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DLN: 93493207010033

Form **990** 

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	or the	2012 ca		ning 01-01-2012 , 2012, and endin	ng 12-31-	2012	1		
		applicable	C Name of organization KNIGHTS OF COLUMBUS CHARIT	TES USA INC					entification number
_	aress c me cha	change ange	Doing Business As				41-214	1027	3
	tıal retı	_	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( ) ( ) ( ) ( ) ( ) ( ) ( )					
	rmınate		Number and street (or P O box ONE COLUMBUS PLAZA	if mail is not delivered to street address) R	coom/suite	:	E Telephor	ne nun	nber
		return	City or town, state or country, a	nd ZIP + 4			(203) 7	752-	4323
		n pending	NEW HAVEN, CT 065103326				<b>G</b> Gross red	ceints	\$ 29,291,005
			<b>F</b> Name and address of p	principal officer		H(a) is th	is a group r		
			CHARLES E MAURER JR ONE COLUMBUS PLAZA	•			ates?	ccuii	┌ Yes <b>┌</b> No
			NEW HAVEN, CT 06510			<b>H(b)</b> Δre	all affiliates	ınclı	uded?
				<del></del>					(see instructions)
		mpt status		◀ (insert no )	7	H(c) Gro	up exemptio	on nu	mber ►
ı w	ebsit	e:⊫ N/	A			(-)			
		_	Corporation Trust Associ	ation Other 🕨		<b>L</b> Year of f	ormation 200	4 <b>N</b>	State of legal domicile CT
Pa	rt I	Sum	nmary						
	1			ssion or most significant activities ARITABLE, AND EDUCATIONAL I		:FS			
w .		CSTABL	LISHED FOR RELIGIOUS, CH	ARTIABLE, AND EDUCATIONAL	PURPUS	) E 3			
Governance									
2									
2	2	Checkt	his box 🚩 if the organization	discontinued its operations or disp	osed of	more than	25% of its r	net a	ssets
	,	Niconala a m		ı	-	1			
o V	1		of voting members of the gove of independent voting membe		•	3 4	9		
Activities &	1		imber of individuals employed		1	5	-		
3			imber of volunteers (estimate			6			
Ť.				n Part VIII, column (C), line 12				7a	
	1			e from Form 990-T, line 34				7b	
				·		I	or Year	T	Current Year
	8	Contr	butions and grants (Part VIII	, line 1h)			4,318,8	53	4,153,489
∃E	9	Progr	am service revenue (Part VIII, line 2g)				54,0	15	51,826
Ravenue	10	Inves	tment income (Part VIII, colu	Part VIII, column (A), lines 3, 4, and 7d)			4,868,0	18	2,319,545
二	11	Other	revenue (Part VIII, column (	A), lines 5, 6d, 8c, 9c, 10c, and 11e	e)			0	C
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				9,240,8	86	6,524,860
	13		s and similar amounts paid (P		3,664,8	_	1,988,169		
	14			rt IX, column (A), line 4)			0		0
	15			oyee benefits (Part IX, column (A),					
8		5-10						0	0
Expenses	16a			IX, column (A), line 11e)				0	С
五	Ь			· · · · · · · · · · · · · · · · · · ·					
								-	2,476,257
									4,464,426
₩ Ø	19	Revei	iue iess expelises Subtract II	me to nom me tz	<u> </u>			-	
6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8						_	Year		End of Year
34.48 34.48	20	Total	assets (Part X, line 16)				64,107,0	45	69,670,801
2 E	21						12,487,4	57	12,313,712
	22			act line 21 from line 20			51,619,5	88	57,357,089
Pa	rt II	Sigr	nature Block						
Not Assets or Fund Balances	17 18 19 20 21 22	Other Total Rever Total Total Net a	expenses Add lines 13-17 (in nue less expenses Subtract lines assets (Part X, line 16)	(A), lines 11a–11d, 11f–24e) must equal Part IX, column (A), line ne 18 from line 12	e 25) 	Beginnin	64,107,0	69 17 <b>t</b> 45	4,464 2,060 End of Year 69,670 12,313
2 B									
	12 III		nature Block			L	,5 - 5 ,5		3,,53,,50
				examined this return, including acc					
				complete Declaration of preparer (o					
repa	arer h	as any k	nowledge						
		T k							
		****	*** ature of officer				013-07-26 ate		
Sigr		'				L	rate		
Her	е		RLES E MAURER JR SECRETARY e or print name and title						
		1	e or print name and title  Print/Type preparer's name	Preparer's signature	Dat	e I	!- T	PTIN	
D	الہ		Print/Type preparer's name THOMAS F LYDEN	Piepaiei s signature	Dat	I CII		PTIN P0121	.5353
Paid			Firm's name 🕨 SEWARD AND MON	DE CPA'S			n's EIN 🕨 06-	05308	330
	pare						/2051	240	2244
Jse	On	ıly	Firm's address 🕨 296 STATE STREET			Ph	one no (203)	248-9	9341
			NORTH HAVEN, CT	064732165					

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

✓ Yes 厂No

Form	990 (2012)					Page :					
Par		ent of Program Serv chedule O contains a resp				<del>.</del> .					
1	Briefly describe	the organization's mission	1								
FURT OF C AND	THERANCE OF TH HRISTIANITY, M ADMINISTERS S	IESE PURPOSES, CHARI AINTAINS FACILITIES	TIES USA HA: FOR THE PRO OR THE BENEF	S ESTABLISHED CENT PER PHYSICAL, INTEI IT OF DESERVING PE	DUCATIONAL AND SCIENTIFERS FOR THE DISSEMINATI LLECTUAL AND MORAL DEVI RSONS KNIGHTS OF COLUM OF CHARITIES USA	ON OF THE TRUTHS ELOPMENT OF YOUTH,					
2	Did the organizat the prior Form 99	┌ Yes ┌ No									
	If "Yes," describe	these new services on S	chedule O								
3		ion cease conducting, or i			nducts, any program	┌ Yes ┌ No					
	If "Yes," describe	these changes on Sched	ule O								
4	expenses Section		l) organization:	s are required to report	ee largest program services, a the amount of grants and alloc						
4a	(Code	) (Expenses \$	547,677	ıncludıng grants of \$	) (Revenue \$	1,109,432 )					
	THE CATHOLIC INFO	ORMATION PROGRAM - SEE SCI	HEDULE O								
4b	(Code	) (Expenses \$	1,102,336	ıncludıng grants of \$	) (Revenue \$	)					
	THE ITALIAN WELFA	RE FUND - SEE SCHEDULE O									
4c	(Code	) (Expenses \$	942,371	ıncludıng grants of \$	942,371 ) (Revenue \$	)					
	SCHOLARSHIPS - SEE SCHEDULE O										
	(Code	) (Expenses \$	1,872,042	including grants of \$	1,045,798 ) (Revenue \$	)					
	0.11	services (Describe in Sch	11.0)								

1,045,798 ) (Revenue \$

1,872,042 including grants of \$

4,464,426

(Expenses \$

Total program service expenses ►

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		No
4	<b>Section 501(c)(3) organizations.</b> 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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $1^7$ 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	,		1
		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		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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 11b and 19?	38	Yes	

: 11	Statements Regarding Other 1R5 Fillings and Tax Compliance			г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   15		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
	by this return	1		
,	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L_	N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than $\$100,000$ , and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	ٿ		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	<u> </u>		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14h		IN
		/.	_	

