Charities	USA Inc				41-2140273	3
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete	ıf the organ	nization answered
1		•		ecords to substantiate	the amount	of the grants	s or
	·	= -	-	assistance, and the se			ward . 🔽 Yes 🗏 No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)			
	(a) Region	(b) Number of offices in the	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services,	ıs a progra describe sp	ty listed in (d) am service, ecific type of i) in region	(f) Total expenditures for region
1 O F	RTH AMERICA	0	0	Scholarships to recipients located in canada	SCHOLARSI		87,107
urc	pe	0		grants to organizations located in the vatican city state	GRANTMAK		140,000
urc	pe	0	0	Program services located in Rome, Italy	O peration of	Playgrounds	1,119,851
		i contract of the contract of	i e				

1,346,958

Part II	Part IV, lır	ne 15, for an		nizations or Entiti ceived more than \$5, I space is needed.					
	ame of ization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			europe	general support	140,000	check		N/A	N/A
				sted above that are ee or counsel has pr					1
3 Ente	er total num	ber of other	organizations or e	ntities	<u></u>	<u></u>	<u></u>	. ▶	0
								Schodulo	E (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships - See Schedule O (explanation for 990 Part III Line 4c)	North America	59	87,107	Check		N/A	N/A
-		1					
				<u> </u>			
		1				1	

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009		Page 4
Part IV Supplemental Infor		in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 grants made to organizations are for general support of the recipient organization. THE ORGANIZATION REQUIRES DONEE ORGANIZATIONS TO PROVIDE AN ACCOUNTING OF HOW THE GRANT FUNDS WERE EXPENDED GRANTS TO INDIVIDUAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION AND VERIFICATION OF eligibility. Scholarship applications are completed by students and submitted to the organization a committee reviews all applications and determines scholarship recipients and scholarship amounts the organization maintains a listing of all scholarship recipients and amounts awarded to each student students are required to send transcripts to the organization before any subsequent award is given the organization sends grant awards directly to the institution the student attends on the student's behalf
	1	L

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493126001060

OMB No 1545-0047

Employer identification number

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

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

Inspection

						1 ' '	
Knights of Columbus Charities USA Inc		41-2140273					
Part I General Information	on Grants and	Assistance				•	
 Does the organization maintain retthe selection criteria used to awar Describe in Part IV the organization 	d the grants or ass	ıstance?					▽ Yes
Form 990, Part IV, line Part IV and Schedule I-	21 for any recipi	ent that received m	nore than \$5,000. Ch	eck this box if no one	recipient received	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table					·		

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
500	1,041,505		n/a	n/a
_	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Return Reference	Explanation							
Procedure for Monitoring Grants in the US	Part I, Line 2	Schedule I, Part I, Line 2 grants made to organizations are for general support of the recipient organization THE ORGANIZATION REQUIRES DONEE ORGANIZATIONS TO PROVIDE AN ACCOUNTING OF HOW THE GRANT FUNDS WERE EXPENDED GRANTS TO INDIVIDUAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION AND VERIFICATION OF eligibility Scholarship applications are completed by students and submitted to the organization a committee reviews all applications and determines scholarship recipients and scholarship amounts the organization maintains a listing of all scholarship recipients and amounts awarded to each student students are required to send transcripts to the organization before any subsequent award is given the organization sends grant awards directly to the institution the student attends on the student's behalf							

Software ID: Software Version:

