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DLN: 93493131017482

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

Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 A For the 2011 D Employer identification number **B** Check if applicable KNIGHTS OF COLUMBUS CHARITIES USA INC 41-2140273 Address change E Telephone number Doing Business As Name change (203) 752-4323 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 59,712,782 ONE COLUMBUS PLAZA Terminated City or town, state or country, and ZIP + 4 NEW HAVEN, CT 065103326 Amended return Application pending Name and address of principal officer Is this a group return for CHARLES E MAURER JR affiliates? ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** Tax-exempt status 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► N/A K Form of organization
✓ Corporation
☐ Trust
☐ Association L Year of formation 2004 M State of legal domicile CT Summary Part I Briefly describe the organization's mission or most significant activities ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . 4 1 5 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 0 Total number of volunteers (estimate if necessary) 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 5,3<u>3</u>6,716 8 Contributions and grants (Part VIII, line 1h) . 4,318,853 54,015 9 Program service revenue (Part VIII, line 2g) . 61,536 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,078,006 4,868,018 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 8,476,258 9,240,886 13 2,194,495 3,664,832 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 2,287,705 2,315,537 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,482,200 5,980,369 19 Revenue less expenses Subtract line 18 from line 12 . 3,994,058 3,260,517 (Assets or delatables) **Beginning of Current End of Year** Year 62,446,591 64,107,045 20 Total assets (Part X, line 16) . . . Met./ 21 Total liabilities (Part X, line 26) . . 10,864,661 12,487,457 22 Net assets or fund balances Subtract line 21 from line 20 51,581,930 51,619,588 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2012-05-10 Signature of officer Sign Here CHARLES E MAURER JR SECRETARY Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's THOMAS F LYDEN (see instructions) P01215353 Paid employed 🕨 🧧 Preparer's SEWARD AND MONDE CPA'S Firm's name (or yours

296 STATE STREET

May the IRS discuss this return with the preparer shown above? (see instructions) .

NORTH HAVEN, CT 064732165

if self-employed), address, and ZIP + 4

Use Only

EIN • 06-0530830

Phone no (203) 248-9341

Par		t of Program Servi edule O contains a resp				দ
1	Briefly describe the	organization's mission				
FURT OF C AND	HERANCE OF THES HRISTIANITY, MAI ADMINISTERS SCH	E PURPOSES, CHARIT NTAINS FACILITIES F IOLARSHIP FUNDS FO	TIES USA HAS FOR THE PRO R THE BENEF	S ESTABLISHED CENT PER PHYSICAL, INTEL	PUCATIONAL AND SCIENT ERS FOR THE DISSEMINA LECTUAL AND MORAL DE RSONS KNIGHTS OF COL DF CHARITIES USA	TION OF THE TRUTHS VELOPMENT OF YOUTH,
2	the prior Form 990	or990-EZ?		ervices during the year	which were not listed on	「Yes ▼ No
_	·	ese new services on Sc			4	
3	services?			nt changes in how it con	· · · · · · ·	┌ Yes ┌ No
	If "Yes," describe th	ese changes on Schedu	ıle O			
4	expenses Section 5	501(c)(3) and 501(c)(4) organization:	s and section 4947(a)(:	ee largest program services 1) trusts are required to rep n program service reported	
4a	(Code) (Expenses \$	378,104	ıncludıng grants of \$) (Revenue \$	1,338,955)
	THE CATHOLIC INFORM	MATION PROGRAM - SEE SCH	EDULE O			
4b	(Code) (Expenses \$	1,224,444	ıncludıng grants of \$) (Revenue \$)
	THE ITALIAN WELFARE	FUND - SEE SCHEDULE O				,
	(Code) (Expenses \$	1,042,877	ıncludıng grants of \$	1,042,877) (Revenue \$)
	SCHOLARSHIPS - SEE S	SCHEDULE O				
	(Code) (Expenses \$	3,334,944	including grants of \$	2,621,955) (Revenue \$)
	Other program ser	vices (Describe in Sch	edule O)			
	(Expenses \$	3,334,944 inc	-	of\$ 2,621,9	55) (Revenue \$)
4e	Total program serv	rice expenses►\$	5,980,36	59		

Part IV	Checklist	of Rea	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 and IV.	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 and IV	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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20h		

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		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
L				
U	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?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities	4a	V	
h	account)?	TG	Yes	
b	If "Yes," enter the name of the foreign country ►VT See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See instructions for fining requirements for Form FB F 50 22 1, Report of Foreign Bunk and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
	and the state of t			
е	Did the organization 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?	7£		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
11	Section 501(c)(12) organizations. Enter			
a	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			
4.~	year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
_	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
	year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	7b		No				
8	or persons other than the governing body?						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	_					
	venue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
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 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure	_05					
17	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)						

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

(203) 752-4227

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization CHARLES E MAURER JR
 ONE COLUMBUS PLAZA
 NEW HAVEN, CT 065103326

<u>Part VII</u> 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

- ◆ 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiz	ation nor any re	lated o	rganı	zatıc	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) CARL A ANDERSON PRESIDENT	3 00	х		х				0	1,488,682	32,728
(2) DENNIS A SAVOIE VICE PRESIDENT	1 00	х		х				0	467,269	26,317
(3) CHARLES E MAURER JR SECRETARY	1 00	х		Х				0	226,988	15,098
(4) LOGAN T LUDWIG TREASURER	1 00	х		Х				0	85,290	7,690
(5) VIRGIL C DECHANT DIRECTOR	1 00	х						0	150,682	0
(6) MOST REV WILLIAM E LORI DIRECTOR	1 00	х						0	0	0
(7) EDWARD J MULLEN DIRECTOR	1 00	х						0	698,281	32,728
(8) JOHN A MARRELLA DIRECTOR	1 00	х						0	418,769	26,317
(9) THOMAS P SMITH JR DIRECTOR	1 00	х						0	481,184	32,727
(10) EMILIO B MOURE PAST SECRETARY	1 00	х		Х				0	307,001	14,179
(11) RONALD J TRACZ ASSISTANT SECRETARY	1 00			Х				0	212,545	23,968
(12) TERRENCE T LESCOE CHIEF FINANCIAL OFFICER	1 00			х				0	272,036	24,936

