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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A F	or the	2015 ca	alendar year, or tax year beg	ginning 01-01-2015 , and ending	12-31-201	5			
B Ch	eck ıf a	pplicable	C Name of organization KNIGHTS OF COLUMBUS CHAI	RITIES USA INC			D Emplo	yer iden	tification number
☐ Add	dress cl	hange	Killering of Coloribos cities				41-21	40273	
Г№	me cha	ange	Doing business as				_		
┌ Init	tial retu	ım					E Telepho	one numb	or .
_ Fin			Number and street (or P O bo ONE COLUMBUS PLAZA	ox if mail is not delivered to street addre	ss) Room/suit	e			
_		mınated					(203)	752-4	323
	iended olicatioi	return n pending	NEW HAVEN, CT 065103326	e, country, and ZIP or foreign postal code	!		G Gross r	eceıpts \$	43,588,790
			F Name and address of	of principal officer		U(a) I.			e
			CHARLES E MAURER 3	IR			:his a group oordinates?		TYes ▼ No
			ONE COLUMBUS PLAZ NEW HAVEN, CT 065			H(b) A re	all subordi	nates	□Yes □No
			NEW HAVEN, CT 005	103320			luded?	- 1 /	
I Ta	x-exen	npt status	501(c)(3) 501(c) () ◀ (insert no)	527		•		see instructions)
	ebsite	e:► N/				ri(c) Gr	oup exempt	ion num	ider F
K For	m of or	ganızatıor	Corporation Trust Ass	ociation Other ►		L Year of	formation 20	04 M 9	State of legal domicile CT
	rt I		nmary					- I	
			-	ssion or most significant activitie					
		,		HARITABLE, AND EDUCATIONA		ES			
9	_								
Ě	-								
Governance	2 0	Check th	his hox 🕶 if the organization	on discontinued its operations or	disnosed of	more than	25% of its	net ass	
Ž,	-	0110011 11	mo box F m the organization		u.opoocu o.	more enam	20 70 01 100		
	3	Number	of voting members of the go	verning body (Part VI, line 1a)				3	9
9	4	Number	of independent voting memb	pers of the governing body (Part ee	I, line 1b)			4	2
툳	5	Total nu	mber of individuals employe	d ın calendar year 2015 (Part V,	line 2a) .			5	0
Activities &	6	Total nu	mber of volunteers (estimat	eıfnecessary)				6	0
•	7a -	Total un	related business revenue fro	om Part VIII, column (C), line 12				7a	0
	b N	et unrel	ated business taxable incor	ne from Form 990-T, line 34 .		<u> </u>		7b	0
						Pi	ior Year		Current Year
_	8	Contr	ributions and grants (Part V	1,643,4		412	1,532,029		
	9	Progr	am service revenue (Part VIII, line 2g)				35,840		37,389
Revenue	10			olumn (A), lines 3, 4, and 7d) .		3,002,236		4,694,050	
ш.	11			n (A), lines 5, 6d, 8c, 9c, 10c, and				0	0
	12	Total 12)	revenue—add lines 8 throug	gh 11 (must equal Part VIII, colu	mn (A), line		4,681,	488	6,263,468
	13	Grant	s and similar amounts paid	(Part IX, column (A), lines 1-3)			2,071,	871	3,378,956
	14	Benef	fits paid to or for members (I	Part IX, column (A), line 4)				0	0
	15			ployee benefits (Part IX, column	(A), lines			0	0
Expenses		5-10	•						
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e)						0	0
<u>ਡ</u>	Ь		undraising expenses (Part IX, colu						
	17			(A), lines 11a-11d, 11f-24e) .			2,626,	$\overline{}$	2,270,394
	18			' (must equal Part IX, column (A)			4,698,		5,649,350
<u></u>	19	Kever	nue less expenses Subtract	line 18 from line 12			-16,		614,118
Not Assets or Fund Balances						Beginning	of Current	Year	End of Year
9.85 B.85	20	Total	assets (Part X, line 16) .				73,765,	774	69,828,248
정말	21	Total	liabilities (Part X, line 26)				15,210,	551	15,259,094
zΞ	22	Neta	ssets or fund balances Sub	tract line 21 from line 20	<u></u> .		58,555,	223	54,569,154
	r nen		nature Block	re examined this return, including	accompany	una schedi	iles and sta	tement	s and to the hest of
my k	nowle	dge and	belief, it is true, correct, an	d complete Declaration of prepar					
prepa	arer ha	as any k	nowledge						
		***	***				2016-07-20		
Sigr	,		nature of officer				Date		
Her		CHA	ARLES E MAURER JR SECRETARY						
			e or print name and title						
			Print/Type preparer's name	Preparer's signature	Da	ا ر	heck 🗀 ıf	PTIN	252
Paid	d		THOMAS F LYDEN	THOMAS F LYDEN			elf-employed	P01215	
	pare	ب rب	Firm's name FSEWARD AND M				ırm's EIN 🟲 0		
Hee	•		Fırm's address 🟲 296 STATE STRE	ET		P	hone no (203) 248-93	41

NORTH HAVEN, CT 064732165

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

. ✓ Yes ☐ No

Form 990 (2	2015)
Part III	Statement of

age 🛭	2
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_		()				
Par		of Program Servi	-			_
			<u>onse or note t</u>	o any line in this Par	tIII	
1	•	organization's mission				
FUR ⁻ OF C AND	THERANCE OF THES CHRISTIANITY, MAI ADMINISTERS SCH	E PURPOSES, CHARIT NTAINS FACILITIES F OLARSHIP FUNDS FO	TIES USA HAS FOR THE PRO R THE BENEF	S ESTABLISHED CE PER PHYSICAL, IN IT OF DESERVING	EDUCATIONAL AND SCIEN ENTERS FOR THE DISSEMINA TELLECTUAL AND MORAL DI PERSONS KNIGHTS OF COL DL OF CHARITIES USA	ATION OF THE TRUTHS EVELOPMENT OF YOUTH,
2	the prior Form 990	undertake any significa or 990-EZ?			ar which were not listed on	⊤Yes ▼ No
3	Did the organization services?	cease conducting, or n	nake significar	nt changes in how it o	conducts, any program	⊤Yes ▼No
	If "Yes," describe th	nese changes on Sched	ule O			
4	expenses Section 5) organizations	s are required to rep	three largest program services ort the amount of grants and al	
4a	(Code) (Expenses \$	650,949	including grants of \$) (Revenue \$	1,155,751)
	`	MATION PROGRAM - SEE SCH	,-		, (4	
4b	(Code) (Expenses \$	1,002,820	ıncludıng grants of \$) (Revenue \$)
	THE ITALIAN WELFARE	FUND - SEE SCHEDULE O				
4c	(Code) (Expenses \$	816,838	ıncludıng grants of \$	816,838) (Revenue \$)
	SCHOLARSHIPS - SEE S	SCHEDULE O				
	See Additional Dat	а				
4d	Other program ser	vices (Describe in Sche	dule O)			
	(Expenses \$	3,178,743 inc	luding grants o	of \$ 2,56	2,118) (Revenue \$)
4e	Total program serv	ice expenses 🕨	5,649,350			

			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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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	9	Yes	
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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
	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
	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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L 7	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
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
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	

	990 (2013)					Page			
Pai	t V Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		v						
					Yes	No			
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	6						
	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 t gaming (gambling) winnings to prize winners?	o vend	dors and reportable	1c	Yes				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal empression file sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year [?]	3a		Νo			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanati			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities acaccount)? \cdot .			4a	Yes				
Ь	If "Yes," enter the name of the foreign country ► VT, IT, PL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Banl (FBAR)	k and	Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?								
6 -			0 1 1-1 1-1	5c		NI -			
	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable contributions. If "Yes " did the organization include with every solicitation an express statement the	trıbutı	ons?	6a		No			
7	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
_	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?			7a		Νo			
b	If "Yes," did the organization notify the donor of the value of the goods or services p			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	which it was required to							
d	file Form 8282?	 	7c		No				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	person	nal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal transfer or indirectly and indirectly are premiums.	onal b	enefit contract?	7f		No			
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	s, dıd		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9a	Did the sponsoring organization make any taxable distributions under section 4966	?.		8 9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b					
10	Section 501(c)(7) organizations. Enter	·							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	u of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•						
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	lote. S	See the instructions for	13a					
b	Enter the amount of reserves the organization is required to maintain by the states	13b							
c	In which the organization is licensed to issue qualified health plans	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax	x year	?	14a		No			
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	ation ir	n Schedule O	14b					