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

Se	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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
6	Did the organization have members or stockholders?	6		Νo
	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
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	<u>eveni</u>			
40-	Diddhaannan harra baraban harraban an office a	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	4.0	.,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	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?			
	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)			
	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			
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)			

- - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FCHARLES E MAURER JR ONE COLUMBUS PLAZA NEW HAVEN, CT (203)752-4227

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/ti	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) CARL A ANDERSON	3 00	х		Х				0	1,753,232	35,643	
PRESIDENT	57 00	_ ^						0	1,733,232	33,043	
(2) DENNIS A SAVOIE	1 00	х		Х				0	F22 202	20.605	
VICE PRESIDENT	54 00	^		^				0	532,282	28,695	
(3) CHARLES E MAURER JR	1 00	х		х				0	305,073	19,798	
SECRETARY	54 00	^		Ĺ^				Ŭ	303,073	13,730	
(4) LOGAN T LUDWIG	1 00	х		х				0	247,527	26,541	
TREASURER	54 00								,	, 	
(5) VIRGIL C DECHANT	1 00	х						0	189,082	0	
DIRECTOR	19 00										
(6) MOST REV WILLIAM E LORI	1 00	×						0	0	0	
DIRECTOR (7) JOHN A MARRELLA	9 00										
DIRECTOR	54 00	х						0	443,587	28,695	
(8) EDWARD J MULLEN	1 00										
PAST DIRECTOR	54 00	х						0	251,155	27,963	
(9) MICHAEL J O'CONNOR	1 00										
DIRECTOR	54 00	Х						0	191,738	33,139	
(10) THOMAS P SMITH JR	1 00										
DIRECTOR	54 00	Х						0	685,253	35,831	
(11) RONALD J TRACZ	1 00										
ASSISTANT SECRETARY	54 00			Х				0	224,801	25,601	
(12) TERRENCE T LESCOE	1 00										
CHEIF FINANCIAL OFFICER	54 00			Х				0	298,861	26,682	
-											
										Form <b>990</b> (2012)	

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

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W-		(F) Estimate amount of o compensat from the organization	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
1b	Sub-Total			٠.	<u>.                                    </u>	<u>.                                    </u>		<b> </b>						
c	Total from continuation shee	ts to Part VII, S	ection /	Α.				Þ						
d	Total (add lines 1b and 1c) .							<b>&gt;</b>		0	5,122,59	91		288,588
2	Total number of individuals (ii \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	an			
														NI-
3	Did the organization list any <b>f</b>	ormer officer, dii	ector o	r trus	tee,	key	emplo	yee	, or highes	t compen	sated employee		Yes	No
	on line 1a? If "Yes," complete							•				3		No
4	For any individual listed on lir organization and related organization and related organizations.											4	Yes	
5	Did any person listed on line : services rendered to the orga									anızatıon	or individual for	5	1 100	No
								·			_			I NO
<u>S</u>	Complete this table for your fi compensation from the organi	ve highest comp											tax vear	
		(A) Name and business						,			(B) cription of services		(C Comper	)
												1		
												$\pm$		
												$\dashv$		
2	Total number of independent co	ontractors (inclu	dına but	t not	lımıt	ed to	thos	e list	ted above)	who rece	ıved more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	/ • • •	Statement of Revenue Check if Schedule O contains a response to any question i	n this Part VIII			
		encek ii Senedule o contains a response to any question i	(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 campaigns 1a				
Giffs, Grants ilar Amounts	ь	Membership dues 1b				
	С	Fundraising events 1c				
iffs, a⊤A	d	Related organizations 1d 2,989,392				
ons, Giffe Similar	e	Government grants (contributions)				
ons Sir	f	All other contributions, gifts, grants, and 1f 1,164,097				
tributic Other	'	sımılar amounts not ıncluded above ————————————————————————————————————	ļ			
	g	Noncash contributions included in lines  1a-1f \$ ————————————————————————————————————				
Coni	h	Total. Add lines 1a-1f	4,153,489			
		Business Code				
æ	2a	SALE OF PAMPHLETS 900099	51,826	51,826		
æ	b					
MSe	С					
Ř	d					
Tan Tan	e f	All other program service revenue				
Program Serwoe Revenue						
	g 3	Total. Add lines 2a-2f	51,826			
		and other similar amounts)	2,416,015			2,416,015
	4	Income from investment of tax-exempt bond proceeds				
	5	(i) Real (ii) Personal				
	6a	Gross rents (1) Red (1) (1) (1) (1)				
	ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	ь	Less cost or other basis and 22,766,145				
	c	sales expenses Gain or (loss) -96,470				
	d	Net gain or (loss)	-96,470			-96,470
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
er Re		See Part IV, line 18				
듥	b c	Net income or (loss) from fundraising events				
-		Gross income from gaming activities See Part IV, line 19				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	ь	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	Ь					
	C	Allahaman				
	d e	All other revenue				
		Tabal manager Can Instrumentum				
	12	Total revenue. See Instructions	6,524,860	51,826	0	2,319,545

#### Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ions must comp	lete column (A )	
	Check if Schedule O contains a response to any question in this Pa	_			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	875,798	875,798		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	838,714	838,714		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	273,657	273,657		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	41,758	41,758		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	163,538	163,538		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
L2	Advertising and promotion				
L3	Office expenses				
. <b>4</b>	Information technology				
.5	Royalties				
.6	Occupancy	250,139	250,139		
<b>.7</b>	Travel				
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	154,229	154,229		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ITALIAN WELFARE-OPERATI	1,102,336	1,102,336		
b	CATH INFO PROG-OTHER	376,728	376,728		
c	HISTORIC SITES	207,472	207,472		
d	CATH INFO PROG-PRINTING	170,949	170,949		
е	All other expenses	9,108	9,108		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	4,464,426	4,464,426	0	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	493,512		46,743
	2	Savings and temporary cash investments	4,417,369	2	5,689,202
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	232,812	4	2,139
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Š	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  4,803,623			
	Ь	Less accumulated depreciation 10b 1,145,963	2,724,936	10c	3,657,660
	11	Investments—publicly traded securities	53,033,129	11	59,641,529
	12	Investments—other securities See Part IV, line 11	750,000	12	65,863
	13	Investments—program-related See Part IV, line 11	·	13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,455,287	15	567,665
	16	Total assets. Add lines 1 through 15 (must equal line 34)	64,107,045	16	69,670,801
	17	Accounts payable and accrued expenses	843,125	17	66,451
	18	Grants payable	<u> </u>	18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	10,862,449	21	11,411,655
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	· ·		<u>·</u> _
ge		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	781,883	25	835,606
	26	D	12,487,457	26	12,313,712
—— Ф	20	Total liabilities. Add lines 17 through 25	12,407,407	20	12,313,712
Ĕ	27	Unrestricted net assets	48,237,000	27	53,631,226
<u>8</u>	28	Temporarily restricted net assets	2,699,135	28	2,942,410
	29	Permanently restricted net assets	683,453	29	783,453
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	,		
٥	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
\$ \$	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	51,619,588	33	57,357,089
Net	34	Total liabilities and net assets/fund balances	64,107,045	34	69,670,801
		i otal habilities and net assets/falla balances	04, 107,040		Form <b>990</b> (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	Check if Schedule of Contains a response to any question in this raft XI	· ·	• •	• •	,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,5	524,860
2	Total expenses (must equal Part IX, column (A), line 25)	2			64,426
3	Revenue less expenses Subtract line 2 from line 1	3			060,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			519,588
5	Net unrealized gains (losses) on investments	5			506,003
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			71,064
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		57,3	857,089
Par	t XII Financial Statements and Reporting			· · · · ·	•
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	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	require	3b		

**Employer identification number** 

# OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

Total

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

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.