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

	(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)				(F) Estimated amount of oth compensatio from the organization a		
		for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former					organiza		
1b	Sub-Total			<u> </u>				<u> </u>							
С	Total from continuation sheets t	to Part VII, Sec	tion A					•							
2	Total (add lines 1b and 1c)	udıng but not lın	nited to	thos	e lıs		• above) who	receive	d more th	4,808,72 an	7		236,688	
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch									t compens	sated employee	3	Yes	No No	
4	For any individual listed on line 1 organization and related organization individual											4	Yes		
5	Did any person listed on line 1a i services rendered to the organiza	ation? <i>If</i> "Yes," (or individual for	5		No	
<u>Se</u> 1	ction B. Independent Cont Complete this table for your five \$100,000 of compensation from	highest comper the organizatio													
	or within the organization's tax yo	ear (A) ne and business add	dress							Desc	(B) cription of services		(C Comper		
	otal number of independent contr s100,000 of compensation from t			ot lın	nited	l to 1	those	liste	d above)	who recei	ved more than				

Form 99								Page 9
Part \	<u>/1111</u>	Statement o	of 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
#\$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	ies 1 b					
S, Ç	c	Fundraising ev	ents 1c					
<u>#</u>	d	Related organiz	zations 1d	3,022,434				
E, S	e	Government grant	s (contributions) 1e					
or s	f	All other contribution	ons, gifts, grants, and 1f ot included above	1,296,419				
^듩	g	Noncash contr	ibutions included in					
멸	١.		- 1 - 16	.	4,318,853			
<u>O @</u>	h	Iotal. Add lines	s 1 a - 1 f		4,310,633			
e⊟		CALE OF DAMPILLE	TC	Business Code				
ever	2a	SALE OF PAMPHLE		900099	54,015	54,015		
<u>유</u>	b c							
Program Serwce Revenue	d		_					
Ŧ	e							
ran	f	All other progra	am service revenue					
ွိ	•							
	g		s 2a-2f		54,015			
	3		ome (including dividen	. F	2,129,694			2,129,694
	4		ar amounts) stment of tax-exempt bond	-	2,123,631			2,123,031
	5			· · · · · · · · · · · · · · · · · · ·				
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	53,196,102	14,118				
		assets other than inventory						
	ь	Less cost or other basis and	50,448,896	23,000				
	_	sales expenses Gain or (loss)	2,747,206	-8,882				
	c d	Net gain or (los		<u> </u>	2,738,324			2,738,324
	8a		rom fundraising					
Other Revenue		events (not inc \$ of contributions						
Œ		- ,	a					
the	b		penses b					
Ò	C		(loss) from fundraising	events 🕦				
	9a		rom gaming activities ne 19 a					
	ь		penses b					
	c 10a	Net income or Gross sales of returns and allo		vities► 				
	ь		a oods sold b					
	С		(loss) from sales of inv					
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	C	Λ II a th a m m = · · ·						
	d e	All other reven	ue s 11a-11d					
		. Jean Add IIIIe:						
	12	Total revenue.	See Instructions .	▶	9,240,886	54,015	0	4,868,018

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SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2,461,955 2,461,955 Grants and other assistance to individuals in the United States See Part IV, line 22 944,614 944,614 Grants and other assistance to governments, organizations, and individuals outside the United 258,263 258,263 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Fees for services (non-employees) 11 Management Legal Accounting 40,497 40,497 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 147,191 147,191 g Other Advertising and promotion . . . Office expenses 13 Information technology Royalties . . 178,929 16 178,929 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Payments to affiliates 22 Depreciation, depletion, and amortization 140,487 140,487 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) ITALIAN WELFARE - OPERA 1,224,444 1,224,444 CATH INFO PROG - OTHER 247,098 247,098 HISTORIC SITES 190,125 190,125 CATH INFO PROG - PRINTI 131,006 131,006 d е f All other expenses 15,760 15,760 25 Total functional expenses. Add lines 1 through 24f 5,980,369 5,980,369 0 0 Joint costs. Check here ► 🗆 If following