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 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
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		Νο
6	Did the organization have members or stockholders?	6		Νο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.)
			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			
	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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		Νo
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	ection 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) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶•CHARLES E MAURER JR ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 (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	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(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		x				0	1,236,189	41,04	
PRESIDENT	57 00							· ·	1,230,109	41,04.	
(2) LOGAN T LUDWIG VICE PRESIDENT	1 00 54 00	x		х				0	483,876	33,23	
(3) CHARLES E MAURER JR SECRETARY	1 00 54 00	х		х				0	410,078	32,06	
(4) MICHAEL J O'CONNOR	1 00										
TREASURER	54 00	×		Х				0	303,077	39,46	
(5) VIRGIL C DECHANT DIRECTOR	1 00	х						0	27,382	(
(6) PATRICK E KELLY	1 00	, , ,							226.002	20.62	
DIRECTOR	54 00	X						0	236,002	39,63	
(7) MOST REV WILLIAM E LORI DIRECTOR	1 00	х						0	o		
(8) JOHN A MARRELLA DIRECTOR	1 00	х						0	522,162	33,23	
(9) THOMAS P SMITH JR DIRECTOR	1 00	х						0	931,017	41,19	
(10) RONALD J TRACZ ASSISTANT SECRETARY	54 00 1 00 54 00			х				0	247,629	28,04	
(11) TERRENCE T LESCOE CHIEF FINANCIAL OFFICER	1 00			х				0	337,449	30,95	

				,	r	,,					(00,		
	(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han d on is	one I both	oox, an d	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima imount o compens from t rganizati	ted fother ation he
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC		related organizatioi	
1b	Sub-Total						•			•			
c d	Total from continuation sheet Total (add lines 1b and 1c) .				٠.	٠.			0	4,734,861		3	318,886
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	ose		d abov	e) w	ho received more t	han	I		
												Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	or highest compe	nsated employee	3		No
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1									n or individual for			
	services rendered to the organ	nızatıon? <i>If "Yes,</i>	" comple	ete Sc	:hedu	ıle J	for suc	h pe	rson		5		Νo

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
KARPUS INVESTMENT MANAGEMENT	INVESTMENT ADVISORY SERVICES	126,570
183 SULLYS TRAIL PITTSFORD, NY 14534		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Part V	4 🛊 🛊 1	Statement o						_
		Check if Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated camp	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
E	С	Fundraising eve	ents 1c					
ons, Gifts, Grants Similar Amounts	d	Related organiz	rations 1d	413,667				
, G mil;	e	Government grants	s (contributions) 1e					
ons Sii	f	All other contribution	ons, gifts, grants, and 1f	1,118,362				
outi ther	-	sımılar amounts no	t included above					
Contributions, and Other Sim	g	1a-1f \$	ons included in lines					
Col	h	Total. Add lines	s 1a-1f	· · · •	1,532,029			
<u>-e</u>				Business Code				
Program Serwoe Revenue	2a	SALE OF PAMPHLET	rs	900099	37,389	37,389		
2 <u>2</u>	b							
, МС	c d							
<u> </u>	e e							
<u> </u>	f	All other progra	ım service revenue					
7.				_	27.200			
	g 3		s 2a-2f ome (including dividend		37,389			
		and other simila	aramounts)	•	1,867,874			1,867,874
	4 5		tment of tax-exempt bond p	proceeds				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	. ,	, ,				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	40,151,498					
	ь	Less cost or other basis and	37,325,322					
	_	sales expenses Gain or (loss)	2,826,176					
	c d		s)		2,826,176			2,826,176
Other Revenue	8a		luding s reported on line 1c)					
		See Part IV, lin	ie 18 a l					
Ę.	b	Less direct ex	penses b					
•			loss) from fundraising (events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
			penses b [
			loss) from gamıng actı\. 1	/ities -				
	10a	Gross sales of i returns and allo						
	ь	Less cost of go	-					
			ı loss) from sales of ınve)	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a	-						
	Ь							
	c d	All other reven	ue					
	e		L	🕨				
	12		See Instructions					
					6,263,468	37,389	0	4,694,050

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in t	his Part IX			<u></u>
	ot include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,377,118	2,377,118		
2	Grants and other assistance to domestic individuals See Part IV, line 22	761,611	761,611		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	240,227	240,227		
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	64,691	64,691		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	111,067	111,067		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
L 2	Advertising and promotion	380	380		
.3	Office expenses				
.4	Information technology				
.5	Royalties				
.6	Occupancy	138,719	138,719		
. 7	Travel				
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	242,909	242,909		
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	1,002,820	1,002,820		
b	CATH INFO PROG-OTHER	552,848	552,848		
c	CATH INFO PROG-PRINTING	97,721	97,721		
d	GENERAL EXPENSES	52,016	52,016		
е	All other expenses	7,223	7,223		
25	Total functional expenses. Add lines 1 through 24e	5,649,350	5,649,350	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)				

art X	Ва	lan	ce	Sł	nee	t

		Check if Schedule O contains a response or note to any li	ne ın th	ns Part X				
						(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				345,116	1	264,149
	2	Savings and temporary cash investments				3,279,420	2	2,504,821
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				497,549	4	0
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L						
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	(c)(3)(l sectior	B), and n 501(c)(9)			6	
83	7	Notes and loans receivable, net					7	
⋖	8	Inventories for sale or use			•		8	
	9	Prepaid expenses and deferred charges			•		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		,773,511			
	Ь	Less accumulated depreciation	10b	1	,859,658	4,156,762	10c	3,913,853
	11	Investments—publicly traded securities		48,810,353		48,083,085		
	12	Investments—other securities See Part IV, line 11.		15,910,485		14,670,557		
	13	Investments—program-related See Part IV, line 11 .				391,542		268,154
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				374,547		123,629
	16	Total assets.Add lines 1 through 15 (must equal line 34				73,765,774		69,828,248
	17	Accounts payable and accrued expenses			•	598,095		39,692
	18	Grants payable	000,000	18	00,002			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities	•		20			
	21	Escrow or custodial account liability Complete Part IV	of Scho	 Vdulo D		13,513,303		14,145,760
Ø.	21					19,515,505	21	14, 145, 700
"iabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d	ısqualıf	ied				
ge		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third	•				23	
	24	Unsecured notes and loans payable to unrelated third pa					24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third pa	rties,			
						1,099,153		1,073,642
	26	Total liabilities. Add lines 17 through 25			_	15,210,551	26	15,259,094
on dh		Organizations that follow SFAS 117 (ASC 958), check he	ere ► [✓ and com	olete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets				54,421,687	27	50,532,095
<u>ප</u>	28	Temporarily restricted net assets	• •			3,350,083		3,253,606
Fund Balance	29	Permanently restricted net assets				783,453		783,453
Ĭ	23	•				7 00,400	29	700,400
or Fi		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.	песк пе	eier jai	IU			
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment					31	
	32	Retained earnings, endowment, accumulated income, or					32	
Ř	33	Total net assets or fund balances				58,555,223	33	54,569,154
_	34	Total liabilities and net assets/fund balances				73,765,774	34	69,828,248

Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,;	263,468
2	Total expenses (must equal Part IX, column (A), line 25)	2		5.(549,350
3	Revenue less expenses Subtract line 2 from line 1	3			514,118
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				•
5	Net unrealized gains (losses) on investments	5			555,223
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			-69,606
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		54,!	569,154
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	
1	Accounting method used to prepare the Form 990			res	140
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 sepa basis, consolidated basis, or both	ırate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 41-2140273

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	3,178,743	including grants of \$	2,562,118) (Revenue \$)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total1

