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Department of the Treasury

DLN: 93493318014528 OMB No 1545-0047

## **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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public

			llendar year, or tax year begin  C Name of organization	ning 01-01-2017 , and end	ing 12-3	1-2017			
	ck if app dress ch	plicable	KNIGHTS OF COLUMBUS CHARITIES	USA INC					fication number
	me char	_					41-214	0273	
	tial retu		Doing business as						
	al return/i iended r	terminated	Number and street (or P O box if ma	all is not delivered to street address	Room/su	ıte	E Telephor	ie number	-
		n pending	ONE COLUMBUS PLAZA	(203) 752-4323					
			City or town, state or province, coun	try, and ZIP or foreign postal code	<u> </u>		, ,		
			NEW HAVEN, CT 065103326				<b>G</b> Gross re	ceipts \$ 1	3,138,739
			F Name and address of principa	l officer		H(a) Is this	a group re	turn for	
			MICHAEL J O'CONNOR ONE COLUMBUS PLAZA				dinates?		□Yes ☑No
			NEW HAVEN, CT 065103326			H(b) Are al includ		es	☐ Yes ☐No
Tax	k-exemp	pt status	<b>☑</b> 501(c)(3) □ 501(c)( ) <b>◄</b> (	insert no )	<b>5</b> 27	1		ıst (see	instructions)
W	ebsite	: ► N/A				H(c) Group	exemption	number	<b>&gt;</b>
						1 1 66	2004	Maria	CL LL CT
<b>C</b> Forn	n of org	janization	Corporation Trust Associ	ciation U Other >		<b>L</b> Year of forma	tion 2004	M State	of legal domicile CT
Pa	rt I	Sumi	nary						
		riefly des	cribe the organization's mission or						
ń	<u>ES</u>	STABLISH	HED FOR RELIGIOUS, CHARITABLE	E, AND EDUCATIONAL PURPOS	ES				
<u> </u>									
<u> </u>	_								
governance			s box $\blacktriangleright \square$ if the organization dis	of its net a		1			
			f voting members of the governin f independent voting members of		3	9			
ACHVILLES &		Total num	5	0					
<b>E</b>			6	0					
<u> </u>			iber of volunteers (estimate if nec elated business revenue from Part				•	7a	0
			ated business taxable income from					7b	0
		Tet armen	area submess taxaste mesme non	110111111111111111111111111111111111111			or Year	1,2	Current Year
_	8 0	Contributi	ons and grants (Part VIII, line 1h	)			5,681,8	330	1,278,062
Rəvenue			service revenue (Part VIII, line 2g		37,4	188	29,372		
∂∧ė!	<b>10</b> I	nvestme	nt income (Part VIII, column (A),		1,476,	149	1,952,226		
ш	<b>11</b> C	Other rev	enue (Part VIII, column (A), lines			0	0		
	<b>12</b> T	Total reve	nue—add lines 8 through 11 (mu	st equal Part VIII, column (A),	lıne 12)		7,195,4	167	3,259,660
	<b>13</b> G	Grants an	d sımılar amounts paıd (Part IX, c	olumn (A), lines 1–3)...		1,722,6	501	2,104,291	
	<b>14</b> B	Benefits p	aid to or for members (Part IX, co	olumn (A), line 4)				0	0
3	<b>15</b> S	Salaries, e	other compensation, employee be	nefits (Part IX, column (A), line	es 5-10)			0	0
Expenses	<b>16</b> a F	Professio	nal fundraising fees (Part IX, colui	mn (A), line 11e)				0	0
Š			aising expenses (Part IX, column (D), li						
ш			enses (Part IX, column (A), lines				2,343,6		2,121,719
		•	enses Add lines 13-17 (must equ				4,066,2		4,226,010
_ o	19 K	kevenue i	ess expenses Subtract line 18 fro	om line 12	• •	Reginning	3,129,: of Current Y		-966,350 End of Year
Net Assets of Fund Balances						beginning	o, carrent f		Ling Of Teal
SS 6 Bala	20 ⊺	Total asse	ets (Part X, line 16)				74,924,9	987	77,923,079
¥ 22	<b>21</b> T	Total liabi	lities (Part X, line 26)				15,499,	570	16,066,977
žŢ	<b>22</b> N	let asset	s or fund balances Subtract line 2	1 from line 20			59,425,4	417	61,856,102
	t II		ture Block						
			erjury, I declare that I have exami i, it is true, correct, and complete						
	nowled								
		*****				201	3-11-12		
Sign		Signatu	re of officer			Date			
lere	:	MICHAE	EL J O'CONNOR SECRETARY						
			print name and title						
			nt/Type preparer's name HOMAS F LYDEN	Preparer's signature THOMAS F LYDEN	D	)ate Che		PTIN P0121535	
Paid	1	<u> </u>		self-	employed				
-	oarei	'   <del>[</del> .	rm's name SEWARD AND MONDE		n's EIN ► 06-				
Jse	Only	y   ြ	rm's address ► 296 STATE STREET	4722465		Pho	ne no (203)	248-9341	
			NORTH HAVEN, CT 064						
1av t	he IRS	diecilee	this return with the preparer show	in above? (see instructions)				<b>√</b> \	Yes 🗆 No

Cat No 11282Y

Form **990** (2017)

Form	990 (2017)					Page <b>2</b>				
Par	t IIII Statement	of Program Servic	e Accomplis	hments						
	Check if Sched	dule O contains a respo	onse or note to a	any line in this Part III		🗹				
1	Briefly describe the o	rganızatıon's mıssıon		·						
THES FACI BENE	SE PURPOSES, CHARITI LITIES FOR THE PROPE	ES USA HAS ESTABLIS ER PHYSICAL, INTELLE RSONS KNIGHTS OF	SHED CENTERS CTUAL AND MOR	FOR THE DISSEMINATION OF Y	AL AND SCIENTIFIC PURPOSES IN DN OF THE TRUTHS OF CHRISTIA OUTH, AND ADMINISTERS SCHO ROVIDES DONATIONS WHICH A	NITY, MAINTAINS DLARSHIP FUNDS FOR THE				
2	<del>-</del>	undertake any significa - 990-EZ?		vices during the year wh	ıch were not listed on	☐ Yes ☑ No				
	If "Yes," describe the									
3	Did the organization of									
	services?					🗌 Yes 🗹 No				
	If "Yes," describe the	se changes on Schedul	le O							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported									
4a	(Code	) (Expenses \$	625,227	including grants of \$	) (Revenue \$	1,061,017 )				
	See Additional Data	, (2Npanasa 4			, (					
4b	(Code	) (Expenses \$	890,561	including grants of \$	) (Revenue \$	)				
70	See Additional Data	) (Expenses \$		merading grants of \$	) (Nevende \$	,				
4c	(Code	) (Expenses \$	742,232	including grants of \$	742,232 ) (Revenue \$	)				
	See Additional Data									
	(Code	) (Expenses \$	1,967,990	including grants of \$	1,362,059 ) (Revenue \$	)				
4d	Other program servic	es (Describe in Schedi	ule O ) uding grants of	¢ 1 262 0	59 ) (Revenue \$	)				
4e	Total program serv	· ·	4,226,0		Jo / (Neverlac y					
46	i otai piogrami seiv	ICC CAPCHISCS P	7,220,0	10						

or X as applicable

**Checklist of Required Schedules** 

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Form **990** (2017)

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

1

Page 3

No

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**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 . . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Form 990 (2017) Page <b>4</b>										
Par	IV Checklist of Required Schedules (continued)									
			Yes	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								
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? If "Yes," complete Schedule J	23	Yes							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
25a	Section 501(c)(3), 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	<b>25b</b>		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? If "Yes," complete Schedule L, Part III	27		No						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)									
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No						
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>			No						
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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?			No						

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

33

36

37

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Nο

Nο

32

33

34

35a

35h

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2017)

	990 (2017)			Page !				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V $\ldots$							
_			Yes	No				
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 00							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes					
	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	2b						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
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 Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
		20						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		110				
9	required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form							
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	7h						
	the year?	8						
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
0	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	1						
1	Section 501(c)(12) organizations. Enter	1						
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )							
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1 12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
b	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
.3	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for							
.3 a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a						
3 a b	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a						
.3 a b	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		No				

