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# **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493275001490 OMB No. 1545-0047

Open to Public

Form <b>99</b> (
Department of th

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable: KNIGHTS OF COLUMBUS CHARITIES USA INC ☐ Address change 41-2140273 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE COLUMBUS PLAZA ☐ Amended return ☐ Application pending (203) 752-4000 City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT  $\,$  065103326  $\,$ G Gross receipts \$ 22,444,953 Name and address of principal officer: H(a) Is this a group return for MICHAEL J O'CONNOR □Yes ☑No subordinates? ONE COLUMBUS PLAZA H(b) Are all subordinates NEW HAVEN, CT 065103326 ☐ Yes ☐No included? **☑** 501(c)(3) **☐** 501(c)( ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation: 2004 M State of legal domicile: CT **K** Form of organization: lacktriangledown Corporation lacktriangledown Trust lacktriangledown Association lacktriangledown Other lacktriangledownSummary 1 Briefly describe the organization's mission or most significant activities: ESTABLISHED FOR RELIGIOUS, CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,776,127 2,137,869 Ravenue 9 Program service revenue (Part VIII, line 2g) . 27,409 20,139 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,105,651 3,227,142 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,385,150 6,909,187 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,546,081 1,574,646 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,229,166 1,933,574 3,775,247 3,508,220 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 3,133,940 1,876,930 Net Assets or Fund Balances Beginning of Current Year **End of Year** 77,206,421 84,978,365 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 17,286,371 17,509,622 59,920,050 67,468,743 22 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here MICHAEL J O'CONNOR SECRETARY Type or print name and title Print/Type preparer's name Preparer's signature Check  $\square$  if P00529377 Paid self-employed Firm's name > SEWARD AND MONDE CPA'S Firm's EIN ▶ 06-0530830 Preparer

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

NORTH HAVEN, CT 064732165

Firm's address ▶ 296 STATE STREET

Use Only

Phone no. (203) 248-9341

☑ Yes ☐ No

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
THES FACI BENE	E PURPOSES, CHARITI LITIES FOR THE PROPE	IES USA HAS ESTABLI ER PHYSICAL, INTELLE ERSONS. KNIGHTS OF	SHED CENTERS ECTUAL AND MOF	FOR THE DISSEMINATION RAL DEVELOPMENT OF YO	AND SCIENTIFIC PURPOSES. IN N OF THE TRUTHS OF CHRISTIAN DUTH; AND ADMINISTERS SCHO COVIDES DONATIONS WHICH AR	NITY; MAINTAINS LARSHIP FUNDS FOR THE
2	-	, ,		vices during the year whi	ch were not listed on	
	the prior Form 990 or If "Yes," describe the	☐ Yes ☑ No				
3	•			changes in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	ule O.			
4	Section 501(c)(3) and		ions are required	to report the amount of	rgest program services, as meas grants and allocations to others,	
4a	(Code:	) (Expenses \$	446,357	including grants of \$	) (Revenue \$	1,047,398 )
	See Additional Data					
4b	(Code:	) (Expenses \$	846,007	including grants of \$	) (Revenue \$	)
	See Additional Data					
4c	(Code: See Additional Data	) (Expenses \$	743,055	including grants of \$	743,055 ) (Revenue \$	)
	(Code:	) (Expenses \$	1,472,801	including grants of \$	831,591 ) (Revenue \$	)
4d	Other program service (Expenses \$	ces (Describe in Scheo 1,472,801 ind	dule O.)	\$ 831.59	1 ) (Revenue \$	)
4e	Total program serv		3,508,2	,	, ,	
			-,,-			

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Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			
	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part   2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
.0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🔁	11f		No
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		No

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

Nο

Nο

Yes

18

19

20a

20b

21

orm	990 (2019)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par		,		
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   3		Yes	No

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1b

**1**c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b						
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)?	4a	Yes					
b	If "Yes," enter the name of the foreign country: ►VT , IT , PL							
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
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	a 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?							
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							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exce parachute payment(s) during the year?							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				

Governance, Management, and Disclosure For 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.  Check if Schedule O contains a response or note to any line in this Part VI								
Se	ction	A. Governing Body and Management						
				Yes	No			
la		the number of voting members of the governing body at the end of the tax year 9						
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or lar committee, explain in Schedule O.						
b	Enter	the number of voting members included in line 1a, above, who are independent  1b  3						
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other or, director, trustee, or key employee?	2		No			
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No			
4		he organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No			
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6		he organization have members or stockholders?	6		No			
	meml	he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No			
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b		No			
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			ii			
	_	poverning body?	8a	Yes				
		committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes				
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No			
Se	ection	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	<i>Cod€</i>					
100	D:4 +h	he every institute have local chapters branches or affiliates?	10a	Yes	No No			
		he organization have local chapters, branches, or affiliates?  s," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		INO			
	and b	pranches to ensure their operations are consistent with the organization's exempt purposes?	10b					
	form?		11a	Yes				
		ribe in Schedule O the process, if any, used by the organization to review this Form 990	12-	V				
		he organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	Yes				
	confli	cts?	12b	Yes				
	Sched	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes				
13		he organization have a written whistleblower policy?	13	Yes				
14 15		he organization have a written document retention and destruction policy?	14	Yes				
	perso	ons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V				
		organization's CEO, Executive Director, or top management official	15a 15b	Yes				
D		r officers or key employees of the organization	120	Yes				
16-		to line 13a or 13b, describe the process in schedule 0 (see instructions).  he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxab	ole entity during the year?	16a		No			
D	in joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation not venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b					
Se	ection	C. Disclosure			<u> </u>			
17		he states with which a copy of this Form 990 is required to be filed						
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.						
19	Descr	Own website  Another's website  Upon request  Other (explain in Schedule O)  ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest  ,, and financial statements available to the public during the tax year.						
20	. ,	the name, address, and telephone number of the person who possesses the organization's books and records:						
		CHAEL J O'CONNOR ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 (203) 800-4822						

Part VII

П

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

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an of tor/t	ot che unles fficer trust		son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) CARL A ANDERSON PRESIDENT	3.00 57.00	X		х				0	1,765,416	35,246
(2) PATRICK E KELLY VICE PRESIDENT	1.00 54.00	X		x				0	481,229	44,309
(3) MICHAEL J O'CONNOR SECRETARY	1.00	X		х				0	415,017	43,167
(4) RONALD F SCHWARZ TREASURER	1.00	X		х				0	304,584	32,965
(5) LARRY W KUSTRA DIRECTOR	1.00	X						0	28,436	0
(6) MOST REV WILLIAM E LORI DIRECTOR	1.00	X						0	135,000	0
(7) JOHN A MARRELLA DIRECTOR	1.00	X						0	670,996	35,246
(8) ANTHONY V MINOPOLI DIRECTOR	1.00	X				İ		0	614,222	44,309
(9) JOSE C REYES JR DIRECTOR	1.00 9.00	X						0	26,585	0
(10) DANIEL ROSSI DIRECTOR	9.00	X						0	30,000	0
(11) JOHN J KENNEDY CHIEF FINANCIAL OFFICER	1.00 54.00			×				0	585,638	44,309
							$\Box$			
					Ľ		Ľ			
			<del>                                     </del>				-			
										Form 990 (2019)

Part VII

Form **990** (2019)