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

		ne organization COLUMBUS CHARITIES USA	LINC		Employer identification number						
KITO	1115 01	COLOTIDOS CITARITIES OSA	1110				41-2140273				
Pa	rt I	Reason for Publ	lic Charity Sta	itus (All organizati	ons must cor	nplete this p	part.) See instruction	ns.			
		zation is not a private		<u> </u>			<u> </u>				
1		•		ssociation of churche		•	•				
2	Ė	A school described in				_					
3	<u></u>	A hospital or a coope									
4	<u>'</u>		•	=			tion 170(b)(1)(A)(iii)	Enter the			
_	ļ	hospital's name, city	-	ited in conjunction wit	ii a iiospitai de	scribed iii sec	.cion 170(b)(1)(A)(iii)	. Linter the			
5	Γ		rated for the bene		ersity owned o	r operated by	a governmental unit de	escribed in section			
6	Г	A federal, state, or lo	cal government o	r governmental unit d	escribed in sec	tion 170(b)(1	.)(A)(v).				
7	_	described in section	170(b)(1)(A)(vi)	(Complete Part II)		_	ental unit or from the go	eneral public			
8				n 170(b)(1)(A)(vi)(
9	Г	receipts from activit from gross investme organization after Ju	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).								
	, \		•	•	•	•	. , ,	it the nurneses of			
11	10	one or more publicly	supported organiz	zations described in s	ection 509(a)(1) or section	ctions of, or to carry ou 509(a)(2) See sectioi complete lines 11e, 1	509(a)(3). Check			
а	Γ	Type I. A supporting supported organization	organization oper on(s) the power to	ated, supervised, or o	controlled by its elect a majority	s supported or	rganization(s), typicall ors or trustees of the s	y by giving the			
b	<u>~</u>	Type II. A supporting management of the s	g organization sup upporting organiz	pervised or controlled ation vested in the sa	ın connection v		rted organization(s), b nanage the supported	=			
c	\vdash	must complete Part I	•		onerated in co	nnection with	and functionally integ	rated with its			
·	,			tions) You must com				racea with, its			
d	\sqcap						with its supported orga	nızatıon(s) that ıs			
							ement and an attentive	ness requirement			
	_			Part IV, Sections A a				*** C			
е	ı	integrated, or Type I					s a Type I, Type II, Ty	pe III functionally			
f	Ente	r the number of suppor					1				
g			-	t the supported organ							
		ime of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)			
				ınstructions))							
					Yes	No	1				
(A) KNI INC		COLUMBUS CHARITIES	237227608		Yes		5,032,345	0			

5,032,345

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, ,		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	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 Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated 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 VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
	33 1/3% support test—2015.If the	-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box	anızatıon on lıne 13 or 16a			► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning 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 nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	I, complete Sections A and D, and complete Part V)	a chec	Keu III	JUIFAI
Se	ection A. All Supporting Organizations			
	, and the second se		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		Νo
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		No
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections $501(c)(3)$ and $509(a)(1)$ or $(2)^{2}$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
h	A family member of a person described in (a) above?	11b		No

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Νo

Par	To the supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_				
	ection E. Type III Functionally-Integrated Supporting Organizations			
a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ł	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
FORM 990, SCHEDULE A, PART I,	STATUS, LINE 11G EXPLANATION THE TAXPAYER IS A SUPPORTING ORGANIZATION FOR
REASON FOR PUBLIC CHARITY	KNIGHTS OF COLUMBUS CHARITIES, INC ("CHARITIES") AS A SUPPORTING
	ORGANIZATION, THE TAXPAYER IS ORGANIZED TO SUPPORT CHARITIES, AS INDICATED IN
	TAXPAYER'S ARTICLES OF INCORPORATION IN ADDITION, THE TAXPAYER IS SUPERVISED
	AND CONTROLLED IN CONNECTION WITH CHARITIES TAXPAYER IS OPERATED
	EXCLUSIVELY FOR THE BENEFIT, AND TO CARRY OUT THE PURPOSES, OF CHARITIES
	KNIGHTS OF COLUMBUS CHARITIES, INC TRANSFERRED ASSETS, LIABILITIES AND NET
	ASSETS TO KNIGHTS OF COLUMBUS CHARITIES USA, INC EFFECTIVE JANUARY 1, 2005
	KNIGHTS OF COLUMBUS CHARITIES USA, INC ADMINISTERS THESE FUNDS AS PART OF ITS
	SUPPORTIVE ROLE OF KNIGHTS OF COLUMBUS CHARITIES, INC IN FURTHERANCE OF
	KNIGHTS OF COLUMBUS CHARITIES, INC 'S EXEMPT PURPOSE AND IN FULFILLMENT OF ITS
	PROGRAM SERVICE ACCOMPLISHMENTS

Schedule A (Form 990 or 990-EZ) 2015

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SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Attach to Form 990.

Open to Public

me of the organization GHTS OF COLUMBUS CHARITIES USA INC	D (FOITH 990) and its instructions is at <u>www.r.</u>		oyer identification number
OH S OF COLOMBOS CHARTILES OSA INC		41-2	140273
	or Advised Funds or Other Similar I ered "Yes" on Form 990, Part IV, line 6.	Funds o	or Accounts.
	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)		
Aggregate value at end of year			
Did the organization inform all donors and dono funds are the organization's property, subject		nor advis	sed Yes No
Did the organization inform all grantees, donor used only for charitable purposes and not for t conferring impermissible private benefit?			purpose Yes No
Conservation Easements. Com	plete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e g , re Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	creation or education) Preservation of a	certified	cally important land area I historic structure of a conservation
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	ricia at the Ena of the Tear
Total acreage restricted by conservation ease	ments	2b	
Number of conservation easements on a certif	ied historic structure included in (a)	2c	
Number of conservation easements included in historic structure listed in the National Regist		2d	
Number of conservation easements modified, t tax year ▶	ransferred, released, extinguished, or termina	ted by the	e organization during the
Number of states where property subject to co	nservation easement is located 🛌		
Does the organization have a written policy reviolations, and enforcement of the conservation		ndling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitorin year	g, inspecting, handling of violations, and enfor	cing cons	servation easements during the
<u> </u>	anashina handhaa shiii bi		A
A mount of expenses incurred in monitoring, in	specting, nandling of violations, and enforcing	conserva	tion easements during the year
Does each conservation easement reported or (B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection 17	0(h)(4) Yes No
In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the to	ext of the footnote to the organization's financi	•	se statement, and
the organization's accounting for conservation Organizations Maintaining Coll		, or Oth	er Similar Assets.
Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 8.		
If the organization elected, as permitted under works of art, historical treasures, or other simi service, provide, in Part XIII, the text of the fo	lar assets held for public exhibition, education	, or resea	arch in furtherance of public
If the organization elected, as permitted under works of art, historical treasures, or other simi service, provide the following amounts relating	lar assets held for public exhibition, education		
Revenue included on Form 990, Part VIII, lir	ne 1	▶ \$_	
Assets included in Form 990, Part X		► \$	
If the organization received or held works of ar following amounts required to be reported under			cial gain, provide the
Revenue included on Form 990. Part VIII. line	. 1		▶ - \$

b Assets included in Form 990, Part X

Part	Organizations Maintainir (continued)	ng Collections of A	rt, Historical	Treasures,	or Otl	her Similar As	sets	
	Using the organization's acquisition, accollection items (check all that apply)	ccession, and other rec					of its	
а	Public exhibition		d Lo	an or exchange	progra	ns		
b	Scholarly research		e	her				
С	Preservation for future generations	5						
4	Provide a description of the organization	on's collections and exp	olaın how they fui	ther the organi	zatıon's	exempt purpose ı	n	
	During the year, did the organization so assets to be sold to raise funds rather					ımılar 🕝 Yes	┌ No	
Part	t IV Escrow and Custodial Ar Complete if the organization Part X, line 21.		Form 990, Pa	rt IV, line 9, o	or repo	rted an amount	on Forr	n 990,
	Is the organization an agent, trustee, on cluded on Form 990, Part X?	ustodian or other inter	mediary for conti	ributions or oth	erasset	rs not Yes	√ No	
b	If "Yes," explain the arrangement in	Part XIII and complete	e the following ta	ble		Amo	unt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount	on Form 990. Part X. I	ine 21, for escro	w or custodial :	 account	liability? ▼ Yes	□ No	
	Dia tile organization merade an amount		21,101 05010	or cubecular	account	nasine, , 105	,	
	If "Yes," explain the arrangement in Pa							<u> </u>
Par	rt V Endowment Funds. Comp	(a)Current year	(b)Prior year	b (c)Two years			/a\Eour vo	arc back
1a	Beginning of year balance	43,357,196	42,474,203	 ` ' 		37,183,249	(e) Four ye	6,091,035
		161,907	149,138	<u> </u>	0,268	438,203		937,291
b	Contributions	101,507	149,130	0.	,,200	430,203		337,231
c	Net investment earnings, gains, and losses	246,303	2,223,793	3,195	5,983	4,408,241		1,718,192
d	Grants or scholarships	1,377,919	1,489,938	1,409	,306	1,411,435		1,563,269
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance	42,387,487	43,357,196	42,474	1,203	40,618,258	3	7,183,249
2	Provide the estimated percentage of th	e current year end bala	ance (line 1g, col	umn (a)) held a	s			
а	Board designated or quasi-endowment	▶ 97 470 %						
b	Permanent endowment ► 1850 %							
	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	0 680 % c should equal 100%						
	Are there endowment funds not in the porganization by	oossession of the organ	nization that are l	neld and admin	stered f	or the	Yes	No
	(i) unrelated organizations					3a(i)	No
	(ii) related organizations					3a(ii)	No
b	If "Yes" on 3a(II), are the related organ					3t)	
4	Describe in Part XIII the intended use		endowment funds	<u> </u>				
Par	t VI Land, Buildings, and Equ Complete if the organization		Form 000 Dart	: TV line 115	Saa Fa	rm 000 Dart V	luno 10	
	Description of property	Tallswelled Tes to I	(a) Cost or other	basis Cost or of	her basıs	Accumulated (c) depreciation		k value
1-	Lond		(ınvestme	nt) (oth			1	F00 55-
	Land		•		500,000			500,000
	Buildings		· .	5	,044,168	1,707,891		3,336,277
	Equipment				21,563	21,563	1	0
	Other				207.780		_	77.576