EIN: 41-2140273

Name: Knights of Columbus Charities USA Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

roi ili 990,3cheddle 1, Pai	t II, Grants and	u Other Assistance	to dovernments	and Organizations	y in the officed State	103	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS STATE COUNCIL K OF C CHARITIES INCPO Box 681 Kankakee, IL 60901	51-0194196	501(c)(3)	12,346		n/a	n/a	general support
KNIGHTS OF COLUMBUS CHARITIES AID FOUNDATION INCPO Box 280 La Crosse, KS 675480280	48-0698354	501(c)(3)	5,951		n/a	n/a	general support
BISHOP CHARIES P GRECO MEMORIAL FOUNDATION PO Box 51166 2006 West Pinhook Rd Lafayette, LA 70505	52-2381871	501(c)(3)	5,948		n/a	n/a	general support
MASSACHUSETTS STATE COUNCIL CHARITY FUND 470 Washington St Suite 6 Norwood, MA 02062	04-0616108	501(c)(3)	8,800		n/a	n/a	general support
BOYSVILLE OF MICHIGAN INC8759 Clinton-MacOn Rd Clinton, MI 49236	38-1368326	501(c)(3)	9,906		n/a	n/a	general support
COLUMBIAN CHARITIES OF MISSOURI INC12320 E 59th Ter Kansas City, MO 64133	23-7112691	501(c)(3)	6,977		n/a	n/a	general support
NEW JERSEY COLUMBIAN CHARITIES INC172 Main St West Orange, NJ 070525605	20-0603198	501(c)(3)	11,165		n/a	n/a	general support
NEW YORK STATE COUNCIL KNIGHTS OF COLUMBUS CHARITIES INC4027 Douglaston Pkwy Douglaston, NY 113631506	13-3347753	501(c)(3)	12,615		n/a	n/a	general support
OHIO STATE COUNCIL K OF C CHARITY FOUNDATION202 Bohl Dr Marietta,OH 457505340	34-6564739	501(c)(3)	15,000		n/a	n/a	general support
PENNSYLVANIA STATE COUNCIL KNIGHTS OF COLUMBUS EDUCATIONAL FOUNDATION INC800 North Street McSherrystown, PA 17344	26-0315132	501(c)(3)	8,410		n/a	n/a	general support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TEXAS STATE COUNCIL CHARITIES6633 Highway 290 East Suite 204 Austin,TX 787231157	74-1756429	501(c)(3)	14,876		n/a	a n/a	general support				
national catholic educational association1077 30th street nw suite 100 washington, DC 200073852	53-0196616	501(c)(3)	32,908		n/a	a n/a	general support				
the catholic university of america620 michigan avenue ne washington, DC 20064	53-0196583	501(c)(3)	60,000		n/a	a n/a	general support				
basilica of the national shrine of the immaculate conception 400 michigan avenue ne washington, DC 20017	53-0196626	501(c)(3)	50,000		n/a	n/a	general support				
pope john paul ii cultural center3900 harewood road ne washington, DC 20017	52-2298081	501(c)(3)	144,351		n/a	n/a	general support				
american college in louvain 3211 4th street washington, DC 20017	52-1708550	501(c)(3)	27,943		n/a	n/a	general support				
knights of columbus family life bureau incone columbus plaza new haven, CT 06510	52-1547103	501(c)(3)	12,500		n/a	a n/a	general support				
1							!				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493126001060

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization Knights of Columbus Charities USA Inc **Employer identification number**