2 Savings and temporary cash investments	Pa	rt X	Balance Sheet					
2 Savings and temporary cash investments 4,982,857 2 4,417,366 3 Pledges and grants receivable, net 19,496 4 232,281. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Schedule L 7 7 7 7 7 7 7 7 7								
A		1	Cash—non-interest-bearing			220,174	1	493,512
4 Accounts receivable, net		2	Savings and temporary cash investments			4,982,857	2	4,417,369
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		3	Pledges and grants receivable, net				3	
highest compensated employees Complete Part II of Schedule Schedule		4	Accounts receivable, net			18,488	4	232,812
Recewables from other disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (c)(3)(8). Complete Part II of Schedule L		5	highest compensated employees Complete Part II of	, key	employees, and			
Persons described in section 4958(c)(3)(8) Complete Part II of Schedule L							5	
7		6	persons described in section $4958(c)(3)(B)$ Complete Part II o		4958(f)(1)) and			
10a	SO.						6	
10a	e	7	Notes and loans receivable, net			7		
10a	8	8	Inventories for sale or use			8		
Part VI of Schedule D Less accumulated depreciation 10b 991,734 2,889,547 10c 2,724,938 11 Investments—publicly traded securities 39,964,367 11 53,033,128 12 Investments—publicly traded securities 11,617,889 12 750,000 13 Investments—program-related See Part IV, line 11 13 11,617,889 12 750,000 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 2,773,269 15 2,495,261 16 Total assets. Add lines 1 through 15 (must equal line 34) 62,446,591 16 64,107,045 18 Grants payable and accrued expenses 59,621 17 843,125 18 Grants payable 18 19 Deferred revenue 19 19 19 19 19 19 19 1	•	9	Prepaid expenses and deferred charges				9	
11 Investments—publicly traded securities 38,964,367 11 53,033.122 1750.000 12 Investments—other securities See Part IV, line 11 11,617,889 12 750.000 13 Investments—program-related See Part IV, line 11 1 13 13 14 Intangible assets		10a		10a	3,716,670			
12 Investments—other securities See Part IV, line 11		ь	Less accumulated depreciation	10b	991,734	2,869,547	10c	2,724,936
13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 2,773,269 15 2,455,261 16 Other Additional Programs 15 Other assets See Part IV, line 11 2,773,269 15 2,455,261 16 Other Additional Programs 16 Other Additional Programs 17 Accounts payable and accrued expenses 59,621 17 843,121 18 Grants payable 18 18 19 Deferred revenue 19 20 20 20 20 20 20 20 2		11	Investments—publicly traded securities			39,964,367	11	53,033,129
14 Intangible assets		12	Investments—other securities See Part IV, line 11			11,617,889	12	750,000
15		13	Investments—program-related See Part IV, line 11				13	
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets			14		
17		15	Other assets See Part IV, line 11			2,773,269	15	2,455,287
18 Grants payable 18 19 Deferred revenue 19 19 20 20 20 20 20 20 20 2		16	Total assets. Add lines 1 through 15 (must equal line 34)			62,446,591	16	64,107,045
19 Deferred revenue		17	Accounts payable and accrued expenses .			59,621	17	843,125
20 Tax-exempt bond liabilities		18	Grants payable			18		
Escrow or custodial account liability Complete Part IV of Schedule D 9,900,856 21 10,862,445		19	Deferred revenue		19			
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities				20	
23 Secured mortgages and notes payable to unrelated third parties	S	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.		9,900,856	21	10,862,449
23 Secured mortgages and notes payable to unrelated third parties	ilitie	22						
23 Secured mortgages and notes payable to unrelated third parties	æ		persons Complete Part II of Schedule L				22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties				23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties				24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part			904 184	25	781 883
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26						
through 29, and lines 33 and 34. 27 Unrestricted net assets		20		lata li	noc 27	10,004,001	20	12,407,437
Permanently restricted net assets	ices		through 29, and lines 33 and 34.	ete II	nes 27			
Permanently restricted net assets	<u> </u>	27					\vdash	48,237,000
30 Capital stock or trust principal, or current funds		l					\vdash	2,699,135
30 Capital stock or trust principal, or current funds	Ξ	29	Permanently restricted net assets			683,453	29	683,453
30 Capital stock or trust principal, or current funds	or Fu		- · · · · · · · · · · · · · · · · · · ·	d com	plete			
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds				30	
33 Total net assets or fund balances	ŚĘ	31	Paid-in or capital surplus, or land, building or equipment fund			31		
33 Total net assets or fund balances 51,581,930 33 51,619,588 34 Total liabilities and net assets/fund balances 62,446,591 34 64,107,048		32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
34 Total liabilities and net assets/fund balances	<u>¥</u>	33	Total net assets or fund balances			51,581,930	33	51,619,588
	~	34	Total liabilities and net assets/fund balances			62,446,591	34	64,107,045

Par	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0.7	240,886
2	Total expenses (must equal Part IX, column (A), line 25)	2			80,369
3	Revenue less expenses Subtract line 2 from line 1	3			260,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		51,5	581,930
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,2	222,859
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		51,6	519,588
Par	TEXII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
		1		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued		100	
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

OMB No 1545-0047

SCHEDULE A (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.

Inspection

Employer identification number

KINIGE	115 06	41-2140273			
Da	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instru	ictions		
		zation is not a private foundation because it is (For lines 1 through 11, check only one box)	ictions		
1		A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	,	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	, _	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	r	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A hospital's name, city, and state	a)(iii). Enter	the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental ui	nit describe	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	\vdash	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	the general	oublic	
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, members	hip fees, an	d gros	S
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more th	nan 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax)	from busine	sses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).			
11	্	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to ca one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See set the box that describes the type of supporting organization and complete lines 11e through 11h a		i)(3). (Check
е	<u>~</u>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in 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 s check this box	upporting oi	ganıza	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	F		
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	44.40	Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)	\longrightarrow	No
		(ii) a family member of a person described in (i) above?	11g(ii)		No
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		No
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 gover documer	on in ed in rning	(v) Did you notify the organization in col (i) of your support?		Did you notify the organization in col (i) of your		Did you notify the organization in col (i) of your		Did you notify the organization in col (i) of your		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		(see instructions))	Yes	No	Yes	No	Yes	No							
(A) KNIGHTS OF COLUMBUS CHARITIES INC	237227608	7	Yes		Yes		Yes		0						
Total									0						

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

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▶[

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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 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) 2011

Additional Data

Software ID: Software Version:

EIN: 41-2140273

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

Form 990, Special Condition Description:

	Special Condition Description									
Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)										
4d. Other prograr	4d. Other program services									
(Code) (Expenses \$	3,334,944	including grants of \$	2,621,955) (Revenue \$)					