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3,913,853

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	olete if the organiz	zation answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			,
(3)O ther		F4.625	
(A) INVESTMENT IN CAMPO PIO XI - S R L		54,635	С
(B) INVESTMENT IN POLSKA SP		47,778	С
(C) INVESTMENT IN LLCS		14,568,144	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	14,670,557	
Part VIII Investments—Program Related.			
Complete if the organization answered 'Y (a) Description of investment	es' on Form 990,	(b) Book value	Form 990, Part X, line 13.
		(-,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization a	answered 'Yes' on Fo	orm 990, Part IV, line 1:	1d See Form 990, Part X, line 15
(a) Descript			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<u> </u>		
Part X Other Liabilities. Complete if the organi		'Yes' on Form 990, P	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value		
Federal Income taxes			
	606.23		
ACCRUED DONATIONS PAYABLE DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE	606,22		
FUND	4.5		
DUE TO KNIGHTS OF COLUMBUS, NET	460,72	22	
DUE TO JOHN PAUL II SHRINE AND INSTITUTE, INC	6,25	50	
		\dashv	
		_	
		_	
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,073,64	12	

5,649,350

Par	Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990,			per F	leturn
1	Total revenue, gains, and other support per audited financial statements			1	1,932,416
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	-4,530,581		
b	Donated services and use of facilities	2b	54,664		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)..................................	2d	255,932		
e	Add lines 2a through 2d			2e	-4,219,985
3	Subtract line 2e from line 1			3	6,152,401
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	111,067		
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b			4 c	111,067
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)		5	6,263,468
Part	Reconciliation of Expenses per Audited Financial St. Complete if the organization answered 'Yes' on Form 990,			s per	Return.
1	Total expenses and losses per audited financial statements			1	5,887,360
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	54,664		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	244,077		
e	Add lines 2a through 2d			2e	298,741
3	Subtract line 2e from line 1			3	5,588,619
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	111,067		
b	Other (Describe in Part XIII)	4b	-50,336		
c	Add lines 4a and 4b			4c	60,731

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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
PART V, LINE 4	FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE INCLUDING DONOR STIPULATIONS THE FUNDS ARE RESTRICTED GIFTS AND NOT DONOR-ADVISED FUNDS
PART XI, LINE 2D - OTHER ADJUSTMENTS	DECONSOLIDATE ACTIVITIES OF CAMPO PIO XI - S R L 225,932 DECONSOLIDATE ACTIVITIES OF POLSKA SP 30,000
PART XII, LINE 2D - OTHER ADJUSTMENTS	DECONSOLIDATE ACTIVITIES OF CAMPO PIO XI - S R L 193,844 DECONSOLIDATE ACTIVITIES OF POLSKA SP 50,233
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -50,336
PART X, LINE 2	THERE IS NO FIN 48 NOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493204006126 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2015 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. Open to Public Department of the Treasury ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. **Inspection** Internal Revenue Service Employer identification number Name of the organization KNIGHTS OF COLUMBUS CHARITIES USA INC 41-2140273 General Information on Activities Outside the United States. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (a) Region (b) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, region (by type) (e.g., program service, describe for and investments region agents, and fundraising, program services, specific type of in region ındependent investments, grants to service(s) in region contractors in recipients located in the region region) (1) NORTH AMERICA 55,227 0 0 SCHOLARSHIPS TO SCHOLARSHIPS RECIPIENTS LOCATED IN CANADA (2) FUROPE 185.000 0 GRANT TO AN GRANTMAKING ORGANIZATION LOCATED IN THE VATICAN CITY STATE (3) EUROPE 0 1,002,820 0 PROGRAM SERVICES OPERATION OF LOCATED IN ROME, PLAYGROUNDS ITALY (4) EUROPE 102,413 0 0 INVESTMENTS (5) 1,345,460 0 0 3a Sub-total **b** Total from continuation sheets to Part I ol c Totals (add lines 3a and 3b) 1,345,460 Schedule F (Form 990) 2015 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)		EUROPE	GENERAL SUPPORT	185,000	CHECK		0 N/A	N/A
(2)			+					
(3)								
(4)								
2 Enter total nu	mber of recipie	nt organizations l	ısted above that are re	cognized as chariti	ies by the foreign c	ountry, recognized	l as	1

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page 3 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 Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of cash grant assistance recipients disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other) (1) SCHOLARSHIPS - SEE NORTH AMERICA 60 55,227 CHECK 0 N/A N/A SCHEDULE O (EXPLANATION FOR 990 PART III, LINE 4C) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	굣	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Г	Yes	দ	No
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)	V	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	দ	No
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	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	_	Vec	حا حا	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page 5

Part V

Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	GRANTS MADE TO ORGANIZATIONS ARE FOR GENERAL SUPPORT OF THE RECIPIENT ORGANIZATION THE OR GANIZATION VERIFIES THAT ALL GRANTS ARE PROVIDED TO ENTITIES THAT HAVE AN EQUIVALENT STATU S TO A 501(C)(3) ORGANIZATION THE ORGANIZATION REQUIRES DONEE ORGANIZATIONS TO PROVIDE AN ACCOUNTING OF HOW THE GRANT FUNDS WERE EXPENDED GRANTS TO INDIVIDUAL RECIPIENTS ARE DETE RMINED BASED ON APPLICATION AND VERIFICATION OF ELIGIBILITY SCHOLARSHIP GRANTS TO INDIVID UAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION AND VERIFICATION OF ELIGIBILITY, ACCORD ING TO THE ELIGIBILITY CRITERIA EXPLAINED IN SCHEDULE O THE SCHOLARSHIP PROGRAM IS WIDELY PUBLICIZED AND APPLICATIONS ARE ENCOURAGED FROM THOSE WHO QUALIFY SCHOLARSHIP APPLICATION AS ARE COMPLETED BY STUDENTS AND SUBMITTED TO THE ORGANIZATION A COMMITTEE OF INDIVIDUALS IS DESIGNATED BY THE ORGANIZATION TO SERVE ON THE SCHOLARSHIP COMMITTEE. THE COMMITTEE RE VIEWS ALL APPLICATIONS AND DETERMINES SCHOLARSHIP RECIPIENTS AND SCHOLARSHIP AMOUNTS BASED UPON OBJECTIVE FACTORS THE ORGANIZATION MAINTAINS A LISTING OF ALL SCHOLARSHIP RECIPIENT S AND AMOUNTS AWARDED TO EACH STUDENT STUDENTS ARE REQUIRED TO SEND TRANSCRIPTS TO THE ORGANIZATION BEFORE ANY SUBSEQUENT AWARD IS GIVEN, TO ENSURE THAT THE STUDENT IS MEETING ACA DEMIC STANDARDS ESTABLISHED BY THE ORGANIZATION THE ORGANIZATION SENDS GRANT AWARDS DIRECTLY TO THE ACADEMIC INSTITUTION THE STUDENT ATTENDS, ON BEHALF OF THE STUDENT ALL SCHOLAR SHIP RECIPIENTS ARE UNRELATED TO THE MEMBERS OF THE SCHOLARSHIP COMMITTEE AND ALSO UNRELATED TO THE ORGANIZATION DIRECTORS OF THE ORGANIZATION

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

DLN: 93493204006126 OMB No 1545-0047

Open to Public Inspection

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

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

Department of the Treasury

(Form 990)

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

nternal Revenue Service								
ame of the organization	S LICA INC					Employer identification	on number	
NIGHTS OF COLUMBUS CHARITIES	S USA INC					41-2140273		
Part I General Information	on Grants and	l Assistance						
Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizat	ard the grants or as:	sıstance?				tance, and	∀Yes	
Part III Grants and Other Assistar that received more than \$				nplete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	l , for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	
See Additional Data Table								
2 Enter total number of section 50	1(c)(3) and govern	ment organizations lis	ted in the line 1 table.			•	24	

Enter total number of other organizations listed in the line 1 table.