Page 8

	(A) Name and title	(B) Average hours per week (list any hours	than o is b	ne bo	ox, ເ n ofi	t che inles ficer	eck moss pers and a	son	Repo compe from organ	D) ortable ensation m the nization /1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F) Estima amount o compens from t	ited f other sation :he
		for related organizations below dotted line)				Key employee	Highest compensated employee	Former	MISC)		MISC)		organizati relate organiza	ed
												+		
														_
	Sub-Total		 A				<b>*</b>							
_ d T	otal (add lines 1b and 1c)	<u> </u>					<b>•</b>			0	5,057,12	3		279,551
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$10	00,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule 3	*		ee, k	ey e	mplo •	oyee, d	or hi	ghest cor	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable o								the	4	Yes	
5	Did any person listed on line 1a receiv										vidual for	•		
	services rendered to the organization		ete Sch	edule	) fo	r su	ich per	rson				5		No
Se 1	ection B. Independent Contract  Complete this table for your five high		d indepe	ender	nt co	ntra	actors	that	received	more than	\$100,000 of con	npens	sation	
	from the organization. Report compensation for the calendar year ending with or within the organization's tax year.									· ·	(c)			
WEDD		(A) and business addre	ess								ription of services		Compen	sation
WEBB	MASON INC									PKINTING A	ND PROCESSING			262,818

compensation from the organization ▶ 1

BALTIMORE, MD 212642414

PO BOX 62414

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

		(2019)								Page <b>9</b>
Part	VIII	<del></del>								
		Check if Sched	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campa	igns	· .	1a			revenue		512 - 514
nts		<b>b</b> Membership dues		.	1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising even		L	1c					
s, ( An		d Related organizat		Ŀ	1d	1,110,610				
Sift		e Government grants		Ŀ		1,110,010				
im:		f All other contributio	•	Ĺ	1e					
Contributions, Gifts, and Other Similar A	'	and similar amounts above	not not	included	1f	1,027,259				
E e	۱,	Noncash contributio	ns in	cluded in	i					
a de de		lines 1a - 1f:\$			<b>1</b> g					
ತ ಕ		<b>h Total.</b> Add lines :	1a-1	f		•	2,137,869			
						Business Code				
	2a	SALE OF PAMPHLETS				900099	20,139	20,139		
Ele Ele						-				
Program Service Revenue	b									
⊕ ⊕	c									
rvic	٠									
\&	d									
Jran	_									
کّر	е									
	f	All other program	serv	rice revenue.						
	g	Total. Add lines 2	2a-2	f	•	20,139				
		Investment income			nds, i		2,835,946	5		2,835,946
		similar amounts) . Income from invest			npt bo	ond proceeds •	· · ·			
				(i) Rea	l	(ii) Personal	1			
	6-	Gross rents	6a				7			
		Less: rental	Ua				-			
		expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income					<u></u>			
				(i) Securit		(ii) Other				
	7a	7a Gross amount from sales of 7a 17,450,999			F0 000					
		assets other		50,999						
	h	than inventory Less: cost or					-			
	D	other basis and sales expenses	7b	17,0	59,803	1				
		·					1			
		Gain or (loss)	7с		91,196		301 104	=		391,196
		Net gain or (loss) Gross income from fu				· · · •	391,196	7		391,190
ne	Ua	(not including \$		of						
듄		contributions reported See Part IV, line 18			8a					
Other Revenue	b	Less: direct expen	ses		8b		-			
ier		: Net income or (los			ng eve	ents	_			
	9a	Gross income from See <b>Part</b> IV, line 19	gam •	ing activities.	9a					
	b	Less: direct expen	ses		9b		-			
		: Net income or (los			activiti	es <b>&gt;</b>	_			
	10a	Gross sales of inve returns and allowa	ento: ince:	ry, less s	10a					
	b	Less: cost of good	s so	ld	10b		1			
	c	: Net income or (los	s) fr	om sales of i	nvent	ory ▶				
		Miscellaneo				Business Code				
	11	a								
	b	•								
	C	-	_							
		All other revenue								
		<b>Total.</b> Add lines 1				•				
	12	<b>Total revenue.</b> S	ee ir	nstructions .			5,385,150	20,139		3,227,142
							, , , , , , , , , , , , , , , , , , , ,			Form <b>990</b> (2019)

	m 990 (2019)				Page 10
۲	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete co	lumn (A).
	Check if Schedule O contains a response or note to an		=		
	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> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	646,591	646,591		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	700,724	700,724		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	227,331	227,331		
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):				
a	a Management				
ı	Legal				
	c Accounting	74,163	74,163		
	d Lobbying		,		
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees	112,250	112,250		
	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				
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	176,743	176,743		
	Travel	1,0,,13	1,0,710		
	<u> </u>				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	241,907	241,907		
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	846,007	846,007		
	b CATH INFO PROG-PRINTING	262,897	262,897		
	c CATH INFO PROG-OTHER	183,460	183,460		
	d GENERAL EXPENSES	35,274	35,274		
		873	873		
	e All other expenses	3,508,220	3,508,220	0	0
	Total functional expenses. Add lines 1 through 24e	3,300,220	3,306,220	0	0
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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23

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25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page **11** 

50,407

2,678,615

415,913

200,417

2,974,287

66,766,399

10.691.970

1,200,357

84,978,365

1,014,340

15,759,320

17.509.622

62.811.204

4,657,539

67,468,743

84,978,365

Form 990 (2019)

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

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—program-related. 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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

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

Retained earnings, endowment, accumulated income, or other funds

	Beginning of year		End of year
Cash-non-interest-bearing	34,176	1	
Savings and temporary cash investments	6,868,987	2	2,
Pladges and grants receivable, not		2	

2 3 Pledges and grants receivable, net . 721.737 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

10a 5.805.567

10b 2,831,280

Investments—other securities. See Part IV, line 11 .

55,698 3,190,707 56,323,735

9.865.452

145,929

77,206,421

1,369,369

15,238,722

17.286.371

55,774,464

4,145,586

59,920,050

77,206,421

6 7

14

15

16

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19

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21

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27

28

29

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31

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33

22 23 24 678,280 735.962 25

No

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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h Form 990 (2019)

### **Additional Data**

Software Version:

**EIN:** 41-2140273 Name: KNIGHTS OF COLUMBUS CHARITIES USA INC.

Software ID:

Form 990 (2019)

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

efil	e GR	APHIC pri	nt - DO NOT PROC	ESS	As Filed Data -				493275001490
SCI	HED	ULE A	Puh	lic C	Charity Status	and Pub	lic Sunna		OMB No. 1545-0047
(F 000				the or	ganization is a section 4947(a)(1) nonexer  Attach to Form 9	on 501(c)(3) o npt charitable	rganization or trust.	<b>I</b>	2019
		f the Treasury	► Go to <u>ww</u>	w.irs.	gov/Form990 for in			rmation.	Open to Public Inspection
Nam	e of tl	nie Service he organiza COLUMBUS CE	<b>tion</b> ARITIES USA INC					Employer identifica	<u> </u>
								41-2140273	
	rt I		for Public Charity a private foundation be					ee instructions.	
1	n gannz		onvention of churches,		•	•	. ,	Ά)(i).	
2		,	scribed in section 170						
3			or a cooperative hospita			,	, ,	ii).	
4		·	esearch organization o		-				ter the hospital's
5			ation operated for the k (iv). (Complete Part II		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 governme	ent or	governmental unit des	cribed in <b>sectio</b>	170(b)(1)(A	)(v).	
7		section 17	ation that normally record (0(b)(1)(A)(vi). (Con	nplete	Part II.)			nit or from the genera	l public described in
8			ty trust described in <b>s</b> e			·			
9			ural research organizat rant college of agricultu						ge or university or a
10		An organiza from activit investment	ation that normally reco ies related to its exem income and unrelated See section 509(a)(2	eives: ( pt func busine	(1) more than 331/3% tions—subject to certa ess taxable income (les	of its support frain exceptions, a	om contribution nd (2) no more	s, membership fees, a than 331/3% of its su	pport from gross
11			ation organized and op-			public safety. Se	e section 509	(a)(4).	
12	<b>✓</b>	more public	ation organized and op ly supported organizat through 12d that desc	ions de	escribed in <b>section 50</b>	9(a)(1) or sec	tion 509(a)(2)	. See section 509(a)	
а		organizatio	supporting organizatior n(s) the power to regu <b>Part IV, Sections A a</b>	larly ap					
b	<b>✓</b>	manageme	supporting organization or the supporting or plete Part IV, Section	ganizat	tion vested in the sam				
c			unctionally integrate organization(s) (see ins						ed with, its
d		Type III n	on-functionally integrated. The organ integrated. The organ integrated complet	<b>grated</b> ization	l. A supporting organiz generally must satisfy	ation operated in a distribution re	n connection wit	h its supported organi	
e		Check this	box if the organization	receive	ed a written determina	ation from the IR	S that it is a Ty <sub>l</sub>	oe I, Type II, Type III	functionally
f	Enter		or Type III non-function of supported organization		ntegrated supporting	-		1	
g			ing information about						
		lame of supp organization	orted (ii) E		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing 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 237227	608	7	Yes		2,867,010	0
Tate			1					2 067 010	C
Tota		work Pedua	tion Act Notice, see t	the In	structions for	Cat. No. 11285	: 6	2,867,010 Schedule A (Form 99	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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 The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	business is regularly carried on 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,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt 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						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