Open to Public Inspection

NIGH	ITS OF CO	DLUMBUS CHARITIES L	JSA INC									
								41-21402				
Pa	rt I	Reason for Pu	blic Charity Sta	<b>tus</b> (All org	ganızatıons	must comp	plete this p	art.) See ır	nstruct	ions.		
he c	organıza	tion is not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	conly one bo	ox)				
1	$\Gamma$ 4	A church, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(b	o)(1)(A)(i).				
2		A school described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedu	ıle E )						
3		A hospital or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4		A medical researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(	iii). Ente	r the	
		nospital's name, ci										
5		=	erated for the benefi	_	or universit	ty owned or o	perated by a	government	tal unit	describe	ed in	
	S	section 170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )								
6	_	A federal, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	.)(A)(v).				
7		described in <b>sectio</b>	at normally receives on 170(b)(1)(A)(vi).	(Complete P	art II )		_	ntal unit or fi	rom the	general	public	
8			described in <b>section</b>									_
9		=	at normally receives					· ·	-	•	_	S
		•	ities related to its ex	•	-			• •				
			oss investment inco				-		tax) iro	ım busın	esses	
4.0	_		janization after June	-			-	· ·				
10	·		ganized and operated	•	•	•						
11		one or more public the box that descri	ganized and operated ly supported organiz bes the type of supp <b>b</b>	ations descr orting organ	ibed in secti ization and c	on 509(a)(1) complete line	) or section s 11e throu	509(a)(2) S gh 11h	ee <b>sect</b>	ion 509(	a)(3).	Check
е	c		ox, I certify that the on managers and ot									
f		_	received a written de	etermınatıon	from the IR:	S that it is a	Type I, Type	e II, or Type	III sup	porting	organiz	zatio <u>n,</u>
_		check this box	2006				<b>6</b>					
g		following persons?	2006, has the organi	zation accep	nted any gift	or contribution	on from any	or the				
			rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)			Yes	No
			governing body of th							11g(i)		No
			er of a person descri							11g(ii)		No
			lled entity of a perso			above?				11g(iii)		No
h			ng information about									
			-		_	. ,						
• •	Name of	(ii) EIN	(iii) Type of organization	(iv) Is t organizati		(v) Did you the organiz	zation	(vi) Is organizat		('	vii) Am mone	nount of etary
orga	nizatior		(described on lines 1- 9 above or IRC section <b>(see</b>	col (i) list your gove docume	rnıng	in col (i) o suppor	•	in the U			supp	oort
			instructions))	Yes	No	Yes	No	Yes	No			
OF C	NIGHTS OLUMBUS RITIES INC		7	Yes		Yes		Yes				0

0

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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 USA, INC EFFECTIVE JANUARY 1, 2005 KNIGHTS OF COLUMBUS CHARITIES USA, INC ADMINISTERS THESE FUNDS AS PART OF ITS SUPPORTIVE ROLE OF KNIGHTS OF COLUMBUS CHARITIES, INC 'S EXEMPT PURPOSE AND IN FULFILLMENT OF ITS PROGRAM SERVICE ACCOMPLISHMENTS

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493207010033

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Open to Public

	me of the organization IGHTS OF COLUMBUS CHARITIES USA INC			yer identification number
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fu		r Accounts. Complete if the
	organization answered "Yes" to Form 990			- Aleceumest complete ii the
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advis	ed <b>Yes No</b>
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			purpose <b>Yes No</b>
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	o Form	990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of an Preservation of a c	ertified	
Ĺ	easement on the last day of the tax year	a qualified conservation contribution in the	ile ioiiii	or a conservation
				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 histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	d by the	organization during
	the tax year 🗠			
4	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		— dling of v	riolations, and  Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents du	ring the year
7	Amount of expenses incurred in monitoring, inspecting  \$\blue \$ \left( \frac{1}{2} \right) \right\righ	g, and enforcing conservation easements	s auring	tne year
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 170	(h)(4)(B)(I)
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial		
aı	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reven	or resea	rch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r financi	
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	, , , , , , , , , , , , , , , , , , , ,			

**b** Assets included in Form 990, Part X

	Organizations Maintaining Co	nections of Art,	пізц	<u>יו וט</u>	cai iica:	suies, oi c	uie	r Similar As	ssets (c	ontinuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, che	cka	ny of the f	ollowing that	are a	significant us	e of its	
а	Public exhibition		d	Γ	Loan or ex	xchange prog	ams			
b	Scholarly research		e	$\sqcap$	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explain	n how	they	further th	e organızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit							ıılar	_	_
_	assets to be sold to raise funds rather than	· · · · · · · · · · · · · · · · · · ·							☐ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					ion answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					s or other ass	ets r	not	┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowi	ng t	able	Г		Α.	mount	
c	Dammung balanca					-	1c	А	mount	
d	Beginning balance					-	1d			
	Additions during the year					-				
e f	Distributions during the year					}	1e 1f			
	Ending balance	000 5 4 4 4	242			L	11		<u></u>	
2a	Did the organization include an amount on F	orm 990, Part X, line	217						✓ Yes	No
ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pai	rt V Endowment Funds. Complete	if the organization (a)Current year	answ (b)Pr					<u>t IV, line 10.</u> Three years back		ears back
1a	Beginning of year balance	37,183,249	( <b>D</b> )PI		91,035	32,704,820		27,150,535		31,615,431
b	Contributions	438,203			37,291	1,416,167	-	1,163,930		1,706,541
c	Net investment earnings, gains, and losses	,						, ,		
•		4,408,241			18,192	3,836,828	+	6,081,603		-4,263,325
d	Grants or scholarships	1,411,435		1,5	663,269	1,866,780		1,691,248		1,908,112
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	40,618,258		37,1	.83,249	36,091,035	<u> </u>	32,704,820		27,150,535
2	Provide the estimated percentage of the cur	rent year end balance	e (lıne	1g,	column (a	)) held as				
а	Board designated or quasi-endowment 🕨	97 570 %								
b	Permanent endowment ► 1 930 %									
		00 %								
С	Temporarily restricted endowment $\blacktriangleright$ 0.5	00 %								
С	The percentages in lines 2a, 2b, and 2c sho									
с За	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	uld equal 100%	tıon th	nat a	re held and	d administere	d for	the		
	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by	uld equal 100%	tion th	nat a	re held and	d admınıstere	d for		Yes	+
	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations	uld equal 100% ssion of the organiza			re held and	d administere	d for	3a	(i)	No
3a	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations	uld equal 100% ssion of the organiza				d administere	d for	3a		+
3 <b>a</b>	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations	uld equal 100% ssion of the organiza	on Sc	hed	ule R?	d administere	d for	3a	(i) (ii)	No
3a b 4	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization	uld equal 100% ssion of the organization	on Sc	hed nt fu	ule R?	d administere	d for	3a	(i) (ii)	No
3a b 4	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	uld equal 100% ssion of the organization	on Sc	hed nt fu t X,	ule R?		ther	3a	(i) (ii)	No
3a b 4 Par	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the content of the	uld equal 100% ssion of the organization	on Sc	hed nt fu t X,	ule R? . Inds Ine 10.	er <b>(b)</b> Cost or c basis (oth	ther	3a 3 3	(i) (ii)	No No
3a  b 4  Par	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the state of the possession of the property	uld equal 100% ssion of the organization	on Sc	hed nt fu t X,	ule R? . Inds Ine 10.	er <b>(b)</b> Cost or c basis (oth	other er)	3a 3 3	(i) (ii)   	No No ook value
3a b 4 Par	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the state of the possession of property  Land, Buildings, and Equipment of property	uld equal 100% ssion of the organization	on Sc	hed nt fu t X,	ule R? . Inds Ine 10.	( <b>b</b> )Cost or c basis (other	other er)	3a 3 (c) Accumulate depreciation	(i) (ii)   	No No No ook value
3a b 4 Par 1a   b   c	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations	uld equal 100% ssion of the organization	on Sc	hed nt fu t X,	ule R? . Inds Ine 10.	( <b>b</b> )Cost or c basis (other 500 4,074	other er)	3a 3 (c) Accumulate depreciation	(i) (ii)   	No No No ook value
3a b 4 Par 1a   b   c   d   f	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipment Description of property  Land  Buildings  Leasehold improvements	uld equal 100% ssion of the organization  ns listed as required the organization's ender the organization of the organization	on Sc	hed nt fu t X,	ule R? . Inds Ine 10.	(b)Cost or c basis (other 500 4,074	other er) 0,005	(c) Accumulate depreciation	(i) (ii)   	No No No ook value 500,005 3,042,724