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) SCHOLARSHIPS - SEE SCHEDULE O (EXPLANATION FOR 990 PART III, LINE 4C)	380	761,611	0	N/A	N/A
Doubt TV Supplemental Informat	ion Droudo the infe	rmation required in D	art I lina 2 Dart III	calumn (h) and any other	and ditional information

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS MADE TO ORGANIZATIONS ARE FOR GENERAL SUPPORT OF THE RECIPIENT ORGANIZATION THE ORGANIZATION VERIFIES
	THAT ALL GRANTS ARE PROVIDED TO ENTITIES THAT HAVE AN EQUIVALENT STATUS TO A 501(C)(3) 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
	GRANTS TO INDIVIDUAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION AND VERIFICATION OF ELIGIBILITY, ACCORDING TO
	THE ELIGIBILITY CRITERIA EXPLAINED IN SCHEDULE O THE SCHOLARSHIP PROGRAM IS WIDELY PUBLICIZED AND APPLICATIONS ARE
	ENCOURAGED FROM THOSE WHO QUALIFY SCHOLARSHIP APPLICATIONS ARE COMPLETED BY STUDENTS AND SUBMITTED TO THE
	ORGANIZATION A COMMITTEE OF INDIVIDUALS IS DESIGNATED BY THE ORGANIZATION TO SERVE ON THE SCHOLARSHIP COMMITTEE
	THE COMMITTEE REVIEWS ALL APPLICATIONS AND DETERMINES SCHOLARSHIP RECIPIENTS AND SCHOLARSHIP AMOUNTS BASED UPON
	OBJECTIVE FACTORS 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, TO
	ENSURE THAT THE STUDENT IS MEETING ACADEMIC STANDARDS ESTABLISHED BY THE ORGANIZATION THE ORGANIZATION SENDS
	GRANT AWARDS DIRECTLY TO THE ACADEMIC INSTITUTION THE STUDENT ATTENDS, ON BEHALF OF THE STUDENT ALL SCHOLARSHIP
	RECIPIENTS ARE UNRELATED TO THE MEMBERS OF THE SCHOLARSHIP COMMITTEE AND ALSO UNRELATED TO THE OFFICERS AND
	DIRECTORS OF THE ORGANIZATION

Additional Data

Software ID:

Software Version:

EIN: 41-2140273

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS STATE COUNCIL K OF C CHARITIES INC PO BOX 681 KANKAKEE,IL 60901	51-0194196	501(C)(3)	14,126	0	N/A	N/A	GENERAL SUPPORT
KNIGHTS OF COLUMBUS CHARITIES AID FOUNDATION INC PO BOX 280 LA CROSSE,KS 675480280	48-0698354	501(C)(3)	7,125	0	N/A	N/A	GENERAL SUPPORT
BISHOP CHARLES P GRECO MEMORIAL FOUNDATION PO BOX 51166 2006 WEST PINHOOK ROAD ROAD LAFAYETTE, LA 70505	52-2381871	501(C)(3)	6,667	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MASSACHUSETTS STATE COUNCIL CHARITY FUND 470 WASHINGTON STREET SUITE 6 NORWOOD, MA 02062	04-0616108	501(C)(3)	10,069	0	N/A	N/A	GENERAL SUPPORT	
BOYSVILLE OF MICHIGAN INC 8759 CLINTON-MACON ROAD CLINTON,MI 49236	38-1368326	501(C)(3)	13,526	0	N/A	N/A	GENERAL SUPPORT	
COLUMBIAN CHARITIES OF MISSOURI INC 12320 E 59TH TERRACE KANSAS CITY, MO 64133	23-7112691	501(C)(3)	8,290	0	N/A	N/A	GENERAL SUPPORT	

Form 990,Schedule I, Part	t II, Grants and	1 Other Assistance	e to Domestic Org	anizations and D	omestic Governm	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
NEW JERSEY COLUMBIAN CHARITIES INC 172 MAIN STREET WEST ORANGE, NJ 070525605	20-0603198	501(C)(3)	12,517	0	N/A	N/A	GENERAL SUPPORT
NEW YORK STATE COUNCIL KNIGHTS OF COLUMBUS CHARITIES INC 4027 DOUGLASTON PARKWAY DOUGLASTON, NY 113631506	13-3347753	501(C)(3)	11,354	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)	11,663	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Part	t II, Grants and	Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
PENNSYLVANIA STATE COUNCIL KNIGHTS OF COLUMBUS EDUCATIONAL FOUNDATION INC 800 NORTH STREET MCSHERRYSTOWN,PA 17344	26-0315132	501(C)(3)	9,622	0	N/A	N/A	GENERAL SUPPORT
TEXAS STATE COUNCIL CHARITIES 6633 HIGHWAY 290 EAST SUITE 204 AUSTIN,TX 787231157	74-1756429	501(C)(3)	19,433	0	N/A	N/A	GENERAL SUPPORT
MINNESOTA KNIGHTS FOUNDATION 7800 MINNESOTA WORLD TRADE CENTER 30 EAST 7TH STREET ST PAUL, MN 55101	41-1676612	501(C)(3)	8,413	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Part	t II, Grants and	1 Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN PAUL II SHRINE AND INSTITUTE INC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	52-1547103	501(C)(3)	12,750	0	N/A	N/A	GENERAL SUPPORT
COLUMBIAN CHARITIES OF CONNECTICUT INC 142 ORCHARD STREET ELLINGTON,CT 06029	06-0972133	501(C)(3)	5,271	0	N/A	N/A	GENERAL SUPPORT
MARYLAND STATE COUNCIL CHARITY FUND INC 10815 STANG ROAD OWINGS MILLS, MD 21117	52-1357264	501(C)(3)	5,232	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Part	t II, Grants and	J Other Assistance	e to Domestic Org	anizations and D	omestic Governm	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION 400 MICHIGAN AVENUE NE WASHINGTON, DC 200171566	53-0196626	501(C)(3)	65,000	0	N/A	N/A	GENERAL SUPPORT
THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE NE WASHINGTON, DC 20064	53-0196583	501(C)(3)	110,000	0	N/A	N/A	GENERAL SUPPORT
ALBERTUS MAGNUS COLLEGE 700 PROSPECT STREET NEW HAVEN,CT 06511	06-0646520	501(C)(3)	8,000	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Part	t II, Grants and	1 Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
SACRED HEART ACADEMY 265 BENHAM STREET HAMDEN,CT 06514	06-1271712	501(C)(3)	9,000	0	N/A	N/A	GENERAL SUPPORT
LAURALTON HALL ACADEMY OF OUR LADY OF MERCY 200 HIGH STREET MILFORD,CT 06460	06-0653077	501(C)(3)	9,000	0	N/A	N/A	GENERAL SUPPORT
FLORIDA K OF C CHARITIES INC 1550 WESTFORD DRIVE NORTH PALM HARBOR,FL 34683	59-3659193	501(C)(3)	12,800	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	to Domestic Orga	nizations and Do	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME HIGH SCHOOL 200 RICARDO STREET WEST HAVEN,CT 06516	06-0646748	501(C)(3)	9,000, 9	0	N/A	N/A	GENERAL SUPPORT
ETERNAL WORLD TELEVISION NETWORK INC 5817 OLD LEEDS ROAD IRONDALE,AL 352102164	63-0801391	501(C)(3)	250,000	0	N/A	N/A	GENERAL SUPPORT
ARCHDIOCESE OF PHILADELPHIA 222 NORTH 17TH STREET PHILADELPHIA,PA 19103	23-1360839	501(C)(3)	1,500,000	0	N/A	N/A	GENERAL SUPPORT

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DLN: 93493204006126

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization KNIGHTS OF COLUMBUS CHARITIES USA INC 41-2140273 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? **4**c 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Any related organization?

section 53 4958-6(c)?