OHIII	330 (2017)			Page				
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes				
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>				
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 1	1						
	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  3	,						
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	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?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	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 Revenu	e Code	e.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to							
С	conflicts?	12b	Yes					
13	Schedule O how this was done	12c	Yes 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		165					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	V					
	The organization's CEO, Executive Director, or top management official	15a	Yes					
D	Other officers or key employees of the organization	15b	Yes					
16a	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							
b	taxable entity during the year?	16a		No				
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ction C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed▶							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply							
	Own website $\square$ Another's website $ ot value U$ Upon request $\square$ 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							
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►MICHAEL J O'CONNOR ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 (203) 752-4822							

(A)

Part VII

(F)

 $\overline{\mathbf{V}}$ 

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

• 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)

(B)

- 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

(C)

(D)

(E)

- 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

Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					son	n compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) CARL A ANDERSON PRESIDENT	3 00 57 00	х		х				0	1,476,961	33,633	
(2) PATRICK E KELLY VICE PRESIDENT	1 00	х		х				0	444,601	42,216	
(3) MICHAEL J O'CONNOR SECRETARY	54 00 1 00	х		×				0	365,671	42,215	
(4) RONALD F SCHWARZ TREASURER	54 00 1 00 54 00	×		х				0	238,987	31,195	
(5) VIRGIL C DECHANT DIRECTOR	1 00	х						0	22,742	0	
(6) MOST REV WILLIAM E LORI DIRECTOR	1 00	х						0	125,000	0	
(7) JOHN A MARRELLA DIRECTOR	1 00	х						0	591,990	33,633	
(8) GRAYDON A NICHOLAS DIRECTOR	1 00	x						0	36,157	0	
(9) THOMAS P SMITH JR DIRECTOR	1 00 54 00	х						0	847,581	42,215	
(10) RONALD J TRACZ ASSISTANT SECRETARY	1 00 54 00			x				0	266,642	28,115	
(11) JOHN J KENNEDY CHIEF FIANCIAL OFFICER	1 00			Х				0	438,087	35,913	
										Form <b>990</b> (2017)	

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations (Wfrom the Individual trustee or director for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensatemployee organizations related Institutional Trustee below dotted organizations employee line) • c Total from continuation sheets to Part VII, Section A . • d Total (add lines 1b and 1c) . . . . . . . . . . . . . 4,854,419 289,135 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes." complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

(A)

Name and business address

Section B. Independent Contractors

compensation from the organization ▶ 1

KARPUS INVESTMENT MANAGEMENT

183 SULLYS TRAIL PITTSFORD, NY 14534

NO
No

(C)

Compensation

Form 990 (2017)

(B)

Description of services

INVESTMENT ADVISORY SERVICES

112,339

		Check if Schedul	le O contains a	respo	onse or note to any						
							<b>A)</b> evenue	( <b>E</b> Relate exer func reve	ed or npt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns 1							Teve	ilue		312-314
	ь	Membership dues		1b							
	С	Fundraising events		1c							
₹ ₹	d	Related organizatio	ons	1d	246,417						
i E	е	Government grants (co	ontributions)	1e							
and Other Similar Amounts	f	All other contributions and similar amounts n above	, gifts, grants, ot included	<b>1</b> f	1,031,645						
and Otl		Noncash contribution in lines 1a-1f \$  Total.Add lines 1a-1									
	<u>                                     </u>	Totali Add IIIIes Ta 1		• •	Busines		,278,062			1	
Program Service Revenue	22.0	SALE OF PAMPHLETS			Dusines	900099		29,372	29,3	72	
4	<b>2</b> a :					300033		23,372	25,5	7.2	
رو ا	b -										
er K	c - d -										
SE	e -										
gra	f A	All other program se	rvice revenue								
ĕ	gТ	otal.Add lines 2a-2i	f		<b>&gt;</b>	29,372					
	<b>3</b> In	nvestment income (i	ncluding divid	ends, ı			1,601,54	7			1,601,54
		milar amounts) . ncome from investm			·	<u> </u>	1,001,54	<u></u>			1,001,34
		oyaltıes				•					
		•	(ı) Real		(II) Personal						
	6a (	Gross rents									
	b	Less rental expenses				-					
		Rental income or (loss)									
	d	Net rental income o	r (loss)			_					
			(ı) Securit	ies	(II) Other						
	f a	Gross amount from sales of assets other than inventory	10,2	29,758							
	b	Less cost or other basis and	9,8	79,079		+					
		sales expenses Gain or (loss)	3	50,679		+					
		Net gain or (loss)			<b>&gt;</b>	1	350,67	9			350,67
ıne	(	Gross income from f (not including \$ contributions reporte		ents of							
Other Revenue		See Part IV, line 18		а							
۳		Less direct expense		b	L						
her		Net income or (loss)		_	ents •						
ŏ		Gross income from g See Part IV, line 19		es							
				а		_					
		Less direct expense		b							
	10a(	Net income or (loss) Gross sales of invent	tory, less	activit	ies •	1					
		returns and allowand		а							
	bЦ	Less cost of goods s	sold	b							
	<u>c</u> 1	Net income or (loss) Miscellaneous		ınvent							
-	11a		Kevenue		Business Code	-					
	u	-									
	ь-										
	c -										
	d Ā	All other revenue .				+					
		Total. Add lines 11a			•	1					
	12 7	<b>Total revenue.</b> See	· Instructions								
							3,259,66	0	29,372		0 1,952,220 Form <b>990</b> (2017

Forr	n 990 (2017)				Page <b>10</b>
	IT IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,177,059	1,177,059		
2	Grants and other assistance to domestic individuals See Part IV, line 22	676,641	676,641		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	250,591	250,591		
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)				
ē	a Management				
Ŀ	D Legal				
c	: Accounting	70,116	70,116		
c	il Lobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees	111,654	111,654		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	136,028	136,028		
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	243,238	243,238		
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)				
	a ITALIAN WELFARE-OPERATI	890,561	890,561		
	b CATH INFO PROG-OTHER	480,176	480,176		
	c CATH INFO PROG-PRINTING	145,051	145,051		
	d GENERAL EXPENSES	38,631	38,631		
	e All other expenses	6,264	6,264		
25	Total functional expenses. Add lines 1 through 24e	4,226,010	4,226,010	0	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)				

Assets

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

31

32

33

34

Assets or 30

Net

Liabilities 22 Page **11** 

53,540 5.194.639

35.366

3,433,945

58.272.623

10.592,954

29.110

233,302

340,484

77.923.079

14.792.555

933.938

16,066,977

57,467,634

3,605,015

61,856,102

77.923.079

Form **990** (2017)

783.453

3.677.183

52.668.309

13,100,487

152.795

292.915

61,216

74,924,987

14.394.758

1.043.596

15,499,570

55.303.261

3.338.703

59,425,417

74.924.987

783.453

10c

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22 23

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34

# Check if Schedule O contains a response or note to any line in this Part IX

		Beginning of year		End of year
1	Cash-non-interest-bearing	137,034	1	
2	Savings and temporary cash investments	4,632,451	2	5,
_	Diadaca and anata manufalla ant		,	

Pledges and grants receivable, net . . 263.813 4 77,600 Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L . . . . .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Notes and loans receivable, net .

6 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 5,780,080 10a basis Complete Part VI of Schedule D 2,346,135 b Less accumulated depreciation 10b 11 Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . . .

Deferred revenue . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Accounts payable and accrued expenses

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets

and other liabilities not included on lines 17-24)

Other liabilities (including federal income tax, payables to related third parties,

Permanently restricted net assets

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Fund Balances 28 29

Page **12** 

2c

3b

Yes

No

Form 990 (2017)

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 6

Form 990 (2017)

**Reconcilliation of Net Assets** 

Part XI

5 7

3.356.951 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9

40,084 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 61,856,102 **Financial Statements and Reporting** 

Part XII Check if Schedule O contains a response or note to any line in this Part XII . . . . Yes No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

separate basis, consolidated basis, or both ☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

consolidated basis, or both Consolidated basis 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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Audit Act and OMB Circular A-133? 3a

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

#### **Additional Data**



Name: KNIGHTS OF COLUMBUS CHARITIES USA INC.