Schedule A (Form 990 or 990-EZ) 2019

5a

6

7

8

10a

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

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

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

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

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

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

Page 4

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			

	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	22		No

2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described				
	in section 509(a)(1) or (2).	2		No	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below.	3a		No	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the				
	determination.	- 1.			

	below.	3a		No	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the				
	determination.	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				

D	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			

c 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

(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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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

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

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

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

cne	dule A (Form 990 of 990-EZ) 2019		+	age :
Par	Supporting Organizations (continued)			
			Yes	No
11	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 <b>Part VI</b> .	11c		No
	ection B. Type I Supporting Organizations			
			Yes	No
L	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		
	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	2		
	organization.	-		
Se	ction C. Type II Supporting Organizations			
_			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <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	
Se	ection D. All Type III Supporting Organizations			
	Ction D. All Type 111 Supporting Organizations		Yes	No
	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		
	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		
	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		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
a		,		
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
_		inetru	ctions)	
	Activities Test. <b>Answer (a) and (b) below.</b>	mstru		
			Yes	No
а	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.	2a		
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.			
		2b		
a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? Provide details in Part VI.	Ja		
D	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 <b>Part VI.</b> the role played by the organization in this regard.	3b		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	sive (provide					
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions if any for years prior to 2019						

	***		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019. . . . .

Schedule A (Form 990 or 990-EZ) 2019 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** 

DLN: 93493275001490

OMB No. 1545-0047

## **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.

Open to Public

2019

Department of the Treasury

(Form 990)

Interi	nal Revenue Service	<u>n990</u> for instructions and the latest infor	mation. Inspection
	ame of the organization IGHTS OF COLUMBUS CHARITIES USA INC		Employer identification number 41-2140273
P	art I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds o	
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for any other purpose o	
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Ye		
1	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation	n or education)	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conservatio	on easement is located <b>&gt;</b>	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the		nse statement, and
Pa	the organization's accounting for conservation easemen rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Ye		hamankan dibaban di kabanan di
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publically following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		' <del>-</del>
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:	cal treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	<b>▶</b> \$
b			
	maaaa m. omi bboy i ale A		- · · · · · · · · · · · · · · · · · · ·

Cat. No. 52283D

Schedule D (Form 990) 2019

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

 ${f d}$  Equipment .

Par	t IIII	Organizations M	aintaining Colle	ections of Art, H	istori	cal Tı	reas	ures, oi	Other 9	Similar As	sets (con	tinued)
3		g the organization's acq s (check all that apply):		and other records,	check a	any of	the fo	ollowing t	hat are a	significant u	se of its co	llection
а		Public exhibition			d		Loar	or excha	ange progi	rams		
b		Scholarly research			е		Othe	er				
С		Preservation for future	e generations									
4	Provi Part 1	ide a description of the XIII.	organization's colle	ections and explain h	ow the	ey furth	ner th	e organiz	ation's ex	empt purpo	se in	
5		ng the year, did the org ts to be sold to raise fur									☐ Yes	□ No
Pai	rt <b>IV</b>	Escrow and Cust Complete if the or X, line 21.			n 990	, Part	IV,	ine 9, o	r reporte	d an amou		
1a		e organization an agent ded on Form 990, Part I									☐ Yes	☑ No
b	If "Ye	es," explain the arrange	ement in Part XIII a	and complete the fol	lowing	table:				Aı	nount	
c	Begir	nning balance							1c			
d	Addit	tions during the year .							<b>1</b> d			
е	Distr	ibutions during the year	r						1e			
f	Endir	ng balance							1f			
2a	Did t	he organization include	an amount on For	m 990. Part X. line 2	1. for	escrow	or cu	ustodial a	ccount lia	bility?	V Vac	□ No
		es," explain the arrange			•					•	_	_ NO
	rt V	Endowment Fund		Check here if the ex	ріапац	ion nas	beer	provided	J III PAIL A	111		
	1 C V	Complete if the or		ered "Yes" on Forr	n 990	, Part	IV, I	ine 10.				
				(a) Current year		rior yea			ears back	(d) Three yea	rs back (e)	Four years back
<b>1</b> a	Beginn	ning of year balance .	[	44,579,671		46,783	3,576		4,207,122	42,3	387,487	43,357,196
b	Contril	butions		62,969		422	2,422		150,121	8	310,736	161,907
c	Net in	vestment earnings, gair	ns, and losses	6,711,807		-1,272	2,161		4,308,997	2,4	164,498	246,303
d	Grants	s or scholarships		1,372,193		1,354	1,166		1,882,664	1,4	155,599	1,377,919
		expenditures for facilition	es									
f	Admin	istrative expenses .	[									
g	End of	year balance	[	49,982,254		44,579	9,671	4	16,783,576	44,2	207,122	42,387,487
2	Provi	ide the estimated perce	ntage of the currer	nt year end balance	(line 1	g, colu	mn (a	a)) held a	s:			
а	Board	d designated or quasi-e	ndowment 🕨 🦠	7.410 %								
b	Perm	nanent endowment ►	2.590 %									
С		 porarily restricted endo	***************************************	%								
Ĭ		percentages on lines 2a	***************************************	d equal 100%.								
За	Are t	there endowment funds nization by:			on that	t are h	eld ar	nd admini	istered for	the		Yes No
	<b>(i)</b> u	nrelated organizations									3a(i)	) No
		related organizations .									3a(ii	) No
b		es" on 3a(ii), are the re	-	•			? .				3b	
4		ribe in Part XIII the inte			ment f	funds.						
Pai	rt VI				000	<b>.</b>	T) ( '		C	000 5		_
	Descr	Complete if the or	ganization answe						See For			10. Book value
	Descr	ipuon oi property	(a) Cost of othe (investmen		or other	nasis (	ouiei)	(6) ACC	umulateu de	spi eciation	(u)	DOOK Value
4 -	1 = 1					F.	20.000					E00.000
	Land						00,000			2.620.705		500,000
		ngs				5,07	76,224	1		2,629,705		2,446,519
С	Leasel	hold improvements										

21,563

207,780

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

27,768

2,974,287

21,563

180,012

Part VII Investments—Other Securities.			Page 3
Complete if the organization answered "Yes" on F	Form 990, Part IV, li	ne 11b.See Form 990,	Part X, line 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value		d of valuation: -year market value
(1) Financial derivatives		000001 0110 01	year market raide
(2) Closely-held equity interests			
(A) INVESTMENT IN CENTRO SPORTIVO CAVALIERI S.R.L.	810,567		С
(B) INVESTMENT IN POLSKA SP.	64,315		С
(C) INVESTMENT IN LLCS	9,817,088		F
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	10,691,970		
Part VIII Investments—Program Related.			
Complete if the organization answered 'Yes' on F  (a) Description of investment	Form 990, Part IV, li	(b) Book value	Part X, line 13.  (c) Method of valuation:
(a) Sescription of investment		(B) Book value	Cost or end-of-year market value
(1)			raide
(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 'Yes' on Fo	orm 990 Part IV lin	ie 11d. See Form 990. Pa	rt X line 15
(a) Description		ic 11d. See Form 550, Fa	(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.			<u> </u>
Complete if the organization answered 'Yes' on Fo		e 11e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value
1. (a) Description of II (1) Federal income taxes	аршту		(D) Book value
(3)			
(4)			
(5)			
(6)			
(7)			-
(8)			
(9)			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide the text o	f the footnote to the or	ganization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 7			

2

3

4

b

Add lines 4a and 4b . .