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		+
		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		<u> </u>
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	4
(a) Descrip		( <b>b)</b> Book value
		<del></del>
Total (Column (h) must equal Form 000 Port V and (D) line 45	1	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
ACCRUED DONATIONS PAYABLE	709,844	
DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	7 0 7 ,0 4 4	
FUND	550	
DUE TO KNIGHTS OF COLUMBUS, NET	112,962	
DUE TO JOHN PAUL II SHRINE AND INSTITUTE, INC	12,250	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	835,606	
2. Fin 48 (ASC 740) Footnote In Part XIII provide the tex	t of the footnote to the organ	nization's financial statements that reports the

Par	XI Reconciliation of Revenue per Audited Financial Stat	eme	nts With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements			1	10,015,921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	3,606,003		
b	Donated services and use of facilities	2b	48,596		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)................	2d			
e	Add lines 2a through 2d			2e	3,654,599
3	Subtract line <b>2e</b> from line <b>1</b>			3	6,361,322
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	163,538		
b	Other (Describe in Part XIII )	4b			
c	Add lines <b>4a</b> and <b>4b</b>			<b>4</b> c	163,538
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	6,524,860
Part	XII Reconciliation of Expenses per Audited Financial Sta	teme	ents With Expenses	per	Return
1	Total expenses and losses per audited financial statements			1	4,280,749
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	48,596		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d	3,738		
e	Add lines 2a through 2d			2e	52,334
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,228,415
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	163,538		
b	Other (Describe in Part XIII )	4b	72,473	1	
c	Add lines <b>4a</b> and <b>4b</b>			4c	236,011
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18 )		5	4 464 426

### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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	PART V, LINE 4	FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE AND DONOR STIPULATIONS
PART XII, LINE 2D - OTHER ADJUSTMENTS		DECONSOLIDATE ACTIVITIES OF CAMPO PIO XI - S R L 3,738
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONATIONS PAID IN THE CURRENT YEAR BUT ACCRUED IN THE PRIOR YEAR 72,473

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DLN: 93493207010033

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

### Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

**Employer identification number** 

NIGHTS OF COLUMBUS CHARITI	ES USA INC			41-2140273	
<b>General Information</b> "Yes" to Form 990, Page 1			he United States. C	omplete if the organiza	ation answered
1 For grantmakers. Does the			ds to substantiate the	amount of the grants o	or
assistance, the grantees' el	igibility for the	grants or assı	stance, and the select	ion criteria used to awa	rd
the grants or assistance? .					✓ Yes
<b>For grantmakers.</b> Describe the United States.	ın Part V the oı	ganızatıon's p	procedures for monitor	ing the use of grant fur	nds outside
Activites per Region (The follo	wing Part I, line	3 table can be o	luplicated if additional sp	ace is needed )	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
NORTH AMERICA	0	0	SCHOLARSHIPS TO RECIPIENTS LOCATED IN CANADA	SCHOLARSHIPS	103,65
EUROPE	0	0		GRANTMAKING	170,000
EUROPE	0	0	PROGRAM SERVICES	OPERATION OF PLAYGROUNDS	1,102,33
EUROPE	0	0	INVESTMENTS		65,86
3a Sub-total	0	0			1,441,856
<b>b</b> Total from continuation sheets					

to Part I

c Totals (add lines 3a and 3b)

1,441,856

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	170,000	СНЕСК	С	N/A	N/A
	_								
	_								
<u> </u>				And above the tra-		una hii tha Cours			
2	tax-exempt by	the IRS, or fo	ent organizations lis or which the grante	ted above that are r e or counsel has pro	ecognized as charit vided a section 501	ties by the foreigh c L(c)(3) equivalency	letter	as	1
3	Enter total num	nhar of other	organizations or on	itities					
	Linter total nul	יושפו טו טנוופר	organizations of en						0 F (Farms 000) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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. Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (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 62 103,657 CHECK 0 N/A N/A SCHEDULE O (EXPLANATION FOR 990 PART III, LINE

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ন	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)	⊽	Yes	Г	Νo
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	<u> </u>	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	굣	No
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	<u> </u>	No

Schedule F (Form 990) 2012

### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE US		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
		THE STOPENT ATTENDS ON THE STOPENT S BETWEE
		Schedule F (Form 990) 2012

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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

2012

DLN: 93493207010033

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identificati	on number
KNIGHTS OF COLUMBUS CHARITI	ES USA INC					41-2140273	
Part I General Information	on on Grants and	d Assistance				•	
1 Does the organization maintain the selection criteria used to a							ΓYes ΓN
2 Describe in Part IV the organiz							,
				United States. Con ort II can be duplicate			es" to
(a) Name and address of organization or government	<b>(b)</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	<b>(h)</b> Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 5		<del>-</del>				_	26
3 Enter total number of other org	anızatıons lısted ın tl	ne line 1 table	<u> </u>	<del> </del>	· · · · · ·	<u>*</u>	0

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
(1) SCHOLARSHIPS - SEE SCHEDULE O (EXPLANATION FOR 990 PART III, LINE 4C)	410	838,714	0	N/A	N/A

### Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 GRANTS MADE TO ORGANIZATIONS ARE FOR GENERAL SUPPORT OF THE RECIPIENT ORGANIZATION THE ORGANIZATION REQUIRES DONEE ORGANIZATIONS TO PROVIDE AN ACCOUNTING OF HOW THE GRANT FUNDS WERE EXPENDED GRANTS TO INDIVIDUAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION AND VERIFICATION OF ELIGIBILITY SCHOLARSHIP APPLICATIONS ARE COMPLETED BY STUDENTS AND SUBMITTED TO THE ORGANIZATION A COMMITTEE REVIEWS ALL APPLICATIONS AND DETERMINES SCHOLARSHIP RECIPIENTS AND SCHOLARSHIP AMOUNTS THE ORGANIZATION MAINTAINS A LISTING OF ALL SCHOLARSHIP RECIPIENTS AND AMOUNTS AWARDED TO EACH STUDENT STUDENTS ARE REQUIRED TO SEND TRANSCRIPTS TO THE ORGANIZATION BEFORE ANY SUBSEQUENT AWARD IS GIVEN THE ORGANIZATION SENDS GRANT AWARDS DIRECTLY TO THE INSTITUTION THE STUDENT ATTENDS ON THE STUDENT'S BEHALF

Software ID: **Software Version:** 

			41-2140273	JMBUS CHARITIES U	JSA INC		
Form 990,Schedule I, Par (a) Name and address of organization or government	•	d Other Assistance (c) IRC Code section if applicable		(e) A mount of non- cash	<b>(f)</b> Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS STATE COUNCIL K OF C CHARITIES INCPO BOX 681	51-0194196	501(C)(3)	32,342	1	other)	1	GENERAL SUPPORT
KANKAKEE,IL 60901  KNIGHTS OF COLUMBUS CHARITIES AID FOUNDATION INCPO BOX 280	48-0698354	501(C)(3)	16,088	0	N/A	N/A	GENERAL SUPPORT
LA CROSSE, KS 675480280  BISHOP CHARLES P GRECO MEMORIAL FOUNDATION PO BOX 51166 2006 WEST PINHOOK ROAD	52-2381871	501(C)(3)	15,266	0	N/A	N/A	GENERAL SUPPORT
ROAD LAFAYETTE, LA 70505  MASSACHUSETTS STATE COUNCIL CHARITY FUND 470 WASHINGTON STREET	04-0616108	501(C)(3)	23,053	0	N/A	N/A	GENERAL SUPPORT
SUITE 6 NORWOOD, MA 02062  BOYSVILLE OF MICHIGAN INC8759 CLINTON-MACON ROAD	38-1368326	501(C)(3)	30,970	0	N/A	N/A	GENERAL SUPPORT
CLINTON,MI 49236  COLUMBIAN CHARITIES OF MISSOURI INC12320 E 59TH TERRACE KANSAS CITY,MO 64133	23-7112691	501(C)(3)	18,639	0	N/A	N/A	GENERAL SUPPORT
NEW JERSEY COLUMBIAN CHARITIES INC172 MAIN STREET WEST ORANGE, NJ 070525605	20-0603198	501(C)(3)	28,659	0	N/A	N/A	GENERAL SUPPORT
NEW YORK STATE COUNCIL KNIGHTS OF COLUMBUS CHARITIES INC4027 DOUGLASTON PARKWAY DOUGLASTON, NY 113631506	13-3347753	501(C)(3)	29,522	0	N/A	N/A	GENERAL SUPPORT
OHIO STATE COUNCIL K OF C CHARITY FOUNDATION 202 BOHL DRIVE MARIETTA, OH 457505340	34-6564739	501(C)(3)	44,346	0	N/A	N/A	GENERAL SUPPORT
PENNSYLVANIA STATE COUNCIL KNIGHTS OF COLUMBUS EDUCATIONAL FOUNDATION INC800 NORTH STREET MCSHERRYSTOWN,PA 17344	26-0315132	501(C)(3)	22,031	0	N/A	N/A	GENERAL SUPPORT
TEXAS STATE COUNCIL CHARITIES6633 HIGHWAY 290 EAST SUITE 204 AUSTIN,TX 787231157	74-1756429	501(C)(3)				,	GENERAL SUPPORT
KNIGHTS OF COLUMBUS VIRGINIA ASSISTANCE FOR THE RETARDED8100 THREE CHOPT ROAD RICHMOND,VA 23229	54-1684439	501(C)(3)	5,439				GENERAL SUPPORT
VIRGINIA KNIGHTS OF COLUMBUS CHARITIES INC 19808 YOUNGS CLIFF ROAD STERLING,VA 20165	23-7337216	501(C)(3)	5,439	0	N/A	N/A	GENERAL SUPPORT
MINNESOTA KNIGHTS FOUNDATION7800 MINNESOTA WORLD TRADE CENTER 30 EAST 7TH STREET	41-1676612	501(C)(3)	19,262	0	N/A	N/A	GENERAL SUPPORT
ST PAUL, MN 55101  PENNIES FOR HEAVEN FUND INC 230 SE SOUTH STREET PULLMAN, WA 991632329	94-3143247	501(C)(3)	7,489	0	N/A	N/A	GENERAL SUPPORT
JOHN PAUL II SHRINE AND INSTITUTE INCONE COLUMBUS PLAZA NEW HAVEN, CT 06510	52-1547103	501(C)(3)				,	GENERAL SUPPORT
COLUMBIAN CHARITIES OF CONNECTICUT INC142 ORCHARD STREET ELLINGTON,CT 06029	06-0972133	501(C)(3)				,	GENERAL SUPPORT
MARYLAND STATE COUNCIL CHARITY FUND INC10815 STANG ROAD OWINGS MILLS, MD 21117 COLORADO K OF C	52-1357264 23-7309447	501(C)(3)	·				GENERAL SUPPORT
COLORADO K OF C CHARITIES FUND INCPO BOX 810 LITTLETON,CO 80160 COLUMBIAN CHARITIES OF	23-7309447	501(C)(3) 501(C)(3)					GENERAL SUPPORT  GENERAL SUPPORT
GEORGIA INC147 CROSS GATE DRIVE MARIETTA,GA 30068 BASILICA OF THE	53-0196626	501(C)(3)					GENERAL SUPPORT
NATIONAL SHRINE OF THE IMMACULATE CONCEPTION400 MICHIGAN AVENUE NE WASHINGTON, DC 200171566							
THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE NE WASHINGTON, DC 20064	53-0196583	501(C)(3)				,	GENERAL SUPPORT
ALBERTUS MAGNUS COLLEGE700 PROSPECT STREET NEW HAVEN,CT 06511 SACRED HEART ACADEMY	06-0646520	501(C)(3)				,	GENERAL SUPPORT  GENERAL SUPPORT
SACRED HEART ACADEMY 265 BENHAM STREET HAMDEN,CT 06514  LAURALTON HALL ACADEMY OF OUR LADY OF	06-1271712	501(C)(3) 501(C)(3)					GENERAL SUPPORT
MERCY200 HIGH STREET MILFORD,CT 06460  NOTRE DAME HIGH SCHOOL200 RICARDO	06-0646748	501(C)(3)	8,000	0	N/A	N/A	GENERAL SUPPORT
STREET WEST HAVEN,CT 06516			l				

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DLN: 93493207010033

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.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

**Employer identification number** Name of the organization KNIGHTS OF COLUMBUS CHARITIES USA INC 41-2140273 Part I Questions Regarding Compensation

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence  Health or social club dues or initiation fees			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	presonal services (e.g., maid, chauleur, cher)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III	<u> </u>		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
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 the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		140