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

THE CATHOLIC INFORMATION PROGRAM - SEE SCHEDULE O

Form 990, Part III, Line 4b: THE ITALIAN WELFARE FUND - SEE SCHEDULE O

### Form 990, Part III, Line 4c: SCHOLARSHIPS - SEE SCHEDULE O

efile	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -		493318014528					
SCI		ULE A		Dublic C	harity Status	and Dub	lic Supp		OMB No 1545-0047			
	m 99		Con	nplete if the org	harity Status ganization is a section 4947(a)(1) nonexer	on 501(c)(3) o	rganization or		2017			
Depart	ment of	f the Treasury	▶ Inf		Attach to Form 9  Schedule A (Form 9  www.irs.go	90 or Form 990 990 or 990-EZ)	)-EZ.	ctions is at	Open to Public Inspection			
Nam	e of th	<del>nie Service</del> he organiza COLUMBUS CE	tion    ARITIES USA I	INC	www.sige	<u>.,</u>		Employer identifica				
(WIOI	15 01	COLOMBOS CI	IARTITES OSA I	iive				41-2140273				
Pal					<b>s</b> (All organizations it is (For lines 1 throu			ee instructions.				
1			•		ociation of churches d	,	,	Δ)(i).				
2		•		·	)(A)(ii). (Attach Sche							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5		An organiza			of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ed in <b>section 170</b>			
6		A federal, s	tate, or local	government or q	governmental unit des	cribed in <b>sectio</b> i	n 170(b)(1)(A	)(v).				
7		section 17	'0(b)(1)(A)	(vi). (Complete	•			nit or from the genera	l public described in			
8			•		170(b)(1)(A)(vi) (	•	,					
9					scribed in <b>170(b)(1)(</b> e instructions Enter tl				ge or university or a			
10		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										
L1		30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
<b>12</b>	<b>✓</b>	_	=	·	exclusively for the ber				purposes of one or			
	_	ın lınes 12a	through 12d	d that describes t	escribed in <b>section 50</b> the type of supporting	organization and	l complete lines	12e, 12f, and 12g				
а		organizatio	n(s) the pow		ted, supervised, or co opoint or elect a major							
b	✓	manageme	nt of the sup		rvised or controlled in tion vested in the sam							
c		Type III f	unctionally	integrated. A su	pporting organization				ed with, its			
d	_		•	, ,	ons) You must comp . A supporting organiz	•			zation(s) that is not			
•	Ш	functionally	integrated	The organization	generally must satisfy in the state of the s	y a distribution re						
е					ed a written determina ntegrated supporting (		S that it is a Ty	oe I, Type II, Type III	functionally			
f	Enter			d organizations	megratea supporting	or garnization		_1				
g	Provi	de the follow	ing informati	ion about the sup	ported organization(s	i						
	_			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
(A) KNIG INC	HTS OF	COLUMBUS C	HARITIES	237227608	7	Yes		3,620,079	C			
Γotal			1					3,620,079				
		work Reduc	-	tice, see the In	tructions for	Cat No 11285	= 5	ichedule A (Form 99				

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part											
III. If the organization fails to qualify under the tests listed below, please complete Part III.)											
Section A. Public Support											
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total					
Gifts, grants, contributions, and											

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	<b>(e)</b> 2017	(f)Total
7	Amounts 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	- ·						
11	<b>Total support.</b> Add lines 7 through						

	line 4								
S	ection B. Total Support								
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f)Total		
7	Amounts 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	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activities, e	tc (see instructio	ns)			12			
13	3 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 <b>stop here</b>					🕨			
S	ection C. Computation of Public			_	•	•			
14	Public support percentage for 2017 (line	e 6, column (f) dı	vided by line 11, o	olumn (f))		14			

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

No

No

No

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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

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) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied

2 За the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a 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 4b supervised 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

No to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a amendment to the organizing document)

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 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

No Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 No

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 No

7 8

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 No

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

	Action (Company)			aye J		
- 6	rt IV Supporting Organizations (continued)		V -	<b>P.</b>		
	Healtha ann ann tagairt an an an tagairt ann ann an tagairt ann ann an tagairt an ann an tagairt an tagairt an		Yes	No		
	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		
b	A family member of a person described in (a) above?	11b		No		
	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		No		
	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization					
	-					
<u></u>	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		165	140		
•	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes			
S	ection D. All Type III Supporting Organizations					
	// 11 2 2		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3				
-	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions)				
	The organization satisfied the Activities Test. Complete line 2 below	,				
	b					
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	ınctrı	-tions)			
	The organization supported a governmental entity Describe in <b>Fart VI</b> now you supported a government entity (see	mstru	-110115)			
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 <b>Part VI identify those supported organizations and explain</b> 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	<b>2</b> a				
	b 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	<b>2</b> L				
3	Parent of Supported Organizations Answer (a) and (b) below.	2b				
	a Did the organizations 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				
	b 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	3h				

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Schedule A (Form 990 or 990-EZ) 2017 Page 8 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 990 Schedule A, Supplemental Information Return Reference Explanation FORM 990, SCHEDULE A. STATUS, LINE 12G EXPLANATION THE TAXPAYER IS A SUPPORTING ORGANIZATION FOR KNIGHTS OF CO REASON FOR NON-PRIVATE LUMBUS CHARITIES, INC ("CHARITIES") AS A SUPPORTING ORGANIZATION, THE TAXPAYER IS ORGANI FOUNDATION ZED TO SUPPORT CHARITIES, AS INDICATED IN TAXPAYER'S ARTICLES OF INCORPORATION IN ADDITIO N, THE TAXPAYER IS SUPERVISED AND CONTROLLED IN CONNECTION WITH CHARITIES TAXPAYER IS OPE RATED 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 COL UMBUS CHARITIES USA, INC EFFECTIVE JANUARY 1, 2005 KNIGHTS OF COLUMBUS CHARITIES USA, IN C 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 FULFI

LLMENT OF ITS PROGRAM SERVICE ACCOMPLISHMENTS

SCHEDULE D Supplemental Fina

## **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.

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

2017

**DLN: 93493318014528**OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization **Employer identification number** KNIGHTS OF COLUMBUS CHARITIES USA INC 41-2140273 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

the organization's accounting for conservation easements

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

Part III

art VIII, line 1

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Pai	t III	Organizations Maintaining Co	ollections of Art, H	istori	cal Tr	eası	ires, or Other !	Similar As:	sets (co	ntınued)	
3		g the organization's acquisition, accessi s (check all that apply)	on, and other records,	check a	any of t	he fo	llowing that are a	significant us	se of its o	collection	
а		Public exhibition		d		Loan	or exchange prog	rams			
b		Scholarly research		е		Othe	r				
С		Preservation for future generations									
4	Provi Part	ide a description of the organization's c XIII	ollections and explain h	now the	y furth	er the	e organization's ex	empt purpos	e in		
5		ng the year, did the organization solicit ts to be sold to raise funds rather than						ılar	☐ Yes	□ No	
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		m 990,	, Part :	IV, lı	ne 9, or reporte	d an amour	nt on Fo	rm 990, P	art
1a		e organization an agent, trustee, custo ded on Form 990, Part X?	dian or other intermedi	ary for	contrib	ution	s or other assets r	not	☐ Yes	☑ No	
b	If "Y	es," explain the arrangement in Part XI	III and complete the fol	lowing	table			An	nount		
c	Begii	nnıng balance					1c				
d	Addı	tions during the year					1d				
e	Dıstr	ibutions during the year					1e				
f	Endi	ng balance					1f				
<b>2</b> a	Did t	the organization include an amount on l	Form 990, Part X, line 2	21, for 6	escrow	or cu	istodial account lia	bility?	✓ Yes	□ No	
b	If "Y	es," explain the arrangement in Part XI	II Check here if the ex	planation	on has	been	provided in Part X	III		. 🗸	
Pa	art V	Endowment Funds. Complete	if the organization a	nswer	ed "Ye	es" or					
	_		(a)Current year	<b>(b)</b> Pr	or year	_		(d)Three year		e)Four years	
	_	ning of year balance	44,207,122		42,387,		43,357,196		74,203		18,258
		butions	150,121 4,308,997		810, 2,464,		161,907 246,303		49,138 23,793		95,983 95,983
		vestment earnings, gains, and losses	, ,				· '	· · · · · · · · · · · · · · · · · · ·			
	Other	expenditures for facilities	1,882,664		1,455,	,599	1,377,919	1,4	89,938	1,40	09,306
f		rograms				+					
		f year balance	46,783,576		44,207,	122	42,387,487	43.3	57,196	42.43	74,203
_		•		// 4			' '	+3,3	37,130	72,77	4,203
2 a		ide the estimated percentage of the cui d designated or quasi-endowment <b>&gt;</b>	97 440 %	(line Ig	, colun	nn (a	)) neid as				
b	Perm	nanent endowment <b>&gt;</b> 1 670 %									
С	Tem	porarily restricted endowment > 0	890 %								
		percentages on lines 2a, 2b, and 2c sho	· ·								
3а		there endowment funds not in the poss nization by	ession of the organizati	on that	are he	eld an	d administered for	the		Yes	No
	_	inrelated organizations							3a(		No
		related organizations							3a(		No
b		es" on 3a(II), are the related organizati	ons listed as required o	n Sche	dule R?	•			31	,	
4	Desc	ribe in Part XIII the intended uses of th	ne organization's endow	ment f	unds						•
Pa	rt VI										
		Complete if the organization ans				_					
	Descr	ription of property (a) Cost or of (investr		or other	basis (o	ther)	(c) Accumulated d	epreciation	(a	) Book value	
1a	Land				500	0,000				Ţ	500,000
b	Buildir	ngs			5,050	0,737		2,169,464		2,8	381,273
c	Leasel	hold improvements									
d	Equip	ment			2:	1,563		21,563			0
e	Other				207	7,780		155,108			52,672
T-4		lines to the such to (Column (d) mount	ogual Form OOO Bart \	/!	nn (D)	line	10(0)				122.045