DLN: 93493131017482

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Open to Public Inspection

Internal Revenue Service

Department of the Treasury Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Na	me of the organization IGHTS OF COLUMBUS CHARITIES USA INC		Employer identification number
K IV.	IGHTS OF COLUMBOS CHARITIES USA INC		41-2140273
Pa	rt I Organizations Maintaining Donor Ac	dvised Funds or Other Similar Fu	
	organization answered "Yes" to Form 99		
	-	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
!	Aggregate contributions to (during year)		
}	Aggregate grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised Yes No
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		
20	rt II Conservation Easements. Complete	if the organization answered "Ves" to	· · ·
			o Form 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreations).	<u> </u>	historically importantly land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	, reservation of a c	eremed instance structure
2	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 conservation
	,,,,,,	Γ	Held at the End 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) a	equired after 8/17/06	2d
3	Number of conservation easements modified, transfe	ے rred. released. extinguished. or terminate.	d by the organization during
	the taxable year ►	, , , , , , , , , , , , , , , , , , ,	- 2, o.gaa
ŀ	Number of states where property subject to conserva	ation easement is located ►	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year
	▶ \$		
3	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	tion Yes No
)	In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
aı	t III Organizations Maintaining Collectio Complete if the organization answered '	ns of Art, Historical Treasures, o	or Other Similar Assets.
La	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	116, not to report in its revenue stateme for public exhibition, education or researc	th in furtherance of public service,
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		► \$
<u>!</u>	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	illections of Art	, His	toric	cal Tre	easures, or C	the	<u>r Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are a signific	ant u	se of its collection		
а	Public exhibition		d	Γ	Loan o	r exchange prog	rams			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and evola	ın hov	w thay	furthar	the organization	n'c av	emnt nurnose in		
7	Part XIV					_				
5	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar F i	Vec	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiz	ation answere				110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets	not	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving ta	ble	-				
								Amou	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?	•				▽ 1	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/								
Pai	rt V Endowment Funds. Complete	ıf the organızatıoı	n ans	were	d "Yes	" to Form 990,				
		(a)Current Year	(b) Prior Y		(c)Two Years Back)Three Years Back (e) Four `	Years Back
1a	Beginning of year balance	36,091,035			704,820	27,150,53	_	31,615,431		
b	Contributions	937,291			416,167	1,163,93	_	1,706,541		
C	Investment earnings or losses	1,718,192		3,	836,828	6,081,60)3	-4,263,325		
d	Grants or scholarships	1,563,269		1,	866,780	1,691,24	18	1,908,112		
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	37,183,249		36,	091,035	32,704,82	20	27,150,535		
2	Provide the estimated percentage of the year	r end balance held a	as		·			·		
а	Board designated or quasi-endowment	97 790 %								
ь	Permanent endowment ► 2 210 %									
c 3a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held	and administere	d for	the		
Ju	organization by	ssion of the organiza	acion	ciiac a	ic neid	and daministere	u 101	[Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	•						3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X,	line 10	O				
	Description of property				Cost or c s (investr			(c) Accumulated depreciation	(d) Bo	ook value
1a	Land					500	0,005			500,005
Ь	Buildings					2,987	7,321	889,773		2,097,548
c I	Leasehold improvements									
d I	Equipment					21	L,563	21,563		0
	2 th ar						, 7,781	· · ·		127,383
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		nn (B), line	10(c).)					2,724,936
		, , , , , , , , , , , , , , , , , , , ,			. , , ,			Schedule D (F		

Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2,200) tarae	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		Cost of the of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, Irr		(I) Declaration
(a) Descrip	ocion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
(-) December of Legisles		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ACCRUED DONATIONS PAYABLE	781,283	
DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	,	
FUND	600	
· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	781,883	

Total revenue (Form 990, Part VIII, column (A), line 12)

9,240,886

1 1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,980,369
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,260,517
4	Net unrealized gains (losses) on investments	4	-3,194,593
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-28,266
9	Total adjustments (net) Add lines 4 - 8	9	-3,222,859
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	37,658
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	·
1	Total revenue, gains, and other support per audited financial statements	1	5,945,826
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	-3,147,869
3	Subtract line 2e from line 1	3	9,093,695
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 147,191		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	147,191
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,240,886
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	5,939,303
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	46,724
3	Subtract line 2e from line 1	3	5,892,579
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 147,191		
b	Other (Describe in Part XIV) 4b -59,401		
c	Add lines 4a and 4b	4c	87,790
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,980,369
Pai	t XIV Supplemental Information		

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

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 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

Identifier	Return Reference	Explanation
	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
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 -59,401 NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY YEAR END EXCHANGE RATES 31,135 TOTAL TO SCHEDULE D, PART XI, LINE 8 -28,266
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -59,401

DLN: 93493131017482

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

▶ Attach to Form 990. ▶ See separate instructions.

Part IV, line 14b, 15, or 16.

Internal Revenue Service Name of the organization KNIGHTS OF COLUMBUS CHARITIES USA INC

Employer identification number

41-2140273

Part I	General Information on	Activities O	utside the	United States.	Complete	if the organization	answered
	"Yes" to Form 990, Part IV,	lıne 14b.				_	

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or		
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award		
	the grants or assistance?	s [_ ^

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the

	United States					
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	NORTH AMERICA	0		SCHOLARSHIPS TO RECIPIENTS LOCATED IN CANADA	SCHOLARSHIPS	98,263
	EUROPE	0		GRANT TO AN ORGANIZATION LOCATED IN THE VATICAN CITY STATE	GRANTMAKING	160,000
	EUROPE	0			OPERATION OF PLAYGROUNDS	1,224,444
	NORTH AMERICA	0		INVESTMENTS		750,000
2-	Cub total	0	0			2 222 707
	Sub-total Total from continuation sheets to Part I	0	0			2,232,707
	Totals (add lines 3a and 3b)	0	0			2,232,707
For P	rivacy Act and Paperwork Reduction	n Act Notice, see	the Instructions	for Form 990. Cat	No 50082W Schedu	ile F (Form 990) 2011

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(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	160,000	СНЕСК	С	N/A	N/A
	_								
		+							+
2	Enter total nu tax-exempt b	umber of recipions by the IRS, or fo	ent organizations l or which the grant	isted above that are re ee or counsel has prov	ecognized as charit vided a section 501	cies by the foreign c L(c)(3) equivalency	country, recognized letter	as . >	1
3	Enter total nu	umber of other	organizations or e	ntities				. ▶	0
								Schedule	F (Form 990) 2011

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.....

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 Part V if additional space is needed. (d) A mount of (a) Type of grant or (b) Region (c) Number of (e) Manner of cash (f) A mount of (g) Description (h) Method of recipients cash grant disbursement of non-cash valuation assistance non-cash (book, FMV, assistance assistance appraisal, other) SCHOLARSHIPS - SEE NORTH AMERICA 60 98,263 CHECK 0 N/A N/A SCHEDULE O (EXPLANATION FOR 990 PART III, LINE

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<u> </u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	▽	Νo

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

<u>information.</u>		
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
		Schedule F (Form 990) 2011
		Schedule F / Form 990\ 2011

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

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 OMB No 1545-0047

2011

DLN: 93493131017482

Open to Public Inspection

Employer identification number

VALCUTE OF COLUMBUS CUARTES	C LICA TNIC					1 ' '	
KNIGHTS OF COLUMBUS CHARITIE	S USA INC					41-2140273	
Part I General Informatio	n on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance [?]					F Yes □
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	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 gra or assistance
See Addıtıonal Data Table							
 2 Enter total number of section 50 3 Enter total number of other organization 		<u>-</u>					