41-2140273

Рđ	Questions Regarding Compensation							
		_		Yes	Νo			
1a	Check the appropiate box(es) if the organization provided any of the fol							
	990, Part VII, Section A, line 1a Complete Part III to provide any rele	vant information regarding these items						
	First-class or charter travel Housing allowance or residence for personal use							
	<u> </u>	for business use of personal residence						
		social club dues or initiation fees						
	Discretionary spending account Personal s	ervices (e g , maid, chauffeur, chef)						
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursing or allow							
	officers, directors, trustees, and the CEO/Executive Director, regarding	g the items checked in line 1a?	2					
3	Indicate which, if any, of the following the organization uses to establis organization's CEO/Executive Director Check all that apply	n the compensation of the						
		ployment contract						
	Independent compensation consultant Compensa	tion survey or study						
	Form 990 of other organizations Approval I	y the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization							
а	a Receive a severance payment or change-of-control payment?							
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
c	c Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicabl	e amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5	-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, did the org compensation contingent on the revenues of							
а	The organization?		5a		Νo			
b	Any related organization?		5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, line 1a, did the org compensation contingent on the net earnings of	anization pay or accrue any						
а	The organization?		6a		Νο			
b	Any related organization?		6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the org payments not described in lines 5 and 6? If "Yes," describe in Part III	anization provide any non-fixed	7		Νο			
8	Were any amounts reported in Form 990, Part VII, paid or accured pur							
	subject to the initial contract exception described in Regs section 53 in Part III	1958-4(a)(3)? If "Yes," describe						
	III L dIC III	L	8		Νo			
9	If "Yes" to line 8, did the organization also follow the rebuttable presun section 53 4958-6(c)?	ption procedure described in Regulations	9					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Carl A Anderson	(I) (II)	725,100	254,830	169,502	7,350	22,980	1,179,762	
dennis A Savoie	(I) (II)	217,300	62,930	43,274	6,519	17,182	347,205	
donald r kehoe	(I) (II)	189,900	60,030	39,037	5,697	17,182	311,846	
emilio b moure	(ı) (ıı)	165,400	48,030	2,150	4,962	17,182	237,724	
vırgıl c Dechant	(ı) (ıı)	176,650			_		176,650	
Edward j Mullen	(ı) (ıı)	468,800	94,429	58,067	7,350	22,980	651,626	
John A Marrella	(I) (II)	211,875	730	2,257	4,689	17,182	236,733	
Thomas P Smith Jr	(I) (II)	276,900	67,829	30,584	7,350	22,980	405,643	
JOHN WO'REILLY JR	(I) (II)	169,100	51,430	9,089	5,073	22,430	257,122	
ronald j tracz	(1) (11)	157,300	27,630	3,173	4,719	17,182	210,004	
terrence t lescoe	(1) (11)	187,500	36,430	3,242	5,625	17,732	250,529	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	· ·	Part I, Line 4b CARL A ANDERSON \$163,154 DENNIS A SAVOIE 37,658 DONALD R KEHOE 28,831 EDWARD J MULLEN 46,092 THOMAS P SMITH 26,138 THE ABOVE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III)
Supplemental Information	1	Schedule J, part I the organization does not have any paid employees KNIGHTS OF COLUMBUS PROVIDES ADMINISTATIVE SUPPORT TO ASSIST WITH THE DAY-TO-DAY OPERATIONS WITHOUT CHARGE

Schedule J (Form 990) 2009

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Supplemental Information to Form 990

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

OMB No 1545-0047

DLN: 93493126001060

Open to Public Inspection

Name of the organization Knights of Columbus Charities USA Inc

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

► Attach to Form 990.

Employer identification number

l	4	1	-	2	1	4	0	2	7	3
_										

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of the 990 is distributed to each Board member for review before the return is filed
Form 990, Part VI, Section B, line 12c		On an annual basis all Board members and top management officials are required to fill out a conflict of interest questionnaire. All potential issues are reviewed and resolved by the Secretary's Office IN CONJUNCTION WITH THE INTERNAL AUDIT DEPARTMENT
Form 990, Part VI, Section B, line 15		the organization does not have any paid employees KNIGHTS OF COLUMBUS PROVIDES ADMINISTRATIVE SUPPORT TO ASSIST WITH THE DAY-TO-DAY OPERATIONS WITHOUT CHARGE THE COMPENSATION PROCESS AND INDEPENDENT REVIEW WAS PERFORMED BY RELATED ORGANIZATIONS
Form 990, Part VI, Section C, line 19		The organization's governing documents, conflict of interest policy and financial statements are photocopied and mailed to individuals or organizations upon request
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	virgil c Dechant - 11409 Meadow Lane, leaw ood, KS 66221 most Rev William E Lori - 238 Jew itt Avenue, bridgeport, CT 06606 pAUL R DEVIN - 19 marijane road, w est dennis, MA 02670
		form 990, part III, line 4a, program service accomplishments. The Catholic Information Program - Promotes five kinds of assistance to those seeking answers to questions about the Catholic religion, advertisements in large-circulation. Sunday supplements of secular new spapers and on the internet, free distribution of religious pamphlets to those answering the ads, instructions on Catholic faith through the production and distribution of films, a correspondence course on the basic beliefs of Catholics, and individual responses to those who seek confidential counsel. It is impossible to measure the full results of this program since its inception in January of 1948. Impressive statistics showing over 9 million inquiries and more than 800,000 enrollments in the home study courses over the years indicate the wide interest and popularity of the program. How many were led to the Church through reading the pamphlets and studying the courses never will be known.
		form 990, part III, line 4b, program service accomplishments. The Italian welfare fund - The Knights established five playgrounds in prior years all of which are located in Rome, Italy, which are used by boys and girls. The aforementioned costs include the annual operating costs of the playgrounds. These recreation centers include fields for sports, a gympasium and other huldings.