Schedule D (Form 990) 2019

Page 4

6,999,884

5,272,900

1,207,793

3,491,730

16,490

Schedule D (Form 990) 2019

b	Donated services and use of facilities	2b	61,224		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,174,692		
_	Add lines 2a through 2d			26	l

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

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 . .

Other (Describe in Part XIII.)

5,763,968

1,146,569

112,250 -95.760

2e

3

4c

Add lines 2a through 2d . . . . . 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 112,250 b 4b

Add lines **4a** and **4b** . . . . . . . . . . . . . 4c 112,250 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 5,385,150 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. 1 4,699,523 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 61,224 2b 

2c

2d

4a

4b

			· · · · · · · · · · · · · · · · · · ·	
5 Total expenses. Add lines 3 and	4c. (This must equal Form 990, Part I, line 18.)	5	3,508,220	
Part XIII Supplemental Inf	ormation			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				
Return Reference	Explanation			
See Additional Data Table				

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

### **Additional Data**

#### Software ID: Software Version:

**EIN:** 41-2140273

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

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

**Supplemental Information** 

Return Reference	Explanation
PART IV, LINE 2B:	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
	IS AND THEREFORE CONSIDERED AGENCY TRANSACTIONS REPORTED AS AN ASSET AND LIABILITY IN THE S

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							
Return Reference	Explanation						
PART V, LINE 4:	FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE INCLUDING DONOR STIPULATIONS MADE AT THE TIME OF THE GIFT. THE FUNDS ARE RESTRICTED GIFTS AND NOT DONOR-ADVISED FUNDS AS DEFINED IN SEC. 4966(D)(2).						

Supplemental Information	
Return Reference	Explanation
,	DECONSOLIDATE ACTIVITIES OF CENTRO SPORTIVO CAVALIERI S.R.L. 949,490. DECONSOLIDATE ACTIVITIES OF POLSKA SP. 225,202.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DECONSOLIDATE ACTIVITIES OF CENTRO SPORTIVO CAVALIERI S.R.L. 927,679. DECONSOLIDATE ACTIVITIES OF POLSKA SP. 218,890.

Supplemental Information						
Return Reference	Explanation					
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -95,760.					

S

Supplemental Information Return Reference Explanation 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).

Form 99  1 For grantmak other assistand to award the g  2 For grantmak outside the Un	ion US CHARITIES US  al Information 90, Part IV, line ters. Does the or ce, the grantees' rants or assistan ters. Describe in ited States. gion. (The followin	Go to www.irs.g  GA INC  On Activities 14b.  rganization main eligibility for the ore?  Part V the organization  ng Part I, line 3 the organization  ng Part I, line 3 the organization	Attach to gov/Form990 for in a Outside the Untain records to be grants or assis	Yes" to Form 990, Part IV, I to Form 990.  Instructions and the latest in I substantiate the amount stance, and the selection in I substantiate the selection	ete if the o	Employer iden 41-2140273 organization a nts and sed	☑ Yes □ N
Internal Revenue Service  Name of the organizat  KNIGHTS OF COLUMB  Part I General Form 99  1 For grantmak other assistance to award the g  2 For grantmak outside the Un  3 Activites per Re	ion US CHARITIES US al Information 90, Part IV, line ters. Does the or ce, the grantees' rants or assistan ters. Describe in ited States. gion. (The followin	on Activities 14b. rganization main eligibility for the nce? Part V the organ	ntain records to e grants or assis	Jnited States. Comples substantiate the amount stance, and the selection stance for monitoring the	t of its gran n criteria us	41-2140273 organization a nts and sed	Inspection Intification number Inswered "Yes" on  Yes
Part I Genera Form 99  1 For grantmak other assistand to award the g  2 For grantmak outside the Un  3 Activites per Re	al Information 90, Part IV, line eers. Does the or ee, the grantees' rants or assistan eers. Describe in ited States. gion. (The followin	on Activities 14b. rganization mail eligibility for th nce? Part V the orga	ntain records to le grants or assis  anization's proce	substantiate the amount stance, and the selection	ete if the o	41-2140273 organization a nts and sed	answered "Yes" on  Yes N
Part I General Form 99  1 For grantmak other assistance to award the g  2 For grantmak outside the Un  3 Activites per Re	al Information 90, Part IV, line kers. Does the or ce, the grantees' rants or assistan kers. Describe in ited States. gion. (The following	on Activities 14b. rganization mail eligibility for th nce? Part V the orga	ntain records to le grants or assis  anization's proce	substantiate the amount stance, and the selection	t of its gran	organization a nts and sed	☑ Yes □ N
Form 99  1 For grantmak other assistance to award the g  2 For grantmak outside the Un  3 Activites per Re	90, Part IV, line ters. Does the order, the grantees' rants or assistanters. Describe in ited States.	e 14b. rganization main eligibility for th nce? Part V the orga	ntain records to le grants or assis  anization's proce	substantiate the amount stance, and the selection	t of its gran n criteria us  e use of its	nts and sed	☑ Yes □ N
other assistand to award the g  For grantmak outside the Un  Activites per Re	ce, the grantees' rants or assistan <b>ters.</b> Describe in ited States. gion. (The following	eligibility for the nce?	e grants or assis	stance, and the selection	criteria us	sed 	
outside the Un  Activites per Re	ited States. gion. (The followin	ng Part I, line 3 t				grants and otl	her assistance
•	•	· · · · · · · · · · · · · · · · · · ·	able can be dupli	icated if additional space is	needed.)		
<b>(a)</b> Regi	ion				,		
		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		program se speci	y listed in (d) is a ervice, describe fic type of ) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from contin	nuation sheets to	0	0				1,948,2.
Part I	s 3a and 3h)	0	_				1,948,2
Totalo (add IIIIca	z z z ana sz,	<u> </u>	· · · · · · ·	ı	1		1,510,2

Cat. No. 50082W Schedule F (Form 990) 2019

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

Schedule F (Form 990)	2019			•				Page <b>2</b>
			<b>nizations or Entitie</b> ceived more than \$5,		•	_		on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GENERAL SUPPORT	185,000	CHECK	0N/A		N/A
			above that are recogr insel has provided a se				<b>&gt;</b>	1
3 Enter total numb	er of other org	janizations or entitie	es				<i>-</i>	0

pe of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other
SCHOLARSHIPS - SEE SCHEDULE O EXPLANATION FOR 990 PART III, LINE 4C)	NORTH AMERICA	45	42,331	CHECK	0	N/A	N/A

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t 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)	<b>✓</b> Yes	□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; don't file with Form 990)	□Yes	<b>✓</b> No
		□ 162	E 140
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	Пио
		IVI TES	LI 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)		
	(see Instructions for Form 6005)	☐ 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; don't file with Form 990).	Yes	<b>☑</b> No

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	GRANTS MADE TO ORGANIZATIONS ARE FOR GENERAL SUPPORT OF THE RECIPIENT ORGANIZATION. THE 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 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.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

#### **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

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	42,331
EUROPE	n	0	GRANT TO AN	GRANTMAKING	185,000

STATE

ORGANIZATION LOCATED
IN THE VATICAN CITY

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 in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) **EUROPE** 0 PROGRAM SERVICES OPERATION OF 846,007 LOCATED IN ROME, ITALY PLAYGROUNDS **EUROPE** 0 INVESTMENTS 874,882

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Content of the select landscape mode (21" x 8.5") when printing.