Part VII Investments—Other Securities. Complete if the	he organization answ	ered "Yes" on Form 99	90, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b) Book value		od of valuation
(including name of security)  (1) Financial derivatives		Cost or end-o	f-year market value
(2) Closely-held equity interests			
(A) INVESTMENT IN CENTRO SPORTIVO CAVALIERI S R L	59,995		С
(B) INVESTMENT IN POLSKA SP	53,975		С
(C) INVESTMENT IN LLCS	10,478,984		F
(D)			
(E) 			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	10,592,954		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on I	Form 990, Part IV, lır	ne 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Meth	od of valuation f-year market value
(1)		Cost of elia-o	1-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered (a) Description		rt IV, line 11d See Form	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization a		rm 990, Part IV, line 1	
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Bo	ook value	
(1) Federal income taxes	(5, 5)		
ACCRUED DONATIONS PAYABLE		551,106	
DUE TO KNIGHTS OF COLUMBUS FOURTH DEGREE FUND		1,123	
DUE TO KNIGHTS OF COLUMBUS, NET		374,106	
DUE TO KNIGHTS OF COLUMBUS CHARITIES, INC		7,603	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	933,938	
2. Liability for uncertain tax positions In Part XIII, provide the text of			
organization's liability for uncertain tax positions under FIN 48 (ASC	740) Check here if the	text or the roothote has b	een provided in Part XIII 🔲

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

7,423,143

4,275,137

3,148,006

111,654

3,259,660

4,944,647

828,099

109.462

4,226,010

Schedule D (Form 990) 2017

4,116,548

2e

4c

2e

3

4c

111.654

57,708

770.391

111,654

-2,192

4b

2a

2b

2c 2d

4a

4b

Explanation

Donated services and use of facilities . . . . . . 2h h 57,708

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c c d Other (Describe in Part XIII ) 2d 860.478

Add lines 2a through 2d . . . . 3 

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 4a

Investment expenses not included on Form 990, Part VIII, line 7b.

Schedule D (Form 990) 2017

Part XI

1

2

3

4

c 5

Part XIII

See Additional Data Table

а

b 5

Amounts included on line 1 but not on Form 990, Part IX, line 25 

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **2a** through **2d** . . . . . . . . .

**Supplemental Information** 

Add lines 4a and 4b . .

Return Reference

Other (Describe in Part XIII ) . . . . . .

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

Page <b>5</b>		Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2017

### Additional Data

Software Version: **EIN:** 41-2140273

> KNIGHTS OF COLUMBUS CHARITIES USA INC. Name:

TIES AND POLICIES ARE CONDUCTED WITHIN THE REQUIREMENTS OF IRC SECTION 501(C)(3)

TATEMENT OF FINANCIAL POSITION, KNIGHTS OF COLUMBUS MATCHES FUNDS IN ACCORDANCE WITH A PRE SCRIBED FORMULA ALL DEPOSITS ARE MANAGED IN ACCORDANCE WITH RULES OF THE CHRISTOPHER FUND AND PURSUANT TO THE POLICIES ESTABLISHED BY THE BOARD OF GOVERNORS ALL MANAGEMENT ACTIVI

Supplemental Information

S AND THEREFORE CONSIDERED AGENCY TRANSACTIONS REPORTED AS AN ASSET AND LIABILITY IN THE S

PART IV, LINE 2B

Software ID:

Return Reference Explanation THE CHRISTOPHER FUND RECEIVES FROM STATE COUNCILS DEPOSITS FROM WHICH THE EARNINGS ARE DES IGNATED FOR CERTAIN CHARITABLE RECIPIENTS SUCH DESIGNATIONS ARE DEEMED TO BE DONOR OPTION

Supplemental Information							
Return Reference	Explanation						
PART V, LINE 4	FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE INCLUDING DONOR STIPULATIONS THE FUNDS ARE RESTRICTED GIFTS AND NOT DONOR-ADVISED FUNDS						

Supplemental Information Return Reference Explanation DECONSOLIDATE ACTIVITIES OF CENTRO SPORTIVO CAVALIERI S R L 667,946 DECONSOLIDATE ACTIVITIES PART XI, LINE 2D - OTHER ADJUSTMENTS OF POLSKA SP 192,532

Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER DECONSOLIDATE ACTIVITIES OF CENTRO SPORTIVO CAVALIERI S R L 575,337 DECONSOLIDATE ACTIVITIES ADJUSTMENTS OF POLSKA SP 195.054

Supplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -2,192						

Supplemental Information Return Reference Explanation lacksquare THERE IS NO FIN 48 NOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE ORGANIZATION HA PART X, LINE 2 S NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)

	IC - DO NOT I	PROCESS	As Filed Data -			DLN:	93493318014528
SCHEDULE F (Form 990)	State	ement of	Activities (	Outside the Uni	ted St	ates	OMB No 1545-0047
(FOIIII <del>99</del> 0)	► Compl	lete if the organ		res" to Form 990, Part IV, I o Form 990.	ıne 14b, 15	, or 16.	2017
Department of the Treasury Internal Revenue Service	▶ Informa	tion about Sche		and its instructions is at wi	/w.irs.gov/	form990.	Open to Public Inspection
Name of the organizatio		4.7116				Employer iden	tification number
KNIGHTS OF COLUMBUS	CHARITIES US	A INC				41-2140273	
	Information , Part IV, line		s Outside the U	<b>Inited States.</b> Comple	te if the o	organization a	nswered "Yes" to
1 For grantmake	r <b>s.</b> Does the or	ganızatıon ma	intain records to	substantiate the amount	of its gra	nts and	
	-	•	he grants or assis	stance, and the selection	criteria u	sed	
to award the gra	nts or assistan	ce?					☑ Yes ☐ No
2 For grantmake outside the Unite		Part V the org	janization's proce	dures for monitoring the	use of its	grants and otl	ner assistance
3 Activites per Regi	on (The followin	ng Part I, line 3	table can be dupli	cated if additional space is	needed )		
(a) Region	1	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program s	ry listed in (d) is a ervice, describe ific type of (s) in region	(f) Total expenditures for and investments in region
( 1) See Add'l Data				• ,			
( 2)							
( 3)							
(4)							
( 5)							
3a Sub-total b Total from continue Part I c Totals (add lines 3			0 0				1,255,122 0 1,255,122

-	and EIN (if applicable)		-	-	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)		EUROPE	GENERAL SUPPORT	185,000	CHECK	0	N/A	N/A
( 2)								

Schedule F (Form 990) 2017

(3) (4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . .

Page 2

(17)

( 18)

	ther Assistance to duplicated if addition			ed States. Complete if	the organization ar	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance		(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHEDULE O (EXPLANATION FOR 990 PART III, LINE 4C)	NORTH AMERICA	58	65,591	CHECK	0	N/A	N/A
(2)							
(3)							
(4)							
( 5)							
( 6)							
(7)							
(8)							
(9)							
( 10)							
( 11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	rt 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)	☐Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	Yes	<b>☑</b> 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)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	<b>☑</b> 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)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	<b>☑</b> No
	Schedul	e F (Form 9	990) 2017

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)

	any additional information (see instructions).
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 OF ELIGIBILITY SCHOLARSHIP GRANTS TO INDIVIDUAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION 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 ORGANIZATION

#### **Additional Data**

(a) Region

#### Software ID: Software Version:

**EIN:** 41-2140273

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

EIN: 41-21402/

Form 990 Schedule F Part I - Activities Outside The United States

	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
NORTH AMERICA	0		SCHOLARSHIPS TO RECIPIENTS LOCATED IN CANADA	SCHOLARSHIPS	65,591
EUROPE	0		GRANT TO AN ORGANIZATION LOCATED IN THE VATICAN CITY	GRANTMAKING	185,000

STATE

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) **EUROPE** 0 PROGRAM SERVICES 890.561 IOPERATION OF LOCATED IN ROME, ITALY PLAYGROUNDS EUROPE 0 INVESTMENTS 113,970

efile GRAPHIC pr	int - DO	NOT PROCESS	As Filed Data -					DLI	N: 934933180	14528
Schedule I (Form 990)  Department of the Treasury Internal Revenue Service	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.  Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.							O	2017 Open to Public Inspection	
Name of the organization KNIGHTS OF COLUMBU	JS CHARIT	IES USA INC						•	ation number	
Part I Genera	l Inform	ation on Grants	and Assistance				41-2.	140273		
the selection crit  Describe in Part  Tart II Grants a	teria used t IV the orga nd Other A	o award the grants anization's procedui Assistance to Dom	or assistance? res for monitoring the us nestic Organizations a	se of grant funds in the Uind Domestic Governme	nited States	for the grants or assistant		Part IV, line	✓ Yes 21, for any recip	□ <b>No</b>
(a) Name and add organization or governmen	lress of	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descr noncash as		(h) Purpose o or assistance	f grant
(1) See Additional Dat	a									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
3 Enter total numb	per of other		d in the line 1 table .	s listed in the line 1 table				. •	edule I (Form 990	23

(2) (3) (4)

(5) (6) (7) Supplemental Information. Provide the information required in Part I. line 2: Part III, column (b); and any other additional information. Part IV Return Reference Explanation PART I, LINE 2

Schedule I (Form 990) 2017

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

Page **2** 

#### **Additional Data**

KNIGHTS OF COLUMBUS CHARITIES INC PO BOX 681 KANKAKEE, IL 60901

KNIGHTS OF COLUMBUS

INC PO BOX 280

CHARITIES AID FOUNDATION

LA CROSSE, KS 675480280

# Software ID: **Software Version:**

48-0698354

**EIN:** 41-2140273

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

6,683

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	Γ

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	cash assistance	(f) Method (book, FMV oth
ILLINOIS STATE COUNCIL	51-0194196	501(C)(3)	13,086	0	N/A

0 N/A

N/A

N/A

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

GENERAL SUPPORT

GENERAL SUPPORT

MV, appraisal, ther)

501(C)(3)

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 52-2381871 501(C)(3) 6,177 0 N/A IN/A GENERAL SUPPORT BISHOP CHARLES P GRECO MEMORIAL FOUNDATION PO BOX 51166 2006 WEST

PINHOOK ROAD ROAD LAFAYETTE, LA 70505							
MASSACHUSETTS STATE COUNCIL CHARITY FUND 470 WASHINGTON STREET	04-0616108	501(C)(3)	9,328	0	N/A	N/A	GENERAL SUPPORT

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

SUITE 6

NORWOOD, MA 02062

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38-1368326 501(C)(3) 12.531 O N/A IN/A BOYSVILLE OF MICHIGAN INC IGENERAL SUPPORT 8759 CLINTON-MACON ROAD CLINTON, MI 49236 23-7112691 501(C)(3) 7.680 O N/A N/A COLUMBIAN CHARITIES OF IGENERAL SUPPORT

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

MISSOURT INC

12320 EAST 59TH TERRACE KANSAS CITY, MO 64133

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 11.596 O N/A IN/A NEW JERSEY COLUMBIAN 20-0603198 IGENERAL SUPPORT CHARITIES INC 172 MAIN STREET

WEST ORANGE, NJ 070525605

NEW YORK STATE COUNCIL KNIGHTS OF COLUMBUS CHARITIES INC

NAME OF COLUMBUS CHARITIES INC

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

4027 DOUGLASTON PARKWAY DOUGLASTON, NY 113631506

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C)(3) 10.805 0 N/A IN/A OHIO STATE COUNCIL 34-6564739 GENERAL SUPPORT KNIGHTS OF COLUMBUS CHARITY FOUNDATION 202 BOHL DRIVE MARIETTA, OH 457505340

0 N/A N/A PENNSYLVANIA STATE 26-0315132 501(C)(3) 8,914 IGENERAL SUPPORT COUNCIL KNIGHTS OF COLUMBUS EDUCATIONAL FOUNDATION INC

800 NORTH STREET MCSHERRYSTOWN, PA 17344

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 74-1756429 501(C)(3) 18.674 0 N/A IN/A TEXAS STATE COUNCIL GENERAL SUPPORT CHARITIES 6633 HIGHWAY 290 EAST SUITE 204 AUSTIN. TX 787231157

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

30 EAST 7TH STREET ST PAUL, MN 55101

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 52-1547103 501(C)(3) 11.250 O N/A IN/A IGENERAL SUPPORT JOHN PAUL II SHRINE AND INSTITUTE INC

ONE COLUMBUS PLAZA NEW HAVEN, CT 06510							
BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION	53-0196626	501(C)(3)	65,000	0	N/A	N/A	GENERAL SUPPORT

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

400 MICHIGAN AVENUE NE WASHINGTON, DC 200171566

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 53-0196583 501(C)(3) 110.000 O N/A IN/A THE CATHOLIC UNIVERSITY OF IGENERAL SUPPORT AMERICA 620 MICHIGAN AVENUE NE

IGENERAL SUPPORT

WASHINGTON, DC 20064 ALBERTUS MAGNUS COLLEGE 06-0646520 501(C)(3) 8.000 O N/A IN/A

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

700 PROSPECT STREET NEW HAVEN, CT 06511

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 06-1271712 501(C)(3) 9.000 O N/A IN/A SACRED HEART ACADEMY IGENERAL SUPPORT 265 BENHAM STREET HAMDEN, CT 06514 06-0653077 501(C)(3) 9,000 O N/A N/A GENERAL SUPPORT LAURALTON HALL ACADEMY OF OUR LADY OF MERCY

200 HIGH STREET MILFORD, CT 06460

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-3659193 501(C)(3) 13.250 O N/A IN/A IGENERAL SUPPORT FLORIDA KNIGHTS OF COLUMBUS CHARITIES INC 1550 WESTFORD DRIVE NORTH PALM HARBOR, FL 34683 N/A NOTRE DAME HIGH SCHOOL 06-0646748 501(C)(3) 9,000 O N/A GENERAL SUPPORT

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

1 NOTRE DAME WAY WEST HAVEN, CT 06516

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 53-0196616 501(C)(3) 25.000 O N/A IN/A GENERAL SUPPORT NATIONAL CATHOLIC EDUCATIONAL ASSOCIATION

1005 NORTH GLEBE ROAD SUITE 525 ARLINGTON, VA 22201							
ARCHDIOCESE FOR THE MILITARY SERVICES USA	13-1624090	501(C)(3)	534,583	0	N/A	N/A	GENERAL SUPPORT

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

1025 MICHIGAN AVENUE NE

WASHINGTON, DC 20017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 9.536 O N/A IN/A WISCONSIN KNIGHTS OF 42-1654056 GENERAL SUPPORT COLUMBUS CHARITIES INC 4297 WEST BELTINE HIGHWAY