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS - SEE SCHEDULE O (EXPLANATION FOR 990 PART III, LINE 4C)	452	944,614	0	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS MADE TO ORGANIZATIONS ARE FOR GENERAL SUPPORT OF THE RECIPIENT
MONITORING GRANTS		ORGANIZATION THE ORGANIZATION REQUIRES DONEE ORGANIZATIONS TO PROVIDE AN ACCOUNTING OF
IN THE U S		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 1	, Part II, G	ants and Ot	her Assistar	ice to Gove	nments an	d Organizati	ons in the United S
(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)	31,172	0	N/A	N/A	GENERAL SUPPORT
KNIGHTS OF COLUMBUS CHARITIES AID FOUNDATION INCPO BOX 280 LA CROSSE,KS 675480280	48- 0698354	501(C)(3)	15,387	0	N/A	N/A	GENERAL SUPPORT
BISHOP CHARLES P GRECO MEMORIAL FOUNDATIONPO BOX 51166 2006 WEST PINHOOK RD LAFAYETTE, LA 70505	52- 2381871	501(C)(3)	14,713	0	N/A	N/A	GENERAL SUPPORT
MASSACHUSETTS STATE COUNCIL CHARITY FUND470 WASHINGTON ST SUITE 6 NORWOOD, MA 02062	04- 0616108	501(C)(3)	22,219	0	N/A	N/A	GENERAL SUPPORT
BOYSVILLE OF MICHIGAN INC8759 CLINTON-MACON RD CLINTON,MI 49236	38- 1368326	501(C)(3)	29,684	0	N/A	N/A	GENERAL SUPPORT
COLUMBIAN CHARITIES OF MISSOURI INC12320 E 59TH TER KANSAS CITY, MO 64133	23- 7112691	501(C)(3)	17,938	0	N/A	N/A	GENERAL SUPPORT
NEW JERSEY COLUMBIAN CHARITIES INC172 MAIN ST WEST ORANGE,NJ 070525605	20- 0603198	501(C)(3)	27,622	0	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)	31,852	0	N/A	N/A	GENERAL SUPPORT
OHIO STATE COUNCIL K OF C CHARITY FOUNDATION202 BOHL DR MARIETTA, OH 457505340	34- 6564739	501(C)(3)	14,237	0	N/A	N/A	GENERAL SUPPORT
PENNSYLVANIA STATE COUNCIL KNIGHTS OF COLUMBUS EDUCATIONAL FOUNDATION INC 800 NORTH STREET MCSHERRYSTOWN,PA	26- 0315132	501(C)(3)	21,234	0	N/A	N/A	GENERAL SUPPORT
TEXAS STATE COUNCIL CHARITIES 6633 HIGHWAY 290 EAST SUITE 204 AUSTIN,TX 787231157	74- 1756429	501(C)(3)	39,503	0	N/A	N/A	GENERAL SUPPORT
KNIGHTS OF COLUMBUS VIRGINIA ASSISTANCE FOR THE RETARDED8100 THREE CHOPT ROAD RICHMOND, VA 23229	54- 1684439	501(C)(3)	5,139	0	N/A	N/A	GENERAL SUPPORT
VIRGINIA KNIGHTS OF COLUMBUS CHARITIES INC 19808 YOUNGS CLIFF ROAD STERLING, VA 20165	23- 7337216	501(C)(3)	5,138	0	N/A	N/A	GENERAL SUPPORT
MINNESOTA KNIGHTS FOUNDATION7800 MINNESOTA WORLD TRADE CENTER 30 EAST 7TH STREET ST PAUL, MN 55101	41- 1676612	501(C)(3)	10,715	0	N/A	N/A	GENERAL SUPPORT
PENNIES FOR HEAVEN FUND INC 230 SE SOUTH STREET PULLMAN, WA 991632329	94- 3143247	501(C)(3)	7,058	0	N/A	N/A	GENERAL SUPPORT
HOSPITAL OF ST RAPHAEL1450 CHAPEL STREET NEW HAVEN, CT	06- 0653171	501(C)(3)	260,000	0	N/A	N/A	GENERAL SUPPORT
KNIGHTS OF COLUMBUS FAMILY LIFE BUREAU INCONE COLUMBUS PLAZA NEW HAVEN, CT 06510	52- 1547103	501(C)(3)	1,512,500	0	N/A	N/A	FOR THE ESTABLISHMENT OF THE BLESSED JOHN PAUL II SHRINE AND GENERAL SUPPORT
COLUMBIAN CHARITIES OF CONNECTICUT INC 142 ORCHARD STREET ELLINGTON, CT 06029	06- 0972133	501(C)(3)	11,633	0	N/A	N/A	GENERAL SUPPORT
MARYLAND STATE COUNCIL CHARITY FUND INC10815 STANG ROAD OWINGS MILLS, MD 21117	52- 1357264	501(C)(3)	10,917	0	N/A	N/A	GENERAL SUPPORT
COLORADO K OF C CHARITIES FUND INC PO BOX 810 LITTLETON,CO 80160	23- 7309447	501(C)(3)	6,680	0	N/A	N/A	GENERAL SUPPORT

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

Torin 990,5cheddie	_,, 0	ranto ana ot	1101 710010 tur	te te eeren	miento una c	or garnizations	m the omiteur
(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
COLUMBIAN CHARITIES OF GEORGIA INC147 CROSS GATE DR MARIETTA, GA 30068	20- 3401592	501(C)(3)	5,930	0	N/A	N/A	GENERAL SUPPORT
BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION400 MICHIGAN AVENUE NE WASHINGTON, DC 200171566	53- 0196626	501(C)(3)	125,000	0	N/A	N/A	GENERAL SUPPORT
THE CATHOLIC UNIVERSITY OF AMERICA620 MICHIGAN AVENUE NE WASHINGTON, DC 20064	53- 0196583	501(C)(3)	100,000	0	N/A	N/A	GENERAL SUPPORT
ALBERTUS MAGNUS COLLEGE700 PROSPECT STREET NEW HAVEN, CT 06511	06- 0646520	501(C)(3)	8,000	0	N/A	N/A	GENERAL SUPPORT
SACRED HEART ACADEMY265 BENHAM STREET HAMDEN,CT 06514	06- 1271712	501(C)(3)	7,666	0	N/A	N/A	GENERAL SUPPORT
ACADEMY OF OUR LADY OF MERCY200 HIGH STREET MILFORD,CT 06460	06- 0653077	501(C)(3)	7,667	0	N/A	N/A	GENERAL SUPPORT
NOTRE DAME HIGH SCHOOL200 RICARDO STREET WEST HAVEN,CT 06516	06- 0646748	501(C)(3)	7,667	0	N/A	N/A	GENERAL SUPPORT