ın Part III

If "Yes," on line 6a or 6b, describe in Part III

8

6b

7

Νo

Νo

Νo

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

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

Note. The sum of columns (B)(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	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 CARL A ANDERSON PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	882,200	342,150	11,839	7,797	33,246	1,277,232	0
2 LOGAN T LUDWIG VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	289,000	102,950	91,926	7,950	25,289	517,115	0
3 CHARLES E MAURER JR SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	225,900	70,850	113,328	6,777	25,289	442,144	0
4 MICHAEL J O'CONNOR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	207,400	63,550	32,127	6,222	33,246	342,545	0
5 PATRICK E KELLY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	194,811	39,200	1,991	5,844	33,794	275,640	0
6 JOHN A MARRELLA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	344,400	108,850	68,912	7,950	25,289	555,401	0
7 THOMAS P SMITH JR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	443,000	132,150	355,867	7,950	33,246	972,213	0
8 RONALD J TRACZ ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	199,100	42,589	5,940	2,757	25,289	275,675	0
9 TERRENCE T LESCOE CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	254,700	76,650	6,099	5,662	25,289	368,400	0

Part III Supplemental Information

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

r rovide the information, explanation,	of descriptions required for Fart 1, filles 14, 15, 3, 44, 45, 46, 36, 36, 36, 7, and 6, and for Fart 11. Also complete this part for any additional information
Return Reference	Explanation
PART I, LINE 3	ALL OFFICERS AND DIRECTORS COMPENSATION IS PAID BY A RELATED ORGANIZATION THE COMPENSATION PROCESS AND INDEPENDENT REVIEW WAS PERFORMED BY THE RELATED ORGANIZATION, KNIGHTS OF COLUMBUS, A SECTION 501(C)(8) ORGANIZATION 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, INCLUDING IN 2015, FOR A REVIEW OF THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO SUPREME OFFICERS AND OTHER TOP MANAGEMENT OFFICIALS THE INDEPENDENT COMPENSATION CONSULTANT USES SURVEY SOURCES THAT THEY HAVE COMPILED PLUS OTHER PUBLISHED SURVEYS TO PRESENT A REPORT OF COMPARABLE MARKET DATA OF TOTAL COMPENSATION FOR EACH MANAGEMENT POSITION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE COMPARABLE MARKET DATA BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS AFTER A REVIEW AND DISCUSSION ABOUT THE COMPARABLE MARKET DATA AND THE INDIVIDUALS IN THE ROLES UNDER REVIEW, A VOTE IS TAKEN TO APPROVE A NEW SALARY RANGE FOR THE TOP MANAGEMENT INDIVIDUALS TOTAL COMPENSATION FOR EACH INDIVIDUAL IS WITHIN THE RANGE APPROVED BY THE BOARD OF DIRECTORS
PART I, LINE 4B	LOGANT LUDWIG \$ 80,629 CHARLES E MAURER, JR 102,167 MICHAEL J O'CONNOR 28,063 JOHN A MARRELLA 64,550 THOMAS P SMITH, JR 349,873 KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR BENEFITS LOST IN THE TAX-QUALIFIED RETIREMENT PLAN DUE TO IRS LIMITS ONCE A PARTICIPANT BECOMES VESTED IN THIS NONQUALIFIED DEFERRED COMPENSATION PLAN, BY LAW, THE PARTICIPANT IS TAXED ON THE VESTED AMOUNT THE KNIGHTS OF COLUMBUS' PLAN PROVIDES THAT UPON VESTING, A PARTICIPANT WILL RECEIVE A PAYMENT FOR THE ESTIMATED INCOME TAXES RELATED TO THE VESTED AMOUNT THE ABOVE AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B(III)
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) 2015

Software ID: **Software Version:**

EIN: 41-2140273

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

Form 990, Schedule J, Pa	art	II - Officers, Direc	ctors, Trustees, K	ey Employees, an	d Highest Compen	sated Employee:	s	
(A) Name and Title			f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1CARL A ANDERSON PRESIDENT	(1)	0	0	0	0	0	0	0
	(11)	- 882,200	342,150	11,839		33,246	1,277,232	-
1LOGAN T LUDWIG VICE PRESIDENT	(1)		0	0	0	0	0	0
	(11)	289,000	102.050	01.026	7.050			
2CHARLES E MAURER JR SECRETARY	(1)	·	102,950	91,926	7,950 0	25,289 0	517,115 0	0
SECKETAKT	(11)	225 900]				
3MICHAEL J O'CONNOR	(1)	225,900	70,850	113,328	6,777	25,289	442,144	0
TREASURER						U 		
	(11)	207,400	63,550	32,127	- 6,222	- 33,246	342,545	0
4 PATRICK E KELLYDIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	- 194,811	39,200	1,991	- 5,844	- 33,794	275,640	0
5 JOHN A MARRELLA DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	- 344,400	108,850	68,912	- 7,950		555,401	0
6 THOMAS P SMITH JR DIRECTOR	(1)	·	0	0	0	0	0	0
	(11)	443,000	132,150	355,867		33,246	972,213	
7RONALD J TRACZ ASSISTANT SECRETARY	(1)		0	0	0	0	0	0
	(11)	199,100	42,589	5,940			275,675	
8TERRENCE T LESCOE	(1)		0	3,5 10	2,737	23,203	2,3,0,3	0
CHIEF FINANCIAL OFFICER	(11)							
		254,700	76,650	6,099	5,662	25,289	368,400	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493204006126

OMB No 1545-0047

2015

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES USA INC

Employer identification number
41-2140273

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

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 CHIEF COMPLIANCE OFFICER AND THE INTERNAL AUDIT DEPARTMENT

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, A 501(C)(8) ORGANIZATION 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, INCLUDING IN 2015, FOR A REVIEW OF THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO SUPREME OFFICERS AND OTHER TOP MANAGEMENT OFFICIALS. THE INDEPENDENT COMPENSATION CONSULTANT USES SURVEY SOURCES THAT THEY HAVE COMPILED PLUS OTHER PUBLISHED SURVEYS TO PRESENT A REPORT OF COMPARABLE MARKET DATA OF TOTAL COMPENSATION FOR EACH MANAGEMENT POSITION. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE COMPARABLE MARKET DATA BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS. AFTER A REVIEW AND DISCUSSION ABOUT THE COMPARABLE MARKET DATA AND THE INDIVIDUALS IN THE ROLES UNDER REVIEW, A VOTE IS TAKEN TO APPROVE A NEW SALARY RANGE FOR THE TOP MANAGEMENT INDIVIDUALS. TOTAL COMPENSATION FOR EACH INDIVIDUAL IS WITHIN THE RANGE APPROVED BY THE BOARD OF DIRECTORS.

Return Reference	Explanation
FORM 990, PART VI,	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
SECTION C, LINE 19	ARE PHOTOCOPIED AND MAILED TO INDIVIDUALS OR ORGANIZATIONS UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -50,336 NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY YEAR END EXCHANGE RATES -19,270

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

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 GYMNASIUM AND OTHER BUILDINGS