(Form 990)

Department of the

#### 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.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493275001490

Open to Public Inspection

Internal Revenue Service		F Go to <u>1777</u>	101	the latest information	<b>,</b>		
Name of the organization KNIGHTS OF COLUMBUS CHARIT	TIES LISA INC					Employer identifi	cation number
						41-2140273	
		and Assistance					
Does the organization mai the selection criteria used						ce, and	☑ Yes □ N
2 Describe in Part IV the org							⊻ Yes ⊔ N
Part III Grants and Other	Assistance to Don than \$5,000. Part I	nestic Organizations a I can be duplicated if add	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(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) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
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<ul><li>2 Enter total number of sect</li><li>3 Enter total number of other</li></ul>	. , , ,	-					21
For Paperwork Reduction Act Notice			<u> </u>	Cat. No. 50055			hedule I (Form 990) 2019
aportroit neuaction net Hoti	,			Cat. 140. 5003.	• •	30	

711

Schedule I (Form 990) 2019

Page **2** 

(1)	
SCHOLARSHIPS - SEI	E SCHEDULE O
(EXPLANATION FOR 9	990 PART III, LINE 4C)
(2)	

Part III can be duplicated if additional space is needed

(2) (3)

(4)

(5)

(6) (7)

Part IV **Return Reference** PART I, LINE 2:

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Explanation 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. Schedule I (Form 990) 2019

(d) Amount of

noncash assistance

ol N/A

(e) Method of valuation (book.

FMV, appraisal, other)

N/A

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

700.724

(b) Number of

recipients

393

#### Additional Data

700 PROSPECT STREET NEW HAVEN, CT 06511 BASILICA OF THE NATIONAL

CONCEPTION

SHRINE OF THE IMMACULATE

400 MICHIGAN AVENUE NE WASHINGTON, DC 200171566

Software ID: Software Version:

**EIN:** 41-2140273

Name: KNIGHTS OF COLUMBUS CHARITIES USA INC

65,000

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

organization or government	,	if applicable	grant	cash assistance	(book, FMV, appr other)
ALBERTUS MAGNUS COLLEGE	06-0646520	501(C)(3)	8,000	0	N/A

501(C)(3)

0 N/A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation

praisal,

N/A

(q) Description of non-cash assistance

(h) Purpose of grant or assistance

GENERAL SUPPORT

GENERAL SUPPORT

53-0196626

(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 52-2381871 501(C)(3) 7.887 O N/A IN/A BISHOP CHARLES P GRECO IGENERAL SUPPORT MEMORIAL FOUNDATION PO BOX 51166 2006 WEST PINHOOK ROAD ROAD LAFAYETTE, LA 70505

OIN/A

6.351

N/A

IGENERAL SUPPORT

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

501(C)(3)

COLUMBIAN CHARITIES OF

CONNECTICUT INC 142 ORCHARD STREET ELLINGTON, CT 06029 06-0972133

(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, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 23-7112691 501(C)(3) 9.846 O N/A IN/A IGENERAL SUPPORT COLUMBIAN CHARITIES OF MISSOURI INC 12320 FAST 59TH TERRACE KANSAS CITY, MO 64133

59-3659193 501(C)(3) 12.641 O N/A IN/A FLORIDA KNIGHTS OF IGENERAL SUPPORT

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

COLUMBUS CHARITIES INC. 1523 GASDORF LANE

WESTVILLE, FL 32464

(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 or assistance organization grant cash or government assistance other) 38-1368326 501(C)(3) 16.001 O N/A IN/A IGENERAL SUPPORT HOLY CROSS SERVICES 8759 CLINTON MACON ROAD CLINTON, MI 49236 TILLINOIS STATE COUNCIL 51-0194196 501(C)(3) 16.710 O N/A N/A IGENERAL SUPPORT

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

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

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) TOTAL DALIE IT CLIDING AND FO 4 F 4 7 4 O O E04(6)(3) 40 750 0 1 5 1 / 5 NI/A CENEDAL CUIDOCOT

INSTITUTE INC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	52-154/103	501(C)(3)	19,/50	U	N/A	IVA	GENERAL SUPPORT
KNIGHTS OF COLUMBUS CHARITIES AID FOUNDATION	48-0698354	501(C)(3)	8,680	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of (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, organization grant cash non-cash assistance or assistance or government assistance other) 06-0653077 501(C)(3) 9,000 O N/A N/A IGENERAL SUPPORT LAURALTON HALL ACADEMY OF OUR LADY OF MERCY

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

NORWOOD, MA 02062

200 HIGH STREET MILFORD, CT 06460							
MASSACHUSETTS STATE COUNCIL CHARITY FUND 470 WASHINGTON STREET SUITE 6	04-0616108	501(C)(3)	11,911	0	N/A	N/A	GENERAL SUPPORT

(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 41-1676612 501(C)(3) 9,952 O N/A IN/A MINNESOTA KNIGHTS IGENERAL SUPPORT FOUNDATION 7800 MINNESOTA WORLD TRADE CENTER 30 EAST 7TH STREET

ST PAUL, MN 55101 N/A NEW JERSEY COLUMBIAN 20-0603198 501(C)(3) 15.081 OIN/A IGENERAL SUPPORT CHARITIES INC

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

172 MAIN STREET

WEST ORANGE, NJ 070525605

(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, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 13-3347753 501(C)(3) 13.432 O N/A IN/A NEW YORK STATE COUNCIL IGENERAL SUPPORT KNIGHTS OF COLUMBUS CHARITIES INC.

4027 DOUGLASTON PARKWAY DOUGLASTON, NY 113631506

WEST HAVEN, CT 06516

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

N/A 06-0646748 501(C)(3) 9.000 O N/A

NOTRE DAME HIGH SCHOOL IGENERAL SUPPORT 1 NOTRE DAME WAY

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 34-6564739 501(C)(3) 13,797 O N/A N/A GENERAL SUPPORT OHIO STATE COUNCIL KNIGHTS OF COLUMBUS

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

800 NORTH STREET

MCSHERRYSTOWN, PA 17344

(b) EIN

CHARITY FOUNDATION 202 BOHL DRIVE MARIETTA, OH 457505340							
PENNSYLVANIA STATE COUNCIL KNIGHTS OF COLUMBUS EDUCATIONAL FOUNDATION INC	26-0315132	501(C)(3)	11,383	0	N/A	N/A	GENERAL SUPPORT

(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 or assistance organization grant cash or government assistance other) 06-1271712 501(C)(3) 9.0001 O N/A IN/A IGENERAL SUPPORT SACRED HEART ACADEMY 265 BENHAM STREET HAMDEN, CT 06514 TEXAS STATE COUNCIL 74-1756429 501(C)(3) 24.546 O N/A N/A IGENERAL SUPPORT

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

TEXAS STATE COUNCIL 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. (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 if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 53-0196583 501(C)(3) 110.000 IN/A THE CATHOLIC UNIVERSITY OF 0 N/A IGENERAL SUPPORT AMERICA 620 MICHIGAN AVENUE NE