DLN: 93493131017482

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

Open to Public

Remain tevende delvide	F Attach to Form 990. F See separate histractions.		-110-1000
Name of the organization KNIGHTS OF COLUMBUS CHARITIES USA INC		Employer identif	fication number
		41-2140273	
Part T Questions Regarding Co	omnensation		

				Yes	Νο
1 a	Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide				
	First-class or charter travel	using allowance or residence for personal use			
	•	yments for business use of personal residence			
	<u> </u>	ealth or social club dues or initiation fees			
	Discretionary spending account Pe	rsonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described above		1b		
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director, r		2		
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	·			
		ritten employment contract			
		ompensation survey or study			
	Form 990 of other organizations	proval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, So or a related organization	ection A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqua	lified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compe	ensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complet	e lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	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 compensation contingent on the net earnings of	the organization pay or accrue any			
а	The organization?		6a		Νo
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 payments not described in lines 5 and 6? If "Yes," describe in		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accusubject to the initial contract exception described in Regs sec in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958-6(c)$?	presumption 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC 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
(1) CARL A ANDERSON	(I) (II)	0 780,500	0 339,340	0 368,842	0 7,350	0 25,378	0 1,521,410	0 0
(2) DENNIS A SAVOIE	(I) (II)	0 262,958	0 90,840	0 113,471	0 7,350	0 18,967	0 493,586	0
(3) CHARLES E MAURER JR	(ı) (ıı)	0 171,333	0 23,040	0 32,615	0 5,140	0 9,958	0 242,086	0 0
(4) VIRGIL C DECHANT	(ı) (ıı)	0 150,682	0	0	0	0	0 150,682	0 0
(5) EDWARD J MULLEN	(I) (II)	0 487,800	0 124,240	0 86,241	0 7,350	0 25,378	0 731,009	0
(6) JOHN A MARRELLA	(I) (II)	0 280,700	0 107,340	0 30,729	0 7,350	0 18,967	0 445,086	o 0
(7) THOMAS P SMITH JR	(I) (II)	0 303,496	0 114,240	0 63,448	0 7,350	0 25,377	0 513,911	o 0
(8) EMILIO B MOURE	(I) (II)	0 133,600	0 70,600	0 102,801	0 4,008	0 10,171	0 321,180	0
(9) RONALD J TRACZ	(I) (II)	0 170,858	0 37,940	0 3,747	0 5,001	0 18,967	0 236,513	0 0
(10) TERRENCE T LESCOE	(I) (II)	0 203,800	0 64,640	0 3,596	0 5,419	0 19,517	0 296,972	0
-								

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

Identifier	Return Reference	Explanation
	4B ,	PART I, LINE 4B CARL A ANDERSON \$357,432 DENNIS A SAVOIE 102,074 CHARLES E MAURER, JR 28,137 EDWARD J MULLEN 74,213 JOHN A MARRELLA 28,022 THOMAS P SMITH, JR 58,927 EMILIO B MOURE 100,544 THE ABOVE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III)
SUPPLEMENTAL INFORMATION		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) 2011

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493131017482

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES USA INC

Employer identification number
41-2140273

Identifier	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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 A RELATED ORGANIZATION, KNIGHTS OF COLUMBUS KNIGHTS OF COLUMBUS' COMPENSATION PROCESS IS AS FOLLOWS. THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS EMPLOYS A DATA SERVICE COMPANY ON AN ANNUAL BASIS FOR REVIEW OF COMPENSATION. THE SERVICE COMPANY USES SURVEY SOURCES THEY HAVE COMPILED PLUS OTHER PUBLISHED SURVEYS TO PRESENT A PEER GROUP PERFORMANCE COMPARISON REPORT. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE PRESENTATION BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS. AFTER A REVIEW AND DISCUSSION BY THE BOARD OF DIRECTORS, A VOTE IS TAKEN TO APPROVE A NEW ANNUAL SALARY RANGE FOR THE TOP MANAGEMENT INDIVIDUALS.

Identifier	Return Reference	Explanation
	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

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,194,593 DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -59,401 NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY YEAR END EXCHANGE RATES 31,135 TOTAL TO FORM 990, PART XI, LINE 5 - 3,222,859

Identifier	Return Reference	Explanation
		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 NEWSPAPERS 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 STUDY ING THE COURSES NEVER WILL BE KNOWN

ldentifier	Return Reference	Explanation
		FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS THE ITALIAN WELFARE FUND - THE KNIGHTS ESTABLISHED FIVE PLAY GROUNDS 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 PLAY GROUNDS THESE RECREATION CENTERS INCLUDE FIELDS FOR SPORTS, A GY MNASIUM AND OTHER BUILDINGS