Return Reference	Explanation
FORM 990, PART III,	SCHOLARSHIPS - FRANCIS P MATTHEWS AND JOHN E SWIFT EDUCATIONAL TRUST FUND - IN 1944, THE KNIGHTS
LINE 4C, PROGRAM SERVICE	ESTABLISHED ITS MILLION-DOLLAR EDUCATIONAL TRUST FUND TO PROVIDE A COLLEGE EDUCATION TO THE CHILDREN OF MEMBERS WHO WERE KILLED OR PERMANENTLY AND TOTALLY DISABLED IN WORLD WAR II LATER
ACCOMPLISHMENTS	THIS BENEFIT WAS EXTENDED TO CHILDREN OF MEMBERS WHO WERE KILLED OR DISABLED IN THE KOREAN AND
	VIETNAM WARS THE BENEFITS WERE FURTHER EXTENDED TO INCLUDE THE PERSIAN GULF CONFLICT AND MILITARY CONFLICTS IN IRAQ, AFGHANISTAN AND PAKISTAN IN 1970, THIS PRIVILEGE WAS DEVELOPED FURTHER
	TO INCLUDE CHILDREN 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 PERFORMING THEIR
	DUTIES AS FULL-TIME FIREFIGHTERS IN 1977, THE BENEFITS WERE FURTHER EXTENDED TO INCLUDE THE CHILDREN OF STATE OFFICERS WHO SUFFER ACCIDENTAL DEATH OR TOTAL AND PERMANENT DISABILITY AS A RESULT OF
	AN ACCIDENT WHILE ACTIVELY ENGAGED DURING THEIR INCUMBENCY ON BUSINESS OF KNIGHTS OF COLUMBUS THESE SCHOLARSHIPS INCLUDE TUITION, ROOM AND BOARD TOTAL STUDENTS CURRENTLY RECEIVING
	SCHOLARSHIPS IN THE 2015-2016 ACADEMIC YEAR IS 8 AMOUNTING TO \$106,004 FOURTH DEGREE PRO DEO AND
	PRO PATRIA SCHOLARSHIP PROGRAM - UNDER THE CURRENT PROVISIONS OF THE PROGRAM, THE ORGANIZATION ANNUALLY AWARDS SCHOLARSHIPS ON THE BASIS OF MERIT 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 TWELVE TO COLUMBIAN SQUIRES, THE REMAINING SCHOLARSHIPS MAY BE USED AT A CATHOLIC COLLEGE
	OF THE RECIPIENT'S CHOICE WITH COLUMBIAN SQUIRES RECEIVING PREFERENCE ON TWO OF THOSE FIFTY THE SCHOLARSHIPS ARE COMPETITIVE AND ARE AWARDED FOR ONE YEAR AND ARE RENEWABLE FOR EACH YEAR OF
	UNDERGRADUATE STUDY TO A TOTAL OF 4 YEARS SUBJECT TO EVIDENCE OF SATISFACTORY ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2015-2016 ACADEMIC YEAR IS
	83 AMOUNTING TO \$121,500 BISHOP CHARLES P GRECO GRADUATE FELLOWSHIPS - THE FELLOWSHIP WAS
	ESTABLISHED IN 1973, BY THE KNIGHTS OF COLUMBUS FOR SPECIALIZATION IN THE FIELD OF TEACHING CITIZENS WITH INTELLECTUAL DISABILITIES THIS FUND HONORS THE ORDER'S LATE SUPREME CHAPLAIN FOR HIS
	PIONEERING WORK IN THE CONSTRUCTION AND MAINTENANCE OF CATHOLIC-ORIENTED FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES. THE GRANT IS AWARDED PER SEMESTER AND IS RENEWABLE FOR
	A MAXIMUM OF FOUR SEMESTERS AN ELIGIBLE CANDIDATE MUST BE A MEMBER OF THE ORDER OR THE SON OR
	DAUGHTER OF A MEMBER IN GOOD STANDING 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 EDUCATIONALLY
	HANDICAPPED WITH EMPHASIS ON PERSONS WITH INTELLECTUAL DISABILITIES ONE STUDENT RECEIVED A SCHOLARSHIP IN THE 2015-2016 ACADEMIC YEAR AMOUNTING TO \$500 FATHER MICHAEL J MCGIVNEY
	VOCATIONS SCHOLARSHIP FUND - EFFECTIVE DECEMBER 31, 1999, KNIGHTS OF COLUMBUS CHARITIES, INC VOTED
	TO DIVIDE THE VOCATION SCHOLARSHIP FUND INTO TWO PARTS, KNOWN AS THE KNIGHTS OF COLUMBUS VOCATIONS FUND AND FATHER MICHAEL J MCGIVNEY VOCATIONS SCHOLARSHIP FUND THE EARNINGS OF THE
	KNIGHTS OF COLUMBUS VOCATIONS FUND ARE TO BE USED TO PROVIDE MATCHING FUNDS TO LOCAL KNIGHTS OF COLUMBUS UNITS THAT PARTICIPATE IN THE KNIGHTS OF COLUMBUS REFUND SUPPORT VOCATIONS PROGRAM
	THE EARNINGS FROM THE FATHER MICHAEL J MCGIVNEY VOCATIONS SCHOLARSHIP FUND ARE TO BE USED FOR
	THE DIRECT BENEFIT OF STUDENTS STUDYING FOR THE PRIESTHOOD IN A DIOCESAN OR RELIGIOUS SEMINARY AND OF THOSE STUDENTS WHO HAVE BEEN FORMALLY ACCEPTED BY A RELIGIOUS ORDER OR CONGREGATION WITH A
	COMMITMENT TOWARD A RELIGIOUS PROFESSION THESE SCHOLARSHIPS, WHICH INCLUDE TUITION AND ROOM AND BOARD, ARE AWARDED FOR ONE YEAR AND ARE RENEWABLE FOR A MAXIMUM OF FOUR YEARS UPON
	EVIDENCE OF CONTINUED ENROLLMENT AND NEED TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2015-2016 ACADEMIC YEAR IS 83 AMOUNTING TO \$246,214 VIRGIL C AND ANN L DECHANT SCHOLARSHIP
	FUND - THE FUND WAS ESTABLISHED IN 1996 BY KNIGHTS OF COLUMBUS CHARITIES, INC. THE EARNINGS FROM
	THIS FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS TO MEMBERS OR SONS OR DAUGHTERS OF MEMBERS OF KNIGHTS OF COLUMBUS THE SCHOLARSHIPS ARE TO BE AWARDED TO ELIGIBLE RECIPIENTS ATTENDING THE
	FOLLOWING SCHOOLS THOMAS MORE PREPARATORY HIGH SCHOOL, HAYS, KANSAS, PONTIFICAL COLLEGE JOSEPHINUM, WORTHINGTON, OHIO, NORTH AMERICAN COLLEGE, ROME, ITALY, AND NEWMAN COLLEGE, WICHITA,
	KANSAS, OR ANY OTHER CATHOLIC SCHOOLS AS APPROVED BY THE TRUSTEES OF THE SCHOLARSHIP FUND PREFERENCE FOR THE SCHOLARSHIPS IS TO BE GIVEN TO RESIDENTS OF RUSH COUNTY, KANSAS AND
	SEMINARIANS FROM THE DIOCESE OF DODGE CITY, KANSAS. IN ANY YEAR THAT THE SCHOLARSHIPS PROVIDED.
	ARE NOT EQUAL TO THE EARNINGS OF THE FUND, GRANTS MAY BE GIVEN TO OTHER CATHOLIC CHARITIES THE SCHOLARSHIPS ARE AWARDED FOR ONE YEAR AND ARE RENEWABLE FOR EACH YEAR OF UNDERGRADUATE OR
	PREPARATORY STUDY TO A TOTAL OF FOUR YEARS SUBJECT TO EVIDENCE OF SATISFACTORY ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2015-2016 ACADEMIC YEAR IS
	21 AMOUNTING TO \$19,643 ARTHUR F AND ANNA BATTISTA SCHOLARSHIP FUND - THE FUND WAS ESTABLISHED
	IN 1997 FROM A BEQUEST RECEIVED BY KNIGHTS OF COLUMBUS CHARITIES, INC THE EARNINGS FROM THIS FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS, UNDER CERTAIN TERMS AND CONDITIONS, TO GRADUATES OF THE
	CORNWALL COLLEGIATE AND VOCATIONAL SCHOOL IN CORNWALL, ONTARIO, CANADA WITH PREFERENCE TO SONS, DAUGHTERS, GRANDSONS OR GRANDDAUGHTERS OF A MEMBER OF KNIGHTS OF COLUMBUS
	SCHOLARSHIPS ARE TO BE AWARDED BASED ON ACADEMIC EXCELLENCE, FINANCIAL NEED AND EXTRACURRICULAR ACTIVITIES FIFTEEN SCHOLARSHIPS SHALL BE AWARDED EACH YEAR TO GRADUATING
	STUDENTS CONTINUING THEIR EDUCATION AT A FOUR-YEAR UNIVERSITY PROGRAM IN THE YEAR IMMEDIATELY
	FOLLOWING GRADUATION IN ADDITION, FIFTEEN SCHOLARSHIPS SHALL BE AWARDED EACH YEAR TO GRADUATING STUDENTS CONTINUING THEIR EDUCATION AT A TWO OR THREE YEAR COLLEGE PROGRAM
	IMMEDIATELY FOLLOWING GRADUATION THESE SCHOLARSHIPS ARE RENEWABLE FOR ONE ADDITIONAL YEAR SUBJECT TO EVIDENCE OF CONTINUED ENROLLMENT AND GOOD STANDING AT THE UNIVERSITY OR COLLEGE OF
	THE STUDENT'S CHOICE TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2015-2016 ACADEMIC
	YEAR IS 60 AMOUNTING TO \$55,227 ESTATE OF PERCY J JOHNSON SCHOLARSHIP 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 PERCY J JOHNSON 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 2015-2016 ACADEMIC YEAR IS 22 AMOUNTING TO \$31,500 BISHOP THOMAS V DAILY VOCATIONS
	SCHOLARSHIP FUND - THE FUND WAS ESTABLISHED IN 1998 BY KNIGHTS OF COLUMBUS CHARITIES, INC. THE EARNINGS FROM THIS FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS FOR SEMINARIANS OFFICIALLY
	ENROLLED WITH ECCLESIASTICAL APPROVAL IN MAJOR SCHOOLS OF THEOLOGY THE SCHOLARSHIPS ARE AWARDED ANNUALLY TO STUDENTS IN THE FIRST FOUR YEARS OF THEOLOGY AND ARE RENEWABLE EACH
	SUCCEEDING YEAR UP TO A MAXIMUM OF FOUR YEARS UPON EVIDENCE OF CONTINUED ENROLLMENT TOTAL
	STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2015-2016 ACADEMIC YEAR IS 24 AMOUNTING TO \$57,000 JOHN W MCDEVITT (FOURTH DEGREE) SCHOLARSHIP FUND - THE FUND WAS ESTABLISHED IN 1998 BY
	KNIGHTS OF COLUMBUS CHARITIES, INC. THE EARNINGS FROM THIS FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS, BASED ON ACADEMIC EXCELLENCE, TO MEMBERS OF KNIGHTS OF COLUMBUS, THEIR WIVES,
	WIDOWS AND SONS AND DAUGHTERS WHO ATTEND CATHOLIC COLLEGES AND UNIVERSITIES IN THE UNITED
	STATES THE SCHOLARSHIPS ARE AWARDED FOR ONE YEAR AND ARE RENEWABLE FOR EACH YEAR OF UNDERGRADUATE STUDY TO A TOTAL OF FOUR YEARS SUBJECT TO EVIDENCE OF SATISFACTORY ACADEMIC
	PERFORMANCE TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2015-2016 ACADEMIC YEAR IS 116 AMOUNTING TO \$149,250
<u>J</u>	