WASHINGTON, DC 20064

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 93	49327	75001	.490
Sch	nedule J	Co	ompensat	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Office		Trustees, Key Employees, and Hig	hest			
		Complete if the ord	Compens anization ansv	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20		)
D	to the Towns		▶ Attach	h to Form 990. r instructions and the latest inforn		Open		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.ig</u> c	101	mstructions and the latest mion		Insp	ectio	n
	ne of the organiza GHTS OF COLUMBUS	ation 5 CHARITIES USA INC			Employer identifica	tion nu	ımber	
					41-2140273			
Pa	rt I Questi	ons Regarding Compensa	tion				I	
<b>1</b> a	Check the appro	oniate hov(es) if the organization	n provided any o	f the following to or for a person liste	d on Form		Yes	No
Ia				ny relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions		Payments for business use of perso				
		nification and gross-up payment	:s $\square$	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding payove? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/1	executive Directo	or, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of th	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b		• •		lified retirement plan?		4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	: III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	n?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.	A 12 A 12 I					
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
a	-	n?				6a		No
b		anization?				6b		No
7	•	·	on A line to did	the organization provide any nonfixed	d			
•				art III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	ared pursuant to a contract that was s section 53.4958-4(a)(3)? If "Yes," de				_
	ın Part III .     .					8		No
9				presumption procedure described in		9		
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule	l (Forn	1 990)	2019

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

(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	and (E) amounts for tha (E) Total of columns	<b>(F)</b> Compensation in
. ,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
. CARL A ANDERSON RESIDENT	(i)	0	0	0	0	0	0	0
KESIDENT	(ii)	941,992	344,018	479,406	8,400	26,846	1,800,662	0
PATRICK E KELLY ICE PRESIDENT	(i)	0	0	0	0	0	0	0
TOE TRESIDENT	(ii)	336,762	111,418	33,049	8,400	35,909	525,538	0
MICHAEL J O'CONNOR ECRETARY	(i)	0	0	0	0	0	0	0
LONETTHY	(ii)	266,708	75,018	73,291	7,258	35,909	458,184	0
RONALD F SCHWARZ REASURER	(i)	0	0	0	0	0	0	0
. L. I. S. I. L. I.	(ii)	201,391	65,218	37,975	6,119	26,846	337,549	0
JOHN A MARRELLA DIRECTOR	(i)	0	0	0	0	0	0	0
ARECTOR	(ii)	396,059	124,018	150,919	8,400	26,846	706,242	0
ANTHONY V MINOPOLI DIRECTOR	(i)	0	0	0	0	0	0	0
ARECTOR	(ii)	492,355	114,218	7,649	8,400	35,909	658,531	0
JOHN J KENNEDY CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	439,392	140,918	5,328	8,400	35,909	629,947	0
	-							
	_							
	1							

EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT ON AN ANNUAL BASIS.

Page 3

Schedule 1 (Form 990) 2019

INCLUDING IN 2019, 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 AND OBJECTIVE BONUS STRUCTURE 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.

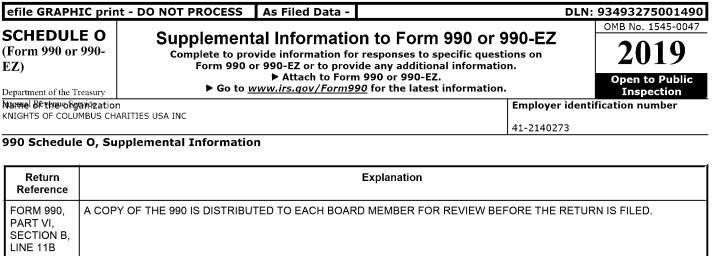
Schedule J (Form 990) 2019

PART I, LINE 4B CARL A. ANDERSON \$458.272 PATRICK E. KELLY 28.691 MICHAEL J. O'CONNOR 67.154 RONALD F. SCHWARZ 31.983 JOHN A. MARRELLA 144.501 ANTHONY V. MINOPOLI 4,629 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 NONOUALIFIED DEFERRED COMPENSATION PLAN, BY LAW, THE

PARTICIPANT IS TAXED ON THE VESTED AMOUNT. THE KNIGHTS OF COLUMBUS' PLAN PROVIDES THAT UPON VESTING. A PARTICIPANT WILL RECEIVE A PAYMENT FOR THE ESTIMATED INCOME TAXES RELATED TO THE VESTED AMOUNT. THE ABOVE AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE J, PART I: THE ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES. KNIGHTS OF COLUMBUS PROVIDES ADMINISTATIVE SUPPORT TO ASSIST WITH THE DAY-TO-DAY OPERATIONS WITHOUT CHARGE.



Return Explanation
Reference

FORM 990, ON AN ANNUAL BASIS ALL BOARD MEMBERS AND TOP MANAGEMENT OFFICIALS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE. ALL POTENTIAL ISSUES ARE REVIEWED AND RESOLVED BY THE SECTION B, SECRETARY'S OFFICE IN CONJUNCTION WITH THE CHIEF COMPLIANCE OFFICER AND THE INTERNAL AUDIT DEPARTMENT.

Return

·
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 2019, 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 AND OBJECTIVE BONUS STRUCTURE 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.

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference

Reference	
FORM 990,	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
PART VI,	PHOTOCOPIED AND MAILED TO REQUESTING PARTIES UPON REQUEST.
SECTION C,	ļ ,
LINE 19	l l

990 Schedule O, Supplemental Information

Return

Reference	·
FORM 990, PART XI,	DONATIONS ACCRUED IN THE CURRENT YEAR BUT NOT PAID -95,760. NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY YEAR END EXCHANGE RATES 3,555.
LINE 9:	· ·

Explanation

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  THE CATHOLIC INFORMATION PROGRAM - PROMOTES VARIOUS KINDS OF ASSISTANCE TO THOSE SEEKING ANSWERS TO QUESTIONS ABOUT THE CATHOLIC RELIGION, INCLUDING A SERIES OF BOOKLETS FOR SELF STUDY, A HOME STUDY COURSE AND ONLINE COURSES, A CORRESPONDENCE COURSE ON THE BASIC BELIEFS OF CATHOLICS; AND INDIVIDUAL RESPONSES TO THOSE WHO SEEK CONFIDENTIAL COUNSEL. IT IS	Return Reference	Explanation
1948. THE MILLIONS OF BOOKLETS IN MULTIPLE MEDIA FORMATS THAT HAVE BEEN PRINTED AND THE THOUSANDS THAT HAVE BEEN ENROLLED IN THE VARIOUS COURSES OVER THE YEARS INDICATES THE WIDE INTEREST AND POPULARITY OF THE PROGRAM. HOW MANY WERE LED TO THE CHURCH THROUGH READING THE PAMPHLETS AND STUDYING THE COURSES NEVER WILL BE KNOWN.	LINE 4A, PROGRAM SERVICE	ANSWERS TO QUESTIONS ABOUT THE CATHOLIC RELIGION, INCLUDING A SERIES OF BOOKLETS FOR SELF STUDY, A HOME STUDY COURSE AND ONLINE COURSES, 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. THE MILLIONS OF BOOKLETS IN MULTIPLE MEDIA FORMATS THAT HAVE BEEN PRINTED AND THE THOUSANDS THAT HAVE BEEN ENROLLED IN THE VARIOUS COURSES OVER THE YEARS INDICATES THE WIDE INTEREST AND POPULARITY OF THE PROGRAM. HOW MANY WERE LED TO THE CHURCH THROUGH

990 Schedule O, Supplemental Information

Return Reference

		4
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 OPEN TO THE PUBLIC AND USED BY BOYS AND GIRLS.	l
SERVICE	THE AFOREMENTIONED COSTS INCLUDE THE ANNUAL OPERATING COSTS OF THE PLAYOROLINDS. THESE	1