Identifier Return Explanation Reference	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS SCHOLARSHIPS. AND JOHN E SWIFT EDUCATIONAL TRUST FUND - IN 1944, THE KNIGHTS ESTABLISHED EDUCATIONAL TRUST FUND TO PROVIDE A COLLEGE EDUCATION TO THE CHILDREN OF KILLED OR PERMANENTLY. AND TOTALLY DISABLED IN WORLD WAR ILL LATER THIS BENCHLOPEN OF MEMBERS WHO WERE KILLED OR DISABLED IN THE KOREAN AND VETAMAN WERE PURTHER DETAILED ON DISABLED IN THE KOREAN AND VETAMAN WERE PURTHER DETAILED ON DISABLED IN THE KOREAN AND VETAMAN WERE FURTHER DETAILED ON DISABLED AND MILITARY OF A FIGHANISTAN AND PAKISTAN IN 1970, THIS PRIVILEGE WAS DEVELOPED FURTHER TO MEMBERS OF THE ORDER WHO WERE KILLED OR PERMANENTLY AND TOTALLY DISABLE CRIMINAL VIOLENCE WHILE FUNCTIONING AS LAW ENPORCEMENT OFFICERS AN DI, IN 18 KILLED OR DISABLED AS A RESULT OF CRIMINAL VIOLENCE WHILE FER ROPRIMINATION FROM THE FIREFICHTERS IN 1977, THE BENEFITS WERE PURTHER EXTENDED TO TO NICLUSE THE CHILD OFFICERS WHO SUFFER ACCIDENTAL DEATH OR TOTAL AND FERM ANENT DISABILITY. ACCIDENT WHILE ACTIVELY ENGAGED DURING THER NOUMBENCY ON BUSINESS OF THE SES SCHOLARSHIPS IN THE 2011-2012 ACADEMIC YEAR IS 6 AMOUNTING TO \$2216, 114 FOL AND PRO PATRIA SCHOLARSHIPS PROGRAM. HUNDER THE CURRE INT PROVISIONS OF THORAD AND PRO PATRIA SCHOLARSHIPS OF MEMBERS IN GOOD STANDING OR WHO WERE SO A DEATH TWILL YE SCHOLARSHIPS ARE FOR USE AT THE CURRE INT PROVISIONS OF THE ORGANIZATION ANNUALLY AWARDS \$1,500.A.YEAR SCHOLARSHIPS ON THE BASIS ON DEATH THE VIEW SCHOLARSHIPS ARE FOR USE AT THE CURRE INTO WERE SCHOLARSHIPS OF MEMBERS IN GOOD STANDING OR WHO WERE SO A DEATH THE VIEW SCHOLARSHIPS ARE FOR USE AT THE CATHOLIC UNIVERSITY OF A ME WITH PREFERENCE BEING GIVEN ON TWO OF THOSE TWILL FOR OLUMBAN SQUIRES SCHOLARSHIPS MAY BE USED AT A CATHOLIC COLLEGE OF THE ECCIPIENTS CHOCKED RECEIVING REFERENCE BEING GIVEN ON TWO OF THOSE TWILL FOR OLUMBAN SQUIRES SCHOLARSHIPS SATE FOR WAS BEST ARE COMMETTED FOR ONE YEAR AND ARE REDWABLE FOR EACH YEAR OF UNDERGRADUATES TOTAL STUDEN SCHOLARSHIPS OF THE CURRENT OF THE ENDILOR OF THE SCHO	TIS MIL LION-DOLLAR MEMBE RS WHO WERE MEFIT WAS EXTENDED TO M WARS THE BENEFITS CONFLICTS IN IRAQ, O INCLUDE CHILDREN OF LED AS A RESULT OF 971, TO THOSE WHO WERE DUTIES AS FULL-TIME LDREN OF STATE AS A RESULT OF AN NIGHTS OF COLUMBUS RENTLY RECEIVING URTH DEGREE PRO DEO HE PROGRAM, THE OF MERIT TO 62 MEMBERS AT THE TIME OF THEIR ERICA, WASHINGTON, D C, S, THE REMAINING WITH COLUMBIAN SQUIRES TIVE AND ARE AWARDED TO A TOTAL OF 4 Y EARS NTS CURRENTLY \$244,500 BISHOP OIN 1973, BY THE KNIGHTS OITIZENS THIS FUND ONSTRUCTION AND OUALS THE GRANT RS AN ELIGIBLE WBER IN GOOD STANDING STUDY LEADING TO A ITH EMPHASIS ON OR THE 2011-2012 MCGIVNEY VOCATIONS TIES, INC VOTED TO DIVIDE COLUMBUS VOCATIONS TIES, INC VOTED TO DIVIDE TOTAL TOTAL

Identifier	Return Reference	Explanation
	Reference	ANS FROM THE DIOCESE OF DODGE CITY, KANSAS IN ANY YEAR THAT THE SCHOLARSHIPS PROVIDED ARE NOT EQUAL TO THE EARNINGS OF THE FUND, GRANTS MAY BE GIVEN TO OTHER CATHOLIC CHARITIES THE SCHOLARSHIPS ARE AWARDED FOR ONE YEAR AND ARE RENEWABLE FOR EACH YEAR OF UNDERGRADUATE OR PREPARATORY STUDY TO A TOTAL OF FOUR YEARS SUBJECT TO EVIDENCE OF SATISFACTORY ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2011-2012 ACADEMIC YEAR IS 14 AMOUNTING TO \$15,000 ARTHUR F AND ANNA BATTISTA SCHOLARSHIP FUND THE FUND WAS ISTABLISHED IN 1997 FROM A BEQUEST RECEIVED BY KINGHTS OF COLUMBUS CHARITIES, INC THEE ARNINGS FROM THIS FUND ARE TO BE BUSED TO PROVIDE SCHOLARSHIPS, UNDER CERTAIN TERMS AND CONDITIONS, TO GRADUATES OF THE CORNWALL COLLEGIATE AND VOCATIONAL SCHOOL IN CORNWALL, ONTARIO, CANADA WITH PREFERENCE TO SONS, DAUGHTERS, GRANDSONS OR GRANDDAUGHTERS OF A MEMBER OF KIN IGHTS OF COLUMBUS SCHOLARSHIPS, SARE TO BE AWARDED BASED ON ACADEMIC SCELLENCE, FUNDANCIAL NEED AND EXTRACURRICULAR ACTIVITIES FIFTEEN \$2,000-A-YEAR SCHOLARSHIPS SHALL BE AWARDED E ACH YEAR TO GRADUATING STUDENTS CONTINUING THEIR EDUCATION AT A FOUR-YEAR UNIVERSITY PROGRA MIN THE YEAR IMMEDIATELY FOLLOWING GRADUATING STUDENTS CONTINUING GRADUATING STUDENTS CONTINUING THEIR EDUCATION AT A FOUR-YEAR CONCERNMENT AND A THREE YEAR COLLEGE PROGRAM IMMEDIATELY FOLLOWING GRADUATING STUDENTS CONTINUING THE EDUCATION AT A TWO OR THREE YEAR COLLEGE FROGRAM IMMEDIATELY FOLLOWING GRADUATION THE SES CHOLARSHIPS ARE RENEWABLE FOR ONE ADDITIONAL YEAR SUBJECT TO EVIDENCE OF CONTINUED BROCLUMBNIT AND GOOD STA NOING AT THE UNIVERSITY OR COLLEGE OF THE STUDENTS CHOICE TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2011-2012 ACADEMIC YEAR IS 60 AMOUNTING TO \$98,263 ESTATE OF PER CY JOHNSON SCHOLARSHIP FOND A THE BOARD OF GOVERNORS OF KNIGHTS OF COLUMBUS CHARTIES, INC OTTER STATE OF PER CY
		UNDERGRADUATE STUDY TO A TOTAL OF FOUR YEARS SUBJECT TO EVIDENCE OF SATISF ACTORY ACADEMIC PERFORMANCE. TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2011-2 012 ACADEMIC YEAR IS 115 AMOUNTING TO \$171,000