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	SCHOLARSHIPS (CONTINUED) - 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 2015-2016 ACADEMIC YEAR IS 13 AMOUNTING TO \$18,000 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 2015-2016 ACADEMIC YEAR IS 9 AMOUNTING TO \$12,000

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 \$ 175,000 RELIGIOUS EDUCATIONAL AND CHARITABLE INSTITUTIONS FOR SCHOLARSHIPS AND GENERAL ASSISTANCE 635,750 GREATER NEW HAVEN AREA CATHOLIC HIGH SCHOOLS 27,000 CHURCH AND CHARITABLE RELATED ORGANIZATIONS 1,724,368 T O T A L \$2,562,118 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 \$ 7,223 GENERAL EXPENSES ALLOCATED TO PROGRAM SERVICES 52,016 VILLA MARIA GUADALUPE PROGRAM 381,628 INVESTMENT MANAGEMENT FEES 111,067 ACCOUNTING FEES 64,691 T O T A L \$ 616,625

Return Reference	Explanation
PROGRAM SERVICE	KNIGHTS OF COLUMBUS CHARITIES, INC TRANSFERRED ASSETS, LIABILITIES AND NET ASSETS TO KNIGHTS OF COLUMBUS CHARITIES USA, INC EFFECTIVE JANUARY 1, 2005 KNIGHTS OF COLUMBUS CHARITIES USA, INC ADMINISTERS THESE FUNDS AS PART OF ITS SUPPORTIVE ROLE OF KNIGHTS OF COLUMBUS CHARITIES, INC IN FURTHERANCE OF KNIGHTS OF COLUMBUS CHARITIES, INC 'S EXEMPT PURPOSE AND IN FULFILLMENT OF ITS PROGRAM SERVICE ACCOMPLISHMENTS

Return Reference	Explanation
R, 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: 93493204006126

2015

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Name of the organization KNIGHTS OF COLUMBUS CHARITIES USA INC

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

41-2140273

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d)	(e) nd-of-year assets		(f) Direct controlling		
		or foreign country)				entity		
Part II Identification of Related Tax-Exempt Orga	nizations Complete if th	e organization ans	wered "Yes" on	Form 990, Pa	art IV,	line 34 because it h	ad on	e
or more related tax-exempt organizations durin (a)	g the tax year. (b)	(c)	(d)	(e) (f) (g)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section			Direct controlling	ng Section (13) co	
							Yes	_
(1)KNIGHTS OF COLUMBUS ONE COLUMBUS PLAZA	FRATERNAL BENEFIT ORGANIZATION	СТ	501(C)(8)			N/A		No
NEW HAVEN, CT 065103326 06-0416470						N/G		
(2)THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA	OPERATION OF A MUSEUM	СТ	501(C)(3) 11(B)			KNIGHTS OF COLUMBUS	Yes	
NEW HAVEN, CT 065103326 06-1590283								
(3)KNIGHTS OF COLUMBUS CHARITIES INC ONE COLUMBUS PLAZA	ESTABLISHED FOR RELIGIOUS, CHARITABLE,	СТ	501(C)(3)	7		KNIGHTS OF COLUMBUS	Yes	
NEW HAVEN, CT 065103326 23-7227608	AND EDUCATIONAL PURPOSES							
(4)JOHN PAUL II SHRINE AND INSTITUTE INC ONE COLUMBUS PLAZA	OPERATION OF AN EDUCATIONAL INSTITUTE AND A MUSEUM	DC	501(C)(3)	2		KNIGHTS OF COLUMBUS	Yes	
NEW HAVEN, CT 065103326 52-1547103	AND A MOSEON							
(5) KNIGHTS OF COLUMBUS CANADA CHARITIES INC 1843 TRAPPERS AVE WINDSOR, ON, ONTARIO N8P 1T1 CA	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CA	SEE SCHD O			KNIGHTS OF COLUMBUS	Yes	
								\vdash
		ı	1			1	1	1

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered	"Yes"	on Form 990,	Part IV, lin	ie 3
	because it had one or more related organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or iging ner?	(k) Percentage ownership
1							Yes	No		Yes	No	
Don't TV Identification of Related Oversitations Tayable a	C		T	طه کر مهمامحمد				!!Vaa!!	O	000 [) t - 1	IV line

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i Section (b)(contro enti	n 512 13) olled ty?
								Yes	No
(1)CAMPO PIO XI - SRL VIALE ANGELICO 38 ROME IT	OPERATION OF PLAYGROUNDS	п	KNIGHTS OF COLUMBUS CHARITIES USA INC	С	32,088	182,475	100 000 %	Yes	
(2)K OF C POLSKA SP UL DOMANIEWSKA 47/10 WARSZAWA PL	ADMINISTER THE OPERATIONS OF WORLD YOUTH DAY	PL	KNIGHTS OF COLUMBUS CHARITIES USA INC	С	-20,233	-20,301	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answer	erea yes on Form	990, Part IV, line	34, 35D, OF 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity											
b Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)				1e		No					
f Dividends from related organization(s)				1f		No					
g Sale of assets to related organization(s)											
h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No					
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No					
l Performance of services or membership or fundraising solicitations for related organization(s)											
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)				10		No					
p Reimbursement paid to related organization(s) for expenses				1 p	Yes						
q Reimbursement paid by related organization(s) for expenses				1q	Yes						
${f r}$ Other transfer of cash or property to related organization(s)				1r		No					
s Other transfer of cash or property from related organization(s)				1s		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	ivolved						
(1)KNIGHTS OF COLUMBUS - 501(C)(8)	С	277,117	FAIR MARKET VALUE								
(2)KNIGHTS OF COLUMBUS - 501(C)(8)	Р	588,021	FAIR MARKET VALUE								
(3)KNIGHTS OF COLUMBUS CANADA CHARITIES INC	Q	143,729	FAIR MARKET VALUE								
(4)K OF C POLSKA SP	В	52,631	FAIR MARKET VALUE								

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
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Part VII Supplemental Information

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

Explanation

Return Reference

Schedule R (Form 990) 2015