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

### Part III Supplemental Information

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

The complete the partie any additional information				
Identifier	Return Reference	Explanation		
	,	PART I, LINE 4B CARL A ANDERSON \$574,758 DENNIS A SAVOIE 133,556 CHARLES E MAURER, JR 28,439 LOGAN T LUDWIG 24,696 JOHN A MARRELLA 36,808 EDWARD J MULLEN 29,762 THOMAS P SMITH, JR 190,579 THE ABOVE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) THE KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR THE BENEFITS LOST DUE TO IRS LIMITS		
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) 2012

Software ID: Software Version:

**EIN:** 41-2140273

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

**Return to Form** 

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	of W-2 and/or 1099-MIS	SC compensation				(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
CARL A ANDERSON	(ı) (ıı)		0 354,340	0 587,192	0 7,500	0 28,143	0 1,788,875	0
DENNIS A SAVOIE	(ı) (ıı)		0 2 102,740	0 145,000	0 7,500	0 21,195	0 5 560,977	0
CHARLES E MAURER JR	(ı) (ıı)		0 74,740	0 34,233	0 5,267	0 14,531	0 . 324,871	0
LOGAN T LUDWIG	(ı) (ıı)	I	0 0 34,040	0 35,287	0 5,346	0 21,195	0 5 274,068	0
VIRGIL C DECHANT	(ı) (ıı)		0	0	0	0 0	0 189,082	0
JOHN A MARRELLA	(ı) (ıı)		0 112,140	0 39,547	0 7,500	0 21,195	0 472,282	0
EDWARD J MULLEN	(ı) (ıı)		0 0 129,000	0 30,765	0 1,220	0 26,743	0 3 279,118	0
MICHAEL J O'CONNOR	(ı) (ıı)		0 14,840	0 1,898	0 4,813	0 28,326	0 5 224,877	0
THOMAS P SMITH JR	(ı) (ıı)		0 2 99,340	0 197,571	0 7,500	0 28,331	0 . 721,084	0
RONALD J TRACZ	(ı) (ıı)		0 41,414	0 5,718	0 4,407	0 21,194	0 250,402	0
TERRENCE T LESCOE	(I)	) ) 224,200	0 70,440	0 4,221	0 5,395	0 21,287	0 325,543	0

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SCHEDULE O

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493207010033

2012

OMB No 1545-0047

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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 ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT ON AN ANNUAL BASIS FOR REVIEW OF COMPENSATION. THE INDEPENDENT COMPENSATION CONSULTANT 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 9	DONATIONS PAID IN THE CURRENT YEAR BUT ACCRUED IN THE PRIOR YEAR 72,473 NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY YEAR END EXCHANGE RATES - 1,409

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

AND JOHN E SWIFT EDUCATIONAL TRUST FUND - IN 1944, THE KNIGHTS ESTABLISHED ITS MIL LION-DOLLAF EDUCATIONAL TRUST FUND TO PROVIDE A COLLEGE EDUCATION TO THE CHILDREN OF MEMBE RS WHO WE KILLED OR PERMANENTLY AND TOTALLY DISABLED IN WORLD WAR II LATER THIS BENEFIT WAS EXTENDED CHILDREN OF MEMBERS WHO WERE KILLED OR DISABLED IN THE KOREAN AND VIETNAM WARS THE BENEF WERE FURTHER EXTENDED TO INCLUDE THE PERSIAN GULF CONFLICT AND MILITAR Y CONFLICTS IN IRAQ, AFGHANISTAN AND PAKISTAN IN 1970, THIS PRIVILEGE WAS DEVELOPED FURTH ER TO INCLUDE CHILDREN MEMBERS OF THE ORDER WHO WERE KILLED OR PERMANENTLY AND TOTALLY DISABLED AS A RESULT OF CRIMINAL VIOLENCE WHILE FUNCTIONING AS LAW ENFORCEMENT OFFICERS AN D, IN 1971, TO THOSE WHO KILLED OR DISABLED AS A RESULT OF CRIMINAL VIOLENCE WHILE PE RFORMING THEIR DUTIES AS FULL-TINFIREFIGHTERS IN 1977, THE BENEFITS WERE FURTHER EXTEND ED TO INCLUDE THE CHILDREN OF STATE OFFICERS WHO SUFFER ACCIDENTAL DEATH OR TOTAL AND PERM ANENT DISABILITY AS A RESULT OF AN	dentifier Return Reference	Explanation
AND PRO PATRIA SCHOLARSHIP PROGRAM UNDER THE CURRE NT PROVISIONS OF THE PROGRAM, THE ORGANIZATION ANNUALLY AWARDS \$1,500.A-YEAR SCHOLARSHIPS ON THE BASIS OF MERIT TO 62 MEMBERS OF THE SONS OR DAUGHTERS OF MEMBERS IN GOOD STANDING OR WHO WERE SO AT THE TIME OF THERE DEATH TWELVE SCHOLARSHIPS ARE FOR USE AT THE CATHOLIC UNIVERSITY OF AMERICA, WASHINGTON, WITH PREFERSIONE BEING GIVEN ON TIMO OF THOSE TWELVE TO COLUMBIAN SOLIRES, THE REMAINING SCHOLARSHIPS MAY BE USED AT A CATHOLIC COLLEGE OF THE RECIPIENT'S CHOICE WITH COLUMBIAN SOLIRES, THE REMAINING SCHOLARSHIPS MAY BE USED AT A CATHOLIC COLLEGE OF THE RECIPIENT'S CHOICE WITH COLUMBIAN SOLIRES, THE REMAINING PREFERSIONE ON TWO OF THOSE FIFTY. THE SCHOLARSHIPS ARE COMETITIVE AND ARE AWARD FOR ONE YEAR AND ARE RENEWABLE FOR EACH YEAR OF UNDERGRADUATE STUDY TO A TOTAL OF 4 YI SUBJECT TO EVIDENCE OF SATISFACTORY ACADEMIC PERFORMANCE. TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC YEAR IS 137 AMOUNTING TO \$200,100 BISHOP CHARLES P GRECO GRADUATE FELLOWSHIPS. THE FELLO WISHIP WAS ESTABLISHED IN 1973, BY THE KIND OF COLUMBUS FOR SPECIALIZATION IN THE FIELD OF TEACHING MENTALLY RETARDED CITIZENS THIS FUND. HONORS THE ORDERS CHARLES PURPEME CHAPLAIN FOR HIS PONDERSING WORK IN THE CONSTRUCTION AND MAINTENANCE OF CATHOLIC-ORIENTED FACILITIES FOR MENTALLY RETARDED INDIVIDUALS THE GRANT PROVIDES \$500 A SEMESTER AND IS REMEWABLE FOR A MAXIMUM OF FOUR SEMESTERS AN ELIGIBLE CANDIDATE MIXET BE A MEMBER OF THE ORDER OF THE SON OR DAUGHTER OF A MEMBER IN GOOD STANI THE CANDIDATE MIXET BE AN EMBER OF THE ORDER OF THE SON OR DAUGHTER OF A MEMBER IN GOOD STANI THE CANDIDATE MIXET BE AN EMBER OF THE ORDER OF THE YOUR STANDING OF A MEMBER IN GOOD STANI THE CANDIDATE ALSO MUST BE ENGAGED IN OR PLANNING A FULL-TIME GRADUATE STUDY LEADING TO A MASTER'S DEGREE IN THE FIELD OF TEACHING THE EDUCATIONS CHOLARSHIP IN THE 2012-2013 ACADE YEAR AMOUNTING TO \$500 FATHER MICHAEL J. MICGINNEY VOCATIONS CHOLARSHIP IN THE 2012-2013 ACADE YEAR AND LABREST OF MEMBERS OF SON		AFGHANISTAN AND PAKISTAN IN 1970, THIS PRIVILEGE WAS DEVELOPED FURTHER TO INCLUDE CHLIRREN OF MEMBERS OF THE ORDER WHO WERE KILLED OR PERMANENTLY AND TOTALLY DISABLED AS A RESULT OF CRIMINAL VIOLENCE WHILE FUNCTIONING AS LAW ENFORCEMENT OFFICERS AND, IN 1971, TO THOSE WHO WERE KILLED OR DISABLED AS A RESULT OF CRIMINAL VIOLENCE WHILE FERFORMING THER DUTIES AS FULL-TIME PREFISHERS IN 1977, THE BENEFITS WERE FURTHER EXTENDED TO INCLUDE THE CHLIDREN OF STATE OFFICERS WHO SUFFER ACCIDENTAL DEATH OR TOTAL AND PERM ANENT DISABILITY AS A RESULT OF AN ACCIDENT WHILE ACTIVIELY BNSAGED DURING THEIR NOUMBENCY ON BUSINESS OF KNIGHTS OF COLLIMBUS THESE SCHOLARSHIPS IN CLUDE TUTION, ROOM AND BOARD. TO TALL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC YEAR IS 7 AMOUNT! ING TO \$181,614 FOURTH DEGREE PRO DEO AND PRO PATRIA SCHOLARSHIP PROGRAM. UNDER THE CURRENT PROVISIONS OF THE PROGRAM. THE ORGANIZATION ANNUALLY AWARDS \$1,500.A-YEAR SCHOLARSHIPS ON THE BASIS OF MERRIT TO 62 MEMBERS OR THE SONS OR DAUGHTERS OF MEMBERS IN GOOD STANDING OR WHO WERE SO AT THE TIME OF THEIR DEATH TWELVE SCHOLARSHIPS ARE FOR USE AT THE CATHOLIC UNIVERSITY OF AMERICA, WASHINGTON, D.C., WITH PREFERENCE BEING GIVEN ON TWO OF THOSE TIMELY ETO COLLIMBIAN SQUIRES, THE REPMANING SCHOLARSHIPS WAY BE USED AT A CATHOLIC COLLEGE OF THE RECOPISITIS CHOICE WITH COLUMBIAN SQUIRES. RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY. RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY. RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY. RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY. RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY. RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY. RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY. RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC PERFORMANCE TO