Explanation

SERVICE

THE AFOREMENTIONED COSTS INCLUDE THE ANNUAL OPERATING COSTS OF THE PLAYGROUNDS. THESE
ACCOMPLISHMENTS: RECREATION CENTERS 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 GULF CONFLICT AND MILITARY CONFLICTS IN IRAQ, AFGHANISTAN AND PARISTAN, 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 DISABLITY AS A RESULT OF AN ACCIDENT WHILE ACTIVELY ENG AGED DURING THEIR INCUMBENCY ON BUSINESS OF KNIGHTS OF COLUMBUS. THESE SCHOLARSHIPS INCLUDE TUTION, ROOM AND BOARD. TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN 2019 IS 6 AM OUNTING TO \$175,474. FOURTH DEGREE PRO DEO AND PRO PATRIA SCHOLARSHIPS IN 2019 IS 6 AM OUNTING TO \$175,474. FOURTH DEGREE PRO DEO AND PRO PATRIA SCHOLARSHIPS IN 2019 IS 6 AM OUNTING TO \$175,474. FOURTH DEGREE PRO DEO AND PRO PATRIA SCHOLARSHIPS IN CHUBE THE CURRENT PROVISIONS OF THE PROGRAM. SCHOLARSHIPS ARE AWARDED ON THE BASIS OF ACADEMIC EXCEL LENCE TO INCOMING FRESHMAN IN BACHELOR'S DEGREE PROGRAMS AT CATHOLIC COLLEGES. THE RECIPIE NTS ARE KNIGHTS OF COLUMBUS OR COLUMBIAN SQUIRES, THE SON OR DAUGHTER OF A KNIGHT IN GOOD STANDING, OR THE SON OR DAUGHTER OF A KNIGHT IN GOOD STANDING, OR THE SON OR DAUGHTER OF A KNIGHT IN GOOD STANDING AT THE TIME OF THE SON OR DAUGHTER OF A KNIGHT IN GOOD STANDING AT THE THE SON OR DAUGHTER OF A FOURTH OF THE SON OR DAUGHTER OF A SOND

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	LUMBUS VOCATIONS FUND AND FATHER MICHAEL J. MCGIVNEY VOCATIONS SCHOLARSHIP FUND. THE EARNI NGS OF THE KNIGHTS OF COLUMBUS VOCATIONS FUND ARE TO BE USED TO PROVIDE MATCHING FUNDS TO LOCAL KNIGHTS OF COLUMBUS UNITS THAT PARTICIPATE IN THE KNIGHTS OF COLUMBUS REFUNDS TO LOCAL KNIGHTS OF COLUMBUS UNITS THAT PARTICIPATE IN THE KNIGHTS OF COLUMBUS REFUND SUPPORT VOCATIONS PROGRAM. THE EARNINGS FROM THE FATHER MICHAEL J. MCGIVNEY VOCATIONS SCHOLARSHIP FUND ARE TO BE USED FOR THE DIRECT BENEFIT OF STUDENTS WHO HAVE BEEN FOR THE PRIESTHOOD IN A D LOCESAN OR RELIGIOUS SEMINARY AND OF THOSE STUDENTS WHO HAVE BEEN FORMALLY ACCEPTED BY A R ELIGIOUS ORDER OR CONGREGATION WITH A COMMITMENT TOWARD A RELIGIOUS PROFESSION. THESE SCHO LARSHIPS, WHICH INCLUDE TUTION AND ROOM AND BOARD, ARE AWARDED FOR ONE YEAR AND ARE RENEW ABLE FOR A MAXIMUM OF FOUR YEARS UPON EVIDENCE OF CONTINUED ENROLLMENT AND NEED. TOTAL STU DENTS CURRENTLY RECEIVING SCHOLARSHIPS IN 2019 IS 96 AMOUNTING TO \$151,250. VIRGIL C. AND ANN L. DECHANT SCHOLARSHIP FUND. THE FUND WAS ESTABLISHED IN 1996 BY KNIGHTS OF COLUMBUS CHARTITES, INC. THE EARNINGS FROM THIS FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS TO MEMB ERS OR SONS OR DAUGHTERS OF MEMBERS OF KNIGHTS OF COLUMBUS. THE SCHOLARSHIPS TO MEMB ERS OR SONS OR DAUGHTERS OF MEMBERS OF KNIGHTS OF COLUMBUS. THE SCHOLARSHIPS ARE TO BE AWA RDED TO ELIGIBLE RECIPIENTS ATTENDING THE FOLLOWING SCHOOLS: THOMAS MORE PREPARATORY HIGH SCHOOL, HAYS, KANSAS; PONTIFICAL COLLEGE JOSEPHINUM, WORTHINGTON, OHIO; NORTH AMERICAN COLLEGE, ROME, ITALY; AND NEWMAN COLLEGE, WICHITA, KANSAS; OR ANY OTHER CATHOLIC SCHOOLS AS A PPROVED BY THE TRUSTEES OF THE SCHOLARSHIP FUND. PREFERENCE FOR THE SCHOLARSHIPS IS TO BE GIVEN TO RESIDENTS OF RUSH COUNTY, KANSAS; OR ANY OTHER CATHOLIC SCHOOLS AS A PROVED BY THE TRUSTEES OF THE SCHOLARSHIPS POUNDED ARE NOT EQUAL TO THE EARNINGS OF THE FUND, GRANTS MAY BE GIVEN TO OTHER CATHOLIC CHARTITES. THE SCHOLARSHIPS ARE AWARDED FOR ONE YEAR AND ARE RENEWABLE FOR EACH YEAR OF UND FARMED AND ARE RENEWABLE FOR D

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	L 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 2019 I S 45 AMOUNTING TO \$42,331. ESTATE OF PERCY J. JOHNSON SCHOLARSHIP FUND - THE BOARD OF GOVE RNORS OF KNIGHTS OF COLUMBUS CHARITIES, INC. VOTED THAT SCHOLARSHIPS AWARDED FROM THE EARN INGS OF THE BEQUEST RECEIVED FROM THE ESTATE OF PERCY J. JOHNSON BE IN CONFORMANCE WITH THE FULLES GOVERNING THE FOURTH DEGREE PRO DEO AND PRO PATRIA SCHOLARSHIP PROGRAM WITH THE UN DERSTANDING THAT THEY BE MADE AVAILABLE BASED UPON NEED TO YOUNG MEN ATTENDING CATHOLIC CO LLEGES OR UNIVERSITIES IN THE UNITED STATES. TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIP S IN 2019 IS 20 AMOUNTING TO \$23,250. BISHOP THOMAS V. DAILY VOCATIONS SCHOLARSHIP FUND - THE FUND WAS ESTABLISHED IN 1998 BY KNIGHTS OF COLUMBUS CHARITIES, INC. THE EARNINGS FROM THIS FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS FOR SEMINARIANS OFFICIALLY ENROLLED WITH ECCLESIASTICAL APPROVAL IN MAJOR SCHOOLS OF THEOLOGY. THE SCHOLARSHIPS ARE AWARDED ANNUAL LY TO STUDENTS IN THE FIRST FOUR YEARS OF THEOLOGY AND ARE RENEWABLE EACH SUCCEEDING YEAR UP TO A MAXIMUM OF FOUR YEARS UPON EVIDENCE OF CONTINUED ENROLLMENT. TOTAL STUDENTS CURREN TLY RECEIVING SCHOLARSHIPS IN 2019 IS 28 AMOUNTING TO \$46,250. JOHN W. MCDEVITT (FOURTH DE GREE) SCHOLARSHIP FUND - THE FUND WAS ESTABLISHED IN 1998 BY KNIGHTS OF COLUMBUS CHARITIES, INC. THE EARNINGS FROM THIS FUND ARE TO BE USED TO PROVIDE SCHOLARSHIPS OF KNIGHTS OF COLUMBUS, THEIR WIVES, WIDOWS AND SONS AND DAUGHTE RS WHO ATTEND CATHOLIC COLLEGES AND UNIVERSITIES IN THE UNITED STATES. THE SCHOLARSHIPS ARE AWARDED FOR ONE YEAR AND ARE RENEWABLE FOR EACH YEAR OF UNDERGRADUATE STUDY TO A TOTAL OF FOUR YEARS SUBJECT TO EVIDENCE OF SATISFACTORY ACADEMIC PERFORMANCE. TOTAL STUDENTS CURR ENTLY RECEIVING SCHOLARSHIPS IN 2019 IS 116 AMOUNTING TO \$135,000.