dentifier	Return Reference	Explanation
		cummable, partial, min 4.e., programsenvice accomplatiments activately. France in matthews and plant swift and in 1944 in finight established in milor-dollar focusional Trust (find to provide a carlege educiane) to the children of members who were liked or permisently and totally disabled in World Weri I. Later this benefit as were further extended to children for members who were filled or disabled in the Korea and Vehana Wisar. The benefit is were further extended to collede the Parsan Gall Conflict. In 1970, the privilege was developed further to be benefit as were further extended to recite who were filled or disabled in the Korea and Vehana Wisar. The benefit is were further extended to make the first of the collede the Parsan Gall Conflict. In 1970, the perivaged was developed further to consult the first of the collede or permisently and totally disabled as a result of or command visione while performing their duties as full-time frengthers in 1977, the benefits were further extended to make the Kingdom of the collede the children of state officers who suffer accidental death or total and permanent disability as result of a seaderth while additional to the children of state officers who suffer accidental death or total and permanent disability as a result of a seaderth while additional total students currently receiving scholarshops in the 2009-2010 academic years and a seader while a college the Death of Partial scholarshop program. Under the current provision of the program, the Organization annually awards \$1,500-a-years scholarshops on the basis of merit to 82 members of the program, the Organization annually awards \$1,500-a-years scholarshops and the time of their death. The west excholarshops are for use at the Catholac University of America, Westmington, D.C., with preference being given on two of those the sone of daughters of further scholarshops are for use at the Catholac University of America. Westmington, D.C., with preference of state scale years of the program the catholac scholarshop and

ldentifier	Return Reference	Explanation
		Estate of Anthony labella fund - The Board of Governors of Knights of Columbus Charities, Inc. voted that scholarships awarded from the earnings of the bequest received from the Estate of Anthony J. Labella be in conformance with the rules governing the Fourth Degree Pro Deo and Pro Patria scholarship program with the understanding that they be made available based upon need to young men attending Catholic colleges or universities in the United States. Total students currently receiving scholarships in the 2009-2010 academic year is 12 amounting to \$18,750. Frank L. Goularte Scholarship Fund - The fund was established in 2001 by Knights of Columbus. Charities, Inc. The earnings from this fund are used to provide scholarships for Catholic Students. Total students currently receiving scholarships in the 2009-2010 academic year is 3 amounting to \$6,000.