Reference	
F DODGE CITY, KANSAS IN ANY YEAR THAT THE SCHOLARSHIPS PROVIDE OF THE FUND, GRANTS MAY BE GIVEN TO OTHER CATHOLIC CHARITIES THEOR ONE YEAR AND ARE RENEWABLE FOR EACH YEAR OF UNDERGRADUM TOTAL OF FOUR YEARS SUBJECT TO EVIDENCE OF SATISFACTORY ACADI UDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEI \$13,500 ARTHUR F AND ANNA BATTISTA SCHOLARSHIP FUND - THE FUND BEQUEST RECEIVED BY KNIGHTS OF COLUMBUS CHARITIES, INC THE EARN USED TO PROVIDE SCHOLARSHIPS, UNDER CERTAIN TERMS AND CONDITION CORMWALL COLLEGIATE AND VOCATIONAL SCHOOL IN CORNWALL, ONTA SONS, DAUGHTERS, GRANDSONS OR GRANDDAUGHTERS OF A MEMBER O OLARSHIPS ARE TO BE AWARDED BASED ON ACADEMIC SCELLENCE, FIN, AR ACTIVITIES FIFTEEN\$2,000-A-YEAR SCHOLARSHIPS SHALL BE AWARD STUDENTS CONTINUING THER EDUCATION AT A FOUR-YEAR UNIVERSITY P FOLLOWING GRADUATION IN ADDITION, FIFTEEN\$1,500-A-YEAR SCHOLAR YEAR TO GRADUATING STUDENTS CONTINUING THEIR EDUCATION AT A TO PROGRAM IMMEDIATELY FOLLOWING GRADUATION THESE SCHOLARSHIPS TIONAL YEAR SUBJECT TO EVIDENCE OF CONTINUED BINCOLINEATION THAN A OR COLLEGE OF THE STUDENTS CHOICE TOTAL STUDENTS CURRENTLY R 2012-2013 ACADEMIC YEAR IS 62 AMOUNTING TO \$103,657 ESTATE OF TEE FUND. THE BOARD OF GOVERNORS OF KNIGHTS OF COLUMBUS CHARITIES SCHOLARSHIPS AWARDED FROM THE EARNINGS OF THE BEQUEST RECOWN JOHNSON BE IN CONFORMANCE WITH THE RULES GOVERNING THE FOURTH SCHOLARSHIP PROGRAM WITH THE UNDERSTANDING THAT THEY BE MADE YOUNG MEN ATTENDING CATHOLIC COLLEGES OR UNIVERSITIES IN THE UN CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC YEAR BISHOP THOMAS V DAILY VOCATIONS SCHOLARSHIP FUND - THE FUND KNIGHTS OF COLLUMBUS CHARITIES, INC THE EARNINGS FROM THIS FUND A A-YEAR SCHOLARSHIPS FOR SEMINARIANS OFFICIALLY ENROLLED WITH E MAJOR SCHOOLS OF THEFOLOGY AND ARE REDEWABLE EACH SUCCEEDING YE YEARS UPON EVIDENCE OF CONTINUED BROCLIMENT TOTAL STUDENTS C SCHOLARSHIPS IN THE 2012-2013 ACADEMIC YEAR IS 26 AMOUNTING TO \$ DEGREE) SCHOLARSHIPS IN THE PUND CATHOLIC COLLEGES AND UNIVERSITIES IN THE ARE AVWARDED FOR ONE YEAR AN	HE SCHOLARSHIPS ARE AW ARDED ATE OR PREPARATORY STUDY TO A HEMIC PERFORMANCE. TOTAL ST MIC YEAR IS 13 AMOUNTING TO D WAS ESTABLISHED IN 1997 F ROM A NINGS FROM THIS FUND ARE TO BE NS, TO GRADUATES O F THE ARIO, CANADA WITH PREFEREN CE TO DF KNIGHTS OF COLUMBUS. SCH HANCIAL NEED AND EXTRACURRICUL DED EACH YEAR TO GRADUATING PROGRAM IN THE YEAR IMMEDIA TELY RSHIPS SHALL BE AWARDE D EACH WO OR THREE YEAR COLLE GE S ARE RENEWABLE FOR ONE ADDI DOD STANDING AT THE UNIVERSITY RECEIVING SCHOLARSHIPS IN THE ERCY J JOHNSON SCHOLAR SHIP SS, INC VOTED THAT \$1,50 0-A-YEAR HED FROM THE ESTATE OF PERCY J H DEGREE PRO DEO AND PRO PATRIA E AVAILABLE BASED U PON NEED TO INTED STATES TO TAL STUDENTS R IS 19 AMOUNTI NG TO \$27,000 VAS ESTABLISHE D IN 1998 BY ARE TO BE USE D TO PROVIDE \$2,500- ECCLESIAS TICAL APPROVAL IN INUALLY TO STUD ENTS IN THE FIRST EAR UP TO A MA XIMUM OF FOUR CURRENTLY RECEIV ING S55,000 JOHN W MCDEVITT (FOURTH KNIGHTS OF COLUM BUS CHARITIES, -A-YEAR SC HOLARSHIPS, BASED ON WIVES, WIDOWS AND SONS AND E UNITED STATES THE SCHOLARSHIPS F UNDER GRADUATE STUDY TO A IEMIC PERFO RMANCE TOTAL