MADISON, WI 537113859

efil	e GRAPHIC pr	rint - DO NOT PROCESS	DLN: 9349	331	8014	528
Sch	edule J	Compensation Information	ОМВ	No	1545-0	047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highe	st			
		Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 23.	2(1	17	7
		► Attach to Form 990.				
	tment of the Treasury al Revenue Service	► Information about Schedule J (Form 990) and its instructions is a <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .			o Pul ectio	
Nar	ne of the organiza		nployer identificatio	_		
KNI	GHTS OF COLUMBUS	S CHARITIES USA INC 41	2140273			
Pa	rt I Questi	ons Regarding Compensation				
					Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a person listed o Section A, line 1a Complete Part III to provide any relevant information regarding these i				
	First-class	s or charter travel Housing allowance or residence for per	sonal use			
	_	r companions $\square$ Payments for business use of personal				
		Inification and gross-up payments Health or social club dues or initiation in				
	☐ Discretion	nary spending account $\square$ Personal services (e g , maid, chauffeu	r, cner)			
b		oxes in line 1a are checked, did the organization follow a written policy regarding paymen all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all		2		
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a	1'			
3		If any, of the following the filing organization used to establish the compensation of the				
		CEO/Executive Director  Check all that apply  Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain in P	art III			
		Hent compensation consultant  Written employment contract  Compensation survey or study				
		of other organizations  Of other organizations  Approval by the board or compensation	n committee			
4	During the year related organiza	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing ation	g organization or a			
-	_	rance payment or change-of-control payment?		4a		No
a b		or receive payment from, a supplemental nonqualified retirement plan?	<b>—</b>	4b	Yes	110
c	•	or receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part $ m II$	ı			
_		3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  Ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
5		contingent on the revenues of				
а	The organization	in?		5a		No
b	Any related orga	anization?		5b		No
	If "Yes," on line	e 5a or 5b, describe in Part III				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of				
а	The organization	n <sup>2</sup>		6a		No
b	Any related orga			6b		No
	•	e 6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed described in lines 5 and 67 If "Yes," describe in Part III		7		No
8		unts reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," desc	rıbe			
9		8, did the organization also follow the rebuttable presumption procedure described in Re-	gulations section	9		No_
For I		uction Act Notice, see the Instructions for Form 990. Cat. No. 500	53T Schedule 1 (I		000)	2017

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)(I)-(III) 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-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 CARL A ANDERSON 0 (i) 0 0 0 0 0 0 PRESIDENT 900,052 363,050 213,859 8,100 25,533 1,510,594 (ii) 2 PATRICK E KELLY 0 (i) 0 0 0 0 0 0 VICE PRESIDENT 290,504 57,851 96,246 486,817 0 8,100 34,116 (ii) 3 MICHAEL J O'CONNOR 0 (i) 0 0 0 0 0 0 SECRETARY 250,096 70,950 44,625 8,100 34,115 407,886 0 (ii) 4 RONALD F SCHWARZ 0 (i) 0 0 0 0 0 0 TREASURER 188,699 23,640 26,648 5,661 25,534 270,182 0 (ii) 5 JOHN A MARRELLA 0 (i) 0 0 0 0 0 0 DIRECTOR 368,769 121,750 101,471 8,100 25,533 625,623 0 (ii) 6 THOMAS P SMITH JR 0 (i) 0 0 0 0 0 0 DIRECTOR 469,736 135,250 242,595 8,100 34,115 889,796 0 (ii) 7 RONALD J TRACZ 0 (i) 0 0 0 0 0 0 ASSISTANT SECRETARY 211,181 10,643 2,582 25,533 294,757 0 (ii) 44,818 8 JOHN J KENNEDY 0 (i) 0 0 0 0 0 0 CHIEF FIANCIAL OFFICER 384,769 750 52,568 8,100 27,813 474,000 0 (ii)

	<u> </u>							
Part IIII Supplemental Info	Part III Supplemental Information							
Provide the information, explanation	rovide 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							
Return Reference	Explanation							
PART I, LINE 3	ALL 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 2017, 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 WHICH IS WITHIN THE COMPARABLE MARKET DATA							
PART I, LINE 4B	CARL A ANDERSON \$193,171 PATRICK E KELLY 6,274 MICHAEL J O'CONNOR 41,115 RONALD F SCHWARZ 23,116 JOHN A MARRELLA 97,530 THOMAS P							

Page 3

Schedule J (Form 990) 2017

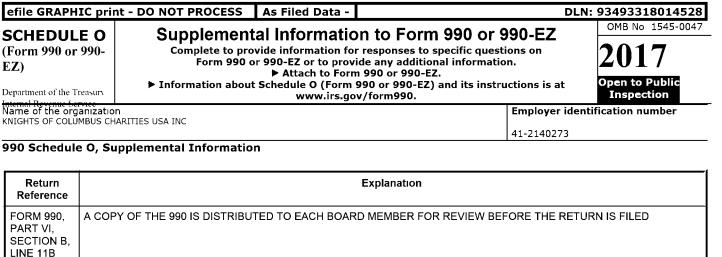
Schedule J (Form 990) 2017

SMITH, JR 232,600 KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR BENEFITS LOST IN THE TAX-QUALIFIED RETIREMENT PLAN 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)

THE ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES. KNIGHTS OF COLUMBUS PROVIDES ADMINISTATIVE SUPPORT TO ASSIST WITH THE DAY-TO-DAY

SCHEDULE J, PART I OPERATIONS WITHOUT CHARGE



Return Explanation
Reference

FORM 990,	ON AN ANNUAL BASIS ALL BOARD MEMBERS AND TOP MANAGEMENT OFFICIALS ARE REQUIRED TO FILL OUT A
PART VI,	CONFLICT OF INTEREST QUESTIONNAIRE ALL POTENTIAL ISSUES ARE REVIEWED AND RESOLVED BY THE
SECTION B,	SECRETARY'S OFFICE IN CONJUNCTION WITH THE CHIEF COMPLIANCE OFFICER AND THE INTERNAL AUDIT
LINE 12C	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 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 2017, 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 WHICH IS WITHIN THE COMPARABLE MARKET DATA

Return Explanation
Reference

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

Return Explanation

PART VII,	IN THE COURSE OF AN ADMINISTRATIVE REVIEW OF ITS RECORDS, THE SOCIETY, A RELATED ORGANIZATION,
SECTION A	FOUND AN HISTORICAL REPORTING ERROR REGARDING THE STIPEND PAID TO SUPREME CHAPLAIN WILLIAM LORI
	SUPREME CHAPLAIN WILLIAM LORI RECEIVED A STIPEND IN RECENT YEARS SIMILAR TO THE 2017 AMOUNT, BUT
	THOSE AMOUNTS WERE ERRONEOUSLY NOT INCLUDED AS SUCH ON THE FORM 990 ALL RELATED TAX MATTERS
	HAVE BEEN APPROPRIATELY ADDRESSED

Return Explanation

Reference	
FORM 990,	DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -2,192 NET CHANGE DUE TO FLUCTUATIONS IN
PART XI,	FOREIGN CURRENCY YEAR END EXCHANGE RATES 42,276
LINE 9	

Return Reference

THE PRODUCTION AND DISTRIBUTION OF FILMS, A CORRÉSPONDENCE COURSE ON THE BASIC BELIEFS CATHOLICS, AND INDIVIDUAL RESPONSES TO THOSE WHO SEEK CONFIDENTIAL COUNSEL IT IS IMPOSS	itetarii itererenee	Explanation
IMPRESSIVE STATISTICS SHOWING OVER 9 MILLION INQUIRIES AND MORE THAN 800,000 ENROLLMENTS THE HOME STUDY COURSES OVER THE YEARS INDICATE THE WIDE INTEREST AND POPULARITY OF THE	LINE 4A, PROGRAM SERVICE	PART III, ROGRAM 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 STUDYING

Explanation

Return Reference Explanation

FORM 990, PART III,	THE ITALIAN WELFARE FUND - THE KNIGHTS ESTABLISHED FIVE PLAYGROUNDS IN PRIOR YEARS ALL OF
LINE 4B, PROGRAM	WHICH ARE LOCATED IN ROME, ITALY, WHICH ARE USED BY BOYS AND GIRLS THE AFOREMENTIONED
SERVICE	COSTS INCLUDE THE ANNUAL OPERATING COSTS OF THE PLAYGROUNDS THESE RECREATION CENTERS