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 2019 IS 14 AMOUNTING TO \$16,500. 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 2019 AMOUNTING TO \$21,000. FRANK L. GOULARTE SCHOLARSHIP FUND - THE FUND WAS ESTABLISHED IN 2001 BY KNIGHTS OF COLUMBUS CHARITIES, INC. THE EARNINGS FROM THIS FUND ARE USED TO PROVIDE SCHOLARSHIPS FOR CATHOLIC STUDENTS. TOTAL STUDENTS CURRENTLY RECEIVING SCHOLARSHIPS IN 2019 IS 9 AMOUNTING TO \$12,000.

Return Reference	Explanation
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 \$ 175,000 RELIGIOUS EDUCATIONAL
LINE 4D,	AND CHARITABLE INSTITUTIONS FOR SCHOLARSHIPS AND GENERAL ASSISTANCE 392,750 GREATER NEW HAVEN
OTHER	AREA CATHOLIC HIGH SCHOOLS 27,000 CHURCH AND CHARITABLE RELATED ORGANIZATIONS 236,841 T O T A L \$
PROGRAM	831,591 THE HISTORIC SITES FUND WAS ESTABLISHED TO PROVIDE FUNDS FOR THE EXTRAORDINARY UPKEEP AND
SERVICES:	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 \$ 873 GENERAL EXPENSES ALLOCATED TO PROGRAM SERVICES 35,274 VILLA MARIA GUADALUPE
	PROGRAM 418,650 INVESTMENT MANAGEMENT FEES 112,250 ACCOUNTING FEES 74,163 T O T A L \$ 641,210

990 Schedule O, Supplemental Information

Return Reference

LINES 4A - 4D

ı		<b>,</b>
	FORM 990, PART III,	KNIGHTS OF COLUMBUS CHARITIES, INC. TRANSFERRED ASSETS, LIABILITIES AND NET ASSETS TO KNIGHTS
	STMT. OF PROGRAM	OF COLUMBUS CHARITIES USA, INC. EFFECTIVE JANUARY 1, 2005. KNIGHTS OF COLUMBUS CHARITIES USA,
	SERVICE	NC. 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 $\ lacksquare$

FULFILLMENT OF ITS PROGRAM SERVICE ACCOMPLISHMENTS.

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference

,	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
SCHEDULE R

As Filed Data -

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493275001490

Open to Public Inspection

vame of the organization	1
(NIGHTS OF COLŪMBUS CHA	ARITIES USA INC

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

41-2140273

Part I Identification of Disregarded Entities. Complete	if the orgar	nization answe	red "Yes	s" on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activ	vity	(c) Legal domic or foreign c	ile (state	(d) Total inc	ome	(e) End-of-year as	ssets	<b>(f)</b> Direct con entit	trolling	
Part II Identification of Related Tax-Exempt Organization	ons. Compl	ete if the orga	nization	answered '	'Yes" on F	orm 990	, Part 1	[V, line 34 b	ecause	e it had one or	more	
related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) omicile (state gn country)	Exempt Co		Public (if sect	(e) charity status ion 501(c)(3))	Di	(f) irect controlling entity	Section (13) co	ntrolle ity?
(1)KNIGHTS OF COLUMBUS ONE COLUMBUS PLAZA	FRATERNAL ORGANIZAT:			СТ	501(C)(8)				N/A		Tes	No
NEW HAVEN, CT 065103326 06-0416470									IN/A			
(2)THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA	OPERATION	OF A MUSEUM		СТ	501(C)(3)		12B		KNIGH <sup>-</sup>	TS OF COLUMBUS	Yes	
NEW HAVEN, CT 065103326 06-1590283												
(3)KNIGHTS OF COLUMBUS CHARITIES INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 23-7227608	ESTABLISHE RELIGIOUS, AND EDUCA PURPOSES	CHARITABLE,		СТ	501(C)(3)		7		KNIGH	TS OF COLUMBUS	Yes	
(4)JOHN PAUL II SHRINE AND INSTITUTE INC ONE COLUMBUS PLAZA	OPERATION EDUCATION AND A SHRI	AL INSTITUTE		DC	501(C)(3)		2		KNIGH	TS OF COLUMBUS	Yes	
NEW HAVEN, CT 065103326 52-1547103												
(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			KNIGH	TS OF COLUMBUS	Yes	
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t. No. 50135	Υ				Sche	edule R (Form 9	990) 20	019

one or more related organizations tre	ated as a partnership o	during the ta	x year.																	
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomirincome(rel unrelate excluded tax und sections ()	nant Share elated, total inco ed, from der 512-		Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		General or managing		General or managing partner?		General or managing partner?		(k) Percent owners	tage
					514)	'		Yes	No		Yes	No								
Part IV Identification of Related Organiza because it had one or more related or	tions Taxable as a C ganizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Complet st during th	e if the or ne tax yea	rganization a ar.	inswered "Ye	s" on F	orm 9	990, Part IV	, line	34								
(a) Name, address, and EIN of related organization	(b) Primary activity	dor (state o	c) egal nicile or foreign ntry)		(d) controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Share	<b>(g)</b> of end- year ssets		ntage ership	(13	(i) ction 5 3) cont entity 'es	rolled						
(1)CENTRO SPORTIVO CAVALIERI SRL  VIALE ANGELICO 38  ROME  IT	OPERATION OF PLAYGROUNDS		T	COLUN	ITS OF 1BUS TIES USA	С	21,813		1,559,3	53 100.00	00 %	-	es	NO						
(2)K OF C POLSKA SP UL DOMANIEWSKA 47/10 WARSZAWA PL	ADMINISTER THE OPERATIONS OF WORLD YOUTH DAY	F	L	COLUN	ITS OF 1BUS TIES USA	С	6,312		-39,3	22 100.00	00 %	Y	es							
				-			•	•		Calcadada D	7-		\ 204	_						

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had

(1)KNIGHTS OF COLUMBUS - 501(C)(8)

(2)KNIGHTS OF COLUMBUS - 501(C)(8)

(4)KNIGHTS OF COLUMBUS - 501(C)(8)

(5) CENTRO SPORTIVO CAVALIERI SRL

(3) KNIGHTS OF COLUMBUS CANADA CHARITIES INC

1m Yes

1n Yes

No

No

No

10

**1**p Yes

**1**q Yes

1r

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

FAIR MARKET VALUE

Part V 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.									
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No						
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes							
c Gift, grant, or capital contribution from related organization(s)	. 1c	Yes							
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No						
e Loans or loan guarantees by related organization(s)	1e		No						
f Dividends from related organization(s)	<b>1</b> f		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)	<b>1</b> i		No						
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No						

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)	1g	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	No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	No

(b)

Transaction

type (a-s)

C.

Q

Amount involved

1,110,610

283,651

70,264

274.517

761,442

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . .

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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 exc	clusion for certain inv	estment p	artnerships.							•									
<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- 514)	0	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	Share of total	Share of Share of total end-of-year	end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	ng	<b>(k)</b> Percentage ownership				
			514)	Yes	No			Yes	No		Yes	No							
				L						Schedul	e R (Forn	n 99	0) 2019						

Schedule R (Form 990) 2019				
Part VII	Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Retu	ırn Reference	Explanation		