ldentifier	Return Reference	Explanation
		ESTATE OF ANTHONY LABELLA FUND - THE BOARD OF GOVERNORS OF KNIGHTS OF COLUMBUS CHARITIES, INC VOTED THAT SCHOLARSHIPS AWARDED FROM THE EARNINGS OF THE BEQUEST RECEIVED FROM THE ESTATE OF ANTHONY J LABELLA BE IN CONFORMANCE WITH THE RULES GOVERNING THE FOURTH DEGREE PRO DEO AND PRO PATRIA SCHOLARSHIP PROGRAM WITH THE UNDERSTANDING THAT THEY BE MADE AVAILABLE BASED UPON NEED TO YOUNG MEN ATTENDING CATHOLIC COLLEGES OR UNIVERSITIES IN THE UNITED STATES TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2012-2013 ACADEMIC YEAR IS 10 AMOUNTING TO \$11,250 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 2012-2013 ACADEMIC YEAR IS 5 AMOUNTING TO \$6,000

Identifier	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 \$\\$160,000 RELIGIOUS EDUCATIONAL AND CHARITABLE INSTITUTIONS FOR SCHOLARSHIPS AND GENERAL ASSISTANCE 360,250 GREATER NEW HAVEN AREA CATHOLIC HIGH SCHOOLS 24,000 CHURCH AND CHARITABLE RELATED ORGANIZATIONS 501,548 T O T A L \$1,045,798 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 \$ 207,472 GENERAL EXPENSES ALLOCATED TO PROGRAM SERVICES 9,108 VILLA MARIA GUADALUPE PROGRAM 404,368 INVESTMENT MANAGEMENT FEES 163,538 ACCOUNTING FEES 41,758 T O T A L \$ 826,244							

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, 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

DLN: 93493207010033

OMB No 1545-0047

Open to Public Inspection

## **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization **Employer identification number** KNIGHTS OF COLUMBUS CHARITIES USA INC 41-2140273

Part I Identification of Disregarded Entities (Com	plete if the organization	answered "Yes" to	Form 990, Part	IV, line 33.)				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	<b>(e)</b> d-of-year assets	1	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	g the tax year.)				Part IV,			
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501		(f) Direct controlling entity	(g) Section 512 (13) contro entity?	
(1) KNIGHTS OF COLUMBUS	FRATERNAL BENEFIT	СТ	501(C)(8)				Yes	No No
ONE COLUMBUS PLAZA	ORGANIZATION					N/A		
NEW HAVEN, CT 065103326 06-0416470						N/A		
(2) THE KNIGHTS OF COLUMBUS MUSEUM INC	OPERATION OF A MUSEUM	СТ	501(C)(3)	11(B)		KNIGHTS OF COLUMBUS	Yes	
ONE COLUMBUS PLAZA								
NEW HAVEN, CT 065103326 06-1590283								
(3) KNIGHTS OF COLUMBUS CHARITIES INC	ESTABLISHED FOR RELIGIOUS, CHARITABLE,	СТ	501(C)(3)	7		KNIGHTS OF COLUMBUS	Yes	
ONE COLUMBUS PLAZA	AND EDUCATIONAL PURPOSES							
NEW HAVEN, CT 065103326 23-7227608	TON OSES							
(4) JOHN PAUL II SHRINE AND INSTITUTE INC	OPERATION OF AN	DC	501(C)(3)	2		KNIGHTS OF COLUMBUS	Yes	
ONE COLUMBUS PLAZA	EDUCATIONAL INSTITUTE AND A MUSEUM							
NEW HAVEN, CT 065103326 52-1547103								
(5) KNIGHTS OF COLUMBUS CANADA CHARITIES INC 1843 TRAPPERS AVE WINDSOR, ON N8P 1T1 CA	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CA	SEE SCHD O			KNIGHTS OF COLUMBUS	Yes	

(a)		(b)	(c)	(d)	(e)		(f)	(g)	(h	1)	(i)	(	j)	(F	k)
Name, address, and	Name, address, and EIN of related organization			Direct controlling entity	rect Predomi rolling income(re		Share of		Disproprtionate			Gene man part	ral or	or Percei ng owne	
									Yes	No		Yes	No		
Part IV Identification of Related line 34 because it had one									swere	ed "Ye			Part		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Lega domic (state or t counti	al cile foreign	Dı	(d) ect controlling entity	(C co	(e) of entity rp, S corp, trust)	(f) Share of total income	(g) Share of en year assets		of-Percen	ntage		(i) Section 5 (b)(13) controlle entity?	
(1) CAMPO PIO XI - SRL	OPERATION OF	П		KN	GHTS OF	C.			63		25 100 00	000 %		<b>Yes</b> 'es	No
VIALE ANGELICO 38 ROME IT	PLAYGROUNDS	11			COLUMBUS CHARITIES USA INC					62,1	25 100 00	, o		C3	
													+		
													-		

P	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	answered "Yes" to Form	1 990, Part IV, III	e 34, 35b, or 36.)		Yes	No				
<b>1</b> F		ero rolated organizations lie	stad in Parts II-IV2								
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
	Gift, grant, or capital contribution to related organization(s)	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity									
	Gift, grant, or capital contribution from related organization(s)										
	d Loans or loan guarantees to or for related organization(s)										
•	Loans or loan guarantees by related organization(s)				1e		No				
f	f Dividends from related organization(s)										
g	Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)										
	i Exchange of assets with related organization(s)										
	Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
•											
k Lease of facilities, equipment, or other assets from related organization(s)											
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)							No				
					<b>1</b> p	Yes					
p	p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q	Yes					
	Other transfer of cash or property to related organization(s)				1r	Yes					
	Other transfer of cash or property from related organization(s)				1s	103	No				
>	Other transfer of cash of property nonfrelated organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	olete this line, including co	vered relationships	and transaction thresholds	}						
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount involved							
L) I	KNIGHTS OF COLUMBUS - 501(C)(8)	С	2,989,392	FAIR MARKET VALUE							
2) I	KNIGHTS OF COLUMBUS - 501(C)(8)	Р	166,683	FAIR MARKET VALUE							
3) H	KNIGHTS OF COLUMBUS CANADA CHARITIES INC	Q	67,591	FAIR MARKET VALUE							
1) (	CAMBO DIO VI - CDI	D D	62.420	EATD MADKET VALUE							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	(b) (c) (d) (e)		(e) all partners section 501(c)(3) anizations?	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)	managing partner?		<b>(k)</b> Percentage ownership		
			514)	Yes	No			Yes	No	,	Yes	No	
												1	

## Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 41-2140273

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

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