ACCOMPLISHMENTS INCLUDE FIELDS FOR SPORTS, A GYMNASIUM AND OTHER BUILDINGS

	-
Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	SCHOLARSHIPS - FRANCIS P MATTHEWS AND JOHN E SWIFT EDUCATIONAL TRUST FUND - IN 1944, THE KNIGHTS ESTABLISHED ITS MILLION-DOLLAR EDUCATIONAL TRUST FUND TO PROVIDE A COLLEGE EDUCAT ION TO THE CHILDREN OF MEMBERS WHO WERE KILLED OR PERMANENTLY AND TOTALLY DISABLED IN WORL D WAR II LATER THIS BENEFIT WAS EXTENDED TO CHILDREN OF MEMBERS WHO WERE KILLED OR DISABLE DIN THE KOREAN AND VIETNAM WARS THE BENEFITS WERE FURTHER EXTENDED TO INCLUDE THE PERSI AN GUIF CONFLICT AND MILITARY CONFLICTS IN IRAQ, AFGHANISTAN IN 1970, THIS P RIVILEGE 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 ACCIDE NTAL DEATH OR TOTAL AND PERMANENT DISABILITY AS A RESULT OF AN ACCIDENT WHILE ACTIVELY ENG AGED DURING THEIR INCUMBENCY ON BUSINESS OF KNIGHTS OF COLUMBUS THESE SCHOLARSHIPS INCLUDE T UTITION, ROOM AND BOARD TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2017-201 8 ACADEMIC YEAR IS 7 AMOUNTING TO \$78,138 FOURTH DEGREE PRO DEO AND PRO PATRIA SCHOLARSHIP PROGRAM. UNDER THE CURRENT PROVISIONS OF THE PROGRAM, THE SONS OR DAUGHTERS OF MEMBERS IN GO OD STANDING OR WHO WERE SO AT THE TIME OF THEIR DEATH TWILL SCHOLARSHIPS MAY BE USED AT A CATHOLIC COLLEGE OF THE RECIPIENT'S CHOICE WITH COLLMBIAN 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 SATISFA CTORY ACADEMIC PERFORMANCE TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS AND THE RECIPIENT'S CHOICE WITH COLLMBIAN SQUIRES RECEIVING PREFERENCE ON TWO OF THOSE FIFTY THE SCHOLARSHIPS ARE COMPETITIVE AND ARE AWARDED FOR ONE YEAR AND ARE RENEWAB

	Explanation  ERE WERE NO SCHOLARSHIPS AWARDED FOR THE 2017-2018 ACADEMIC YEAR AS THERE WERE NO LICATIONS RECEIVED FATHER MICHAEL J MCGIVNEY VOCATIONS SCHOLARSHIP FUND - EFFECTIVE
SERVICE ACCOMPLISHMENTS  DECE SCHO FATHE COLUI COLUI PROG TO BE RELIG ORDE SCHO RENE TOTAI AMOU ESTAE TO BE KNIGH THE F COLLE COLLE THE S COUN THE S TO OT ABLE SUBJE RECE AND A RECE TO PR CORN TO SC SCHO	EMBER 31, 1999, KNIGHTS OF COLUMBUS CHARITIES, INC VOTED TO DIVIDE THE VOCATION DLARSHIP FUND TO TWO PARTS, KNOWN AS THE KNIGHTS OF COLUMBUS VOCATIONS FUND AND LER MICHAEL J MCGIVNEY VOCATIONS SCHOLARSHIP FUND THE EARNINGS OF THE KNIGHTS OF JIMBUS VOCATIONS FUND ARE TO BE USED TO PROVIDE MATCHING FUNDS TO LOCAL KNIGHTS OF JIMBUS VOCATIONS FUND ARE TO BE USED TO PROVIDE MATCHING FUNDS TO LOCAL KNIGHTS OF JIMBUS UNITS THAT PART ICIPATE IN THE KNIGHTS OF COLUMBUS REFUND SUPPORT VOCATIONS SRAM THE EARNINGS FROM THE FATHER MICHAEL J MCGIVNEY VOCATIONS SCHOLARSHIP FUND ARE EUSED FOR THE DIRECT BENEF IT OF STUDENTS STUDYING FOR THE PRIESTHOOD IN A DIOCESAN OR GIOUS SEMINARY AND OF THOSE STUDENTS WHO HAVE BEEN FORMALLY ACCEPTED BY A RELIGIOUS SER OR CONGREGATION WITH A COM MITMENT TOWARD A RELIGIOUS PROFESSION THESE DULARSHIPS, WHICH INCLUDE TUTION AND ROOM AND BOARD, ARE AWARDED FOR ONE YEAR AND ARE EWABLE FOR A MAXIMUM OF FOUR YEARS UPON EVI DENCE OF CONTINUED ENROLLMENT AND NEED ALL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2017-2018 ACADEMIC YEAR IS 96 JUNTING TO \$196,250 VIRGIL C AND ANN L DECHANT SCH OLARSHIP FUND - THE FUND WAS IBLISHED IN 1996 BY KNIGHTS OF COLUMBUS CHARITIES, INC. THE EARNINGS FROM THIS FUND ARE EUSED TO PROVIDE SCHOLARSHIPS TO MEMBERS OR SONS OR DAU GHTERS OF MEMBERS OF HITS OF COLUMBUS THE SCHOLARSHIPS ARE TO BE AWARDED TO ELIGIBLE R ECIPIENTS ATTENDING FOLLOWING SCHOOLS THOMAS MORE PREPARATORY HIGH SCHOOL, HAYS, KANS AS, PONTIFICAL EGE JOSEPHINUM, WORTHINGTON, OHIO, NORTH AMERICAN COLLEGE, ROME, ITALY, AND NEWMAN LEGE, WICHITA, KANSAS, OR ANY OTHER CATHOLIC SCHOOLS AS APPROVED BY THE TRU STEES OF SCHOLARSHIPS PROVIDED ARE NOT EQUAL TO THE EARNINGS OF THE FUND, GRANTS MAY BE GIVEN TO RESIDENTS OF RUSH NITY, KANSAS AND SEMINARIANS FROM THE DIOCESE OF DODGE CITY, KANSAS IN ANY YEAR THAT SCHOLARSHIPS PROVIDED ARE NOT EQUAL TO THE EARNINGS FROM THIS FUND ARE EVEN THE SCHOLARSHIPS ARE AWARDED FOR ONE YEAR AND ARE RENEW FOR EACH YEAR OF UNDERGRADUATE OR PREPARATORY STUDY TO A TOTAL OF FOUR

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	TO GRADUATING STUDENTS CONTINUING THEIR EDUCATION AT A FOUR-YEAR UNIVERSITY PROGRAM IN THE YEAR IMMEDIATELY FOLLOWING GRADUATION IN ADDITION, FIFTEEN SCHOLARSHIPS SHALL BE AWARDE DEACH YEAR TO GRADUATING STUDENTS CONTINUING THEIR EDUCATION AT A TWO OR THREE YEAR COLLE GE 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 2017-2018 ACADEMIC YEAR IS 58 AMOUNTING TO \$65,591 ESTATE OF PERCY JOHNSON SCHOLARSHIPS IN THE BOARD OF GOVERNORS OF KNIGHTS OF COLUMBUS CHARITIES, INC VOTED THAT SCHOLA RSHIPS AWARDED FROM THE EARNINGS OF THE BEQUEST RECEIVED FROM THE ESTATE OF PERCY JOHNSON SCHOLARSHIPS WARDED FROM THE EARNINGS OF THE BEQUEST RECEIVED FROM THE ESTATE OF PERCY JOHNSON BE IN CONFORMANCE WITH THE RULES GOVERNING THE FOURTH DEGREE PRO DEO AND PRO PATRIA SCH OLARSHIP PROGRAM WITH THE UNDERSTANDING THAT THEY BE MADE AVAILABLE BASED UPON NEED TO YOU NG MEN ATTENDING CATHOLIC COLLEGES OR UNIVERSITIES IN THE UNITED STATES TOTAL STUDENTS CU RRENTLY RECEIVING SCHOLARSHIPS IN THE 2017-2018 ACADEMIC YEAR IS 23 AMOUNTING TO \$30,000 BISHOP THOMAS V DAILY VOCATIONS SCHOLARSHIP FUND - THE FUND WAS ESTABLISHED IN 1998 BY KN IGHTS OF COLUMBUS CHARITIES, INC THE EARNINGS FROM THIS FUND ARE TO BE USED TO PROVIDE SC HOLARSHIPS FOR SEMINARIANS OFFICIALLY ENROLLED WITH ECCLESIASTICAL APPROVAL IN MAJOR SCHOOLS OF THEOLOGY THE SCHOLARSHIPS ARE AWARDED ANNUALLY TO STUDENTS IN THE FIRST FOUR YEARS UPON EVID ENCE OF CONTINUED ENROLLMENT TOTAL STUDENTS IN THE FIRST FOUR YEARS UPON EVID ENCE OF CONTINUED ENROLLMENT TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN THE 2017-2018 ACADEMIC YEAR IS 26 AMOUNTING TO \$525,500 JOHN W MCDEVITT (FOURTH DEGREE) SCHOLARSHIP FUND - THE FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS, BASED ON ACADEMIC EXCELLENCE, TO MEMBERS OF KNIGHTS OF COLUMBUS CHARITIES, INC THE EARNI NGS FROM THIS FUND AR