Identifier	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 2011-2012 ACADEMIC YEAR IS 11 AMOUNTING TO \$16,250 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 2011-2012 ACADEMIC YEAR IS 4 AMOUNTING TO \$6,750

ldentifier	Return Reference	Explanation
		FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES THE FOLLOWING SUMMARY OF EDUCATIONAL AND CHARITABLE CONTRIBUTIONS ARE FOR THE PURPOSE FOR WHICH THE ORGANIZATION IS EXEMPT RESEARCH IN CATHOLIC EDUCATION \$ 100,000 RELIGIOUS EDUCATIONAL AND CHARITABLE INSTITUTIONS FOR SCHOLARSHIPS AND GENERAL ASSISTANCE 1,794,833 GREATER NEW HAVEN AREA CATHOLIC HIGH SCHOOLS 23,000 CHURCH AND CHARITABLE RELATED ORGANIZATIONS 704,122 T O T A L \$2,621,955 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 \$ 190,125 GENERAL EXPENSES ALLOCATED TO PROGRAM SERVICES 15,760 VILLA MARIA GUADALUPE PROGRAM 319,416 INVESTMENT MANAGEMENT FEES 147,191 ACCOUNTING FEES 40,497 T O T A L \$ 712,989

Identifier	Return Reference	Explanation
		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

Identifier	Return Reference	Explanation
		FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B THE AVERAGE HOURS PER WEEK FOR EACH DIRECTOR AND OFFICER FOR RELATED ORGANIZATIONS AS LISTED ON SCHEDULE R ARE AS FOLLOWS CARL A ANDERSON 57 DENNIS A SAVOIE 54 CHARLES E MAURER, JR 54 LOGAN T LUDWIG 54 VIRGIL C DECHANT 24 MOST REV WILLIAM E LORI 9 EDWARD J MULLEN 54 JOHN A MARRELLA 54 THOMAS P SMITH, JR 54 EMILIO B MOURE 54 RONALD J TRACZ 54 TERRENCE T LESCOE 54

Identifier	Return Reference	Explanation
		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 (6 3) OF THE ACT

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

DLN: 93493131017482

2011

Open to Public Inspection

Schedule R (Form 990) 2011

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES USA INC

Employer identification number
41-2140273

Part I Identification of Disregarded Entities (Co	mplete	ıf the organızatıo	n answered "Yes'	" on	Form 990, Pa	irt IV, line 33.)				
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations during	anizat	I tions (Complete i tax year.)	f the organization	n ans	swered "Yes"	on Form 990, I	Part	IV, line 34 because	e it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	Exer	(d) empt Code section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	Section 5 cont	g) 12(b)(13 rolled ization
(A) VANTOUTE OF COLUMNIA									Yes	No
(1) KNIGHTS OF COLUMBUS ONE COLUMBUS PLAZA	FRATE	RNAL BENEFIT						N/A		
NEW HAVEN, CT 065103326 06-0416470		NIZATION								No
(2) THE KNIGHTS OF COLUMBUS MUSEUM INC										
ONE COLUMBUS PLAZA		TION OF A MUSEUM	СТ	501(C)(3)		11(B)		KNIGHTS OF COLUMBUS	Yes	
W HAVEN, CT 065103326 -1590283										
(3) KNIGHTS OF COLUMBUS CHARITIES INC	ECTAR	LISHED FOR								
ONE COLUMBUS PLAZA	RELIG	IOUS, CHARITABLE, DUCATIONAL	СТ	501(C)(3)			7	KNIGHTS OF COLUMBUS	Yes	
NEW HAVEN, CT 065103326 23-7227608	PURPO									
(4) KNIGHTS OF COLUMBUS FAMILY LIFE BUREAU INC										
ONE COLUMBUS PLAZA	EDUC#	TION OF AN ATIONAL INSTITUTE	DC		501(C)(3)		2	KNIGHTS OF COLUMBUS	Yes	
		MUSEUM								
(5) KNIGHTS OF COLUMBUS CANADA CHARITIES INC	ESTAB	LISHED FOR								
1843 TRAPPERS AVE WINDSOR, ON N8P 1T1 CA		IOUS, CHARITABLE, DUCATIONAL DSES	CA		SEE SCHD O			KNIGHTS OF COLUMBUS	Yes	

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 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)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

r O ther transfer of cash or property from related organization(s)

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Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			i
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	1
C	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		Ň
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n	Sharing of paid employees with related organization(s)	1n		No
0	Reimbursement paid to related organization(s) for expenses	10	Yes	
р	Reimbursement paid by related organization(s) for expenses	1p	Yes	
q	O ther transfer of cash or property to related organization(s)	1q	\longrightarrow	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) KNIGHTS OF COLUMBUS - 501(C)(8)	С	2,776,657	FAIR MARKET VALUE
(2) KNIGHTS OF COLUMBUS - 501(C)(8)	0	192,388	FAIR MARKET VALUE
(3) KNIGHTS OF COLUMBUS CANADA CHARITIES INC	Р	62,645	FAIR MARKET VALUE
(4)			
(5)			
(6)			

No

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

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

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

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

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