Organization is exempt Research in Catholic Education \$ 142,908 Religious educational and charitable institutions for scholarships and general assistance 496,294 Greater New Haven Area Catholic High Schools 7,000 Church and charitable related organizations 198,175 TOTAL \$844,377 The Historic Sites Fund was established to provide funds for the extraordinary upkeep and maintenance of designated historical sites which include the following - St. Mary's Church, New Haven, Connecticut, which is the site where the Organization was founded - Father Mcgivney Monument in Waterbury, Connecticut - Columbus Monument in Washington, D.C. The following summary of other program services are for the purpose for which the organization is exempt. Historic Sites \$ 5,585 General Expenses allocated to Program Services 1,173 Villa Maria Guadalupe program 381,484 Investment management fees 67,007 Accounting and legal fees 94,514 T.O.T.A.L.\$549,763. Form 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, LINES 4A THROUGH 4D,INCLUSIVE Knights of Columbus Charities, Inc. transferred assets, liabilities and net assets to Knights of Columbus Charities USA, Inc. administers these funds as part of its supportive role of Knights of Columbus Charities, Inc. in furtherance of Knights of Columbus Charities, Inc. 's exempt purpose and in fulfillment of its program service accomplishments. Form 990, schedule r-1, part ii, column d, knights of columbus canada charities, inc. 's exempt code section. Canada Charities is exempt from federal taxation in Canada under paragraph 149 (1)(f) of the Income Tax Act and is designated as a "Public Foundation" per paragraph 149 1(1)(8) of the Act.

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

form 990, part III, line 4d, other program services. The following summary of educational and charitable contributions are for the purpose for which the

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part II

windsor, ON, ontario n8p 1t1

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

OMB No 1545-0047

DLN: 93493126001060

Inspection

Name of the organization Knights of Columbus Charities USA Inc **Employer identification number**

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

Name, address, and EIN of disregarded entity

(b) Primary activity

(b)

Legal domicile (state or foreign country)

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one

Total income

(d)

see schd o

(e) End-of-vear assets

Direct controlling entity

(a)
Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity knights of columbus one columbus plaza fraternal benefit organization 501(C)(8) СТ N/A new haven, CT 065103326 06-0416470 the Knights of Columbus Museum Inc One columbus plaza operation of a museum CT 501(C)(3) 11(B) N/A New haven, CT 065103326 06-1590283 KNIGHTS OF COLUMBUS CHARITIES INC ESTABLISHED FOR One columbus plaza RELIGIOUS, CHARITABLE, СТ 501(C)(3) 7 N/A AND EDUCATIONAL New haven, CT 065103326 **PURPOSES** KNIGHTS OF COLUMBUS FAIMLY LIFE BUREAU INC One columbus plaza operation of an educational DC 501(C)(3) 2 N/A ınstıtute New haven, CT 065103326 52-1547103 knights of columbus canada charities inc eSTABLISHED FOR RELIGIOUS, CHARITABLE, 1843 trappers ave

AND EDUCATIONAL **PURPOSES**

or more related tax-exempt organizations during the tax year.)

CA

N/A

(j)

General or

managing

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)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(5)

(6)

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

No

Yes

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 3	4, 35, or 36.)
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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?							
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
Ь	b Gift, grant, or capital contribution to other organization(s)							
c	c Gift, grant, or capital contribution from other organization(s)							
d	d Loans or loan guarantees to or for other organization(s)							
e	Loans or loan guarantees by other organization(s)	1e	Yes					
f	Sale of assets to other organization(s)	1f		No				
	Purchase of assets from other organization(s)	1 g		No				
	n Exchange of assets	1h		No				
	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No				
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No				
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No				
ı	I Performance of services or membership or fundraising solicitations by other organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes					
n	Sharing of paid employees	1n		No				
o	Reimbursement paid to other organization for expenses	10	Yes					
P	Reimbursement paid by other organization for expenses	1р	Yes					
q	Other transfer of cash or property to other organization(s)	1 q		No				
r	Other transfer of cash or property from other organization(s)	1r		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 (b)	S						
	(a) Transaction) Amount	(c) : involve	ed				
(1)	1) KNIGHTS OF COLUMBUS - 501(C)(8)							
(2)	2) KNIGHTS OF COLUMBUS - 501(C)(8)							
311	3) KNIGHTS OF COLUMBUS CANADA CHARITIES INC							
· ·								
(4)	kNIGHTS OF COLUMBUS - 501(C)(8)		25	5,553				

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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No