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 2017-2018 ACADEMIC YEAR IS 14 AMOUNTING TO \$20,250 FATHER MCGIVNEY FUND FOR ADVANCED STUDIES FOR PRIESTS IN PUERTO RICO - THE FUND WAS ESTABLISHED IN 1990 BY KNIGHTS OF COLUMBUS CHARITIES, INC THE EARNINGS FROM THIS FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS FOR PRIESTS IN PUERTO RICO PURSUING ADVANCED STUDIES AT UNIVERSITIES IN ROME THAT ISSUE PONTIFICIAL DEGREES OR AT THE PONTIFICAL JOHN PAUL II INSTITUTE FOR STUDIES ON MARRIAGE AND FAMILY IN WASHINGTON, D C ONE STUDENT IS CURRENTLY RECEIVING A SCHOLARSHIP IN THE 2017-2018 ACADEMIC YEAR AMOUNTING TO \$5,503 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 2017-2018 ACADEMIC YEAR IS 10 AMOUNTING TO \$15,000

Return

Reference	·
FORM 990,	THE FOLLOWING SUMMARY OF EDUCATIONAL AND CHARITABLE CONTRIBUTIONS ARE FOR THE PURPOSE FOR
PART III,	WHICH THE ORGANIZATION IS EXEMPT RESEARCH IN CATHOLIC EDUCATION \$ 200,000 RELIGIOUS EDUCATIONAL
LINE 4D,	AND CHARITABLE INSTITUTIONS FOR SCHOLARSHIPS AND GENERAL ASSISTANCE 918,833 GREATER NEW HAVEN
OTHER	AREA CATHOLIC HIGH SCHOOLS 27,000 CHURCH AND CHARITABLE RELATED ORGANIZATIONS 216,226 T O T A L \$
PROGRAM	1,362,059 THE HISTORIC SITES FUND WAS ESTABLISHED TO PROVIDE FUNDS FOR THE EXTRAORDINARY UPKEEP
SERVICES	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 \$ 6,264 GENERAL EXPENSES ALLOCATED TO PROGRAM SERVICES 38,631 VILLA MARIA GUADALUPE
I	PROGRAM 379.266 INVESTMENT MANAGEMENT FEES 111.654 ACCOUNTING FEES 70.116 T O T A L \$ 605.931

Explanation

Return Reference Explanation

FORM 990, PART III,

STMT OF PROGRAM

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

SERVICE INC ADMINISTERS THESE FUNDS AS PART OF ITS SUPPORTIVE ROLE OF KNIGHTS OF COLUMBUS

ACCOMPLISHMENTS, CHARITIES, INC IN FURTHERANCE OF KNIGHTS OF COLUMBUS CHARITIES, INC 'S EXEMPT PURPOSE AND IN
LINES 4A - 4D FULFILLMENT OF ITS PROGRAM SERVICE ACCOMPLISHMENTS

Return Explanation
Reference

FORM 990,	KNIGHTS OF COLUMBUS CANADA CHARITIES, INC 'S EXEMPT CODE SECTION CANADA CHARITIES IS EXEMPT FROM
SCHEDULE	FEDERAL TAXATION IN CANADA UNDER PARAGRAPH 149(1)(F) OF THE INCOME TAX ACT AND IS DESIGNATED AS A
R, PART II,	"PUBLIC FOUNDATION" PER PARAGRAPH 149 1(6 3) OF THE ACT
COLUMN D	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

Name of the organization KNIGHTS OF COLUMBUS CHARITIES USA INC

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

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

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

OMB No 1545-0047

DLN: 93493318014528

Open to Public Inspection

**Employer identification number** 

41-2140273

Part I Identification of Disregarded Entities Comp	olete If the organ	ızatıon answei	ed "Yes	" on Form 9	990, Part	IV, line 3	3.					
(a)  Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary acti	vity	(c) Legal domic or foreign o	ıle (state	<b>(d)</b> Total inc	ome	(e) End-of-year as	ssets	<b>(f)</b> Direct con entit	trolling	
Part II Identification of Related Tax-Exempt Organ	izations Comple	ate if the organ	nization	answered "	Vas" on F	orm 990	Part I'	V line 34 he	CAUSE I	t had one or n	nore	
related tax-exempt organizations during the tax		ite ii tile orgal	lization	alisweieu	ies on r	Jilli 990,	raiti	v, lille 34 be	cause i	t flad offe of f	liore	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity		(c) omicile (state ign country)	cile (state   Exempt Code section   Public charity status   Direct co		(f) ect controlling entity	Section (13) co	g) n 512(tontrolle			
(1)KNIGHTS OF COLUMBUS	FRATERNAL	RENEETT		СТ	501(C)(8)						Yes	No No
ONE COLUMBUS PLAZA	ORGANIZAT			CI	301(0)(0)				N/A			100
NEW HAVEN, CT 065103326 06-0416470									'''			
(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	ESTABLISHE RELIGIOUS, AND EDUCA	CHARITABLE,		CT 501(C)		501(C)(3)			KNIGHT	S OF COLUMBUS	Yes	
NEW HAVEN, CT 065103326 23-7227608	PURPOSES											
(4)JOHN PAUL II SHRINE AND INSTITUTE INC ONE COLUMBUS PLAZA	OPERATION EDUCATION AND A MUSE	AL INSTITUTE	DC		501(C)(3)		2		KNIGHTS OF COLUMBUS		Yes	
NEW HAVEN, CT 065103326 52-1547103	7.110 7.11032	.011										
(5)KNIGHTS OF COLUMBUS CANADA CHARITIES INC 1843 TRAPPERS AVE WINDSOR ON, ONTARIO N8P 1T1 CA	ESTABLISHE RELIGIOUS, AND EDUCA PURPOSES	CHARITABLE,		CA	SEE SCHD	0			KNIGHT	S OF COLUMBUS	Yes	
or Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Ca	t No 50135	Y		1		Sche	dule R (Form 9	990) 2	017

					514)			Yes	No		\ <del>\</del>	T-:-				
						1	1				Yes	No				
			-													
											<del> </del>					
											$\vdash$			_		
											<u> </u>					
rt IV Identification of Related Orga because it had one or more relate							inswered "Ye	s" on F	orm 99	90, Part IV,	, line	34				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	do (state	(c) _egal omicile or foreign ountry)	Direc	(d) t controlling entity	(e) Type of entity (C corp, S cor or trust)	Share of total	Il Share	(g) e of end-o year assets	of-Percel	ntage	(:	(ı) Section ( 13) con entit	512 itrol ty?		
ENTRO SPORTIVO CAVALIERI SRL	OPERATION OF		IT				HTS OF	С	92,609	19	519,07	076 100 0	00 %		<b>Yes</b> Yes	N
E ANGELICO 38 E	PLAYGROUNDS			COLU CHAR INC	COLUMBUS CHARITIES USA INC											
OF C POLSKA SP OMANIEWSKA 47/10 SZAWA	ADMINISTER THE OPERATIONS OF WORLD YOUTH DAY		PL	COLU	HTS OF MBUS ITIES USA	С	-2,52	22	-39,05	59 100 00	00 %		Yes			
													$\longrightarrow$			

Sche	dule R (Form 990) 2017		Pa	age <b>3</b>
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
ь	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	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)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
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	$\vdash$	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No

j Lease of facilities, equipment, or other assets to related organization(s)	•	1,	100
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)		11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	J	1m Ye	es
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n Ye	es
o Sharing of paid employees with related organization(s)		10	No
p Reimbursement paid to related organization(s) for expenses		1p Y	es
<b>q</b> Reimbursement paid by related organization(s) for expenses		1q Y	25
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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017