



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

KNIGHTS OF COLUMBUS CHARITIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

ONE COLUMBUS PLAZA

Room/suite

City or town, state or country, and ZIP + 4

NEW HAVEN, CT 065103326

F Name and address of principal officer

CHARLES E MAURER JR

ONE COLUMBUS PLAZA

NEW HAVEN, CT 065103326

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.KOFC.ORG/UN/EB/EN/ABOUT/CHARITIES/

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1972

M State of legal domicile

CT

Part I

Summary

Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES</div>		
Revenue	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>		
	<div>3 Number of voting members of the governing body (Part VI, line 1a)</div>		9
	<div>4 Number of independent voting members of the governing body (Part VI, line 1b)</div>		1
	<div>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div>		0
	<div>6 Total number of volunteers (estimate if necessary)</div>		0
	<div>7a Total unrelated business revenue from Part VIII, column (C), line 12</div>		0
	<div>7b Net unrelated business taxable income from Form 990-T, line 34</div>		0
Expenses			
Net Assets or Fund Balances			

Part II

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.

Sign Here

\*\*\*\*\*

Signature of officer

2012-05-10

Date

CHARLES E MAURER JR SECRETARY

Type or print name and title

Preparer's signature

THOMAS F LYDEN

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P01215353

Firm's name (or yours if self-employed), address, and ZIP + 4

SEWARD AND MONDE CPA'S

296 STATE STREET

NORTH HAVEN, CT 064732165

EIN

06-0530830

Phone no

(203) 248-9341

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

CHARITIES IS OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES. KNIGHTS OF COLUMBUS, THROUGH ITS MEMBERS, PROVIDES DONATIONS WHICH ARE PLACED UNDER THE CONTROL OF CHARITIES. CHARITIES ACCEPTS RESTRICTED AND UNRESTRICTED GIFTS AND BEQUESTS FROM MEMBERS OF KNIGHTS OF COLUMBUS AND THE PUBLIC THAT CONFORM WITH THE TERMS OF ITS GOVERNING INSTRUMENT.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 768,305 including grants of \$ 768,305 ) (Revenue \$ )

IN FURTHERANCE OF ITS EXEMPT PURPOSE, CHARITIES PROVIDED FINANCIAL ASSISTANCE TO VICTIMS OF VARIOUS DOMESTIC AND FOREIGN NATURAL DISASTERS. THIS PROGRAM PROVIDED ASSISTANCE TO VICTIMS OF THE FOLLOWING MAJOR NATURAL DISASTERS: FLOODS, HURRICANES & TORNADOS OCCURING IN THE UNITED STATES, JAPAN EARTHQUAKE, HAITI EARTHQUAKE AND PAKISTAN FLOODS.

4b

(Code ) (Expenses \$ 7,984,302 including grants of \$ 7,948,441 ) (Revenue \$ )

IN FURTHERANCE OF ITS EXEMPT PURPOSE, CHARITIES PROVIDED GRANTS TO OTHER ORGANIZATIONS.

4c

(Code ) (Expenses \$ 1,533,882 including grants of \$ 1,533,882 ) (Revenue \$ )

IN FURTHERANCE OF ITS EXEMPT PURPOSE, CHARITIES PROVIDED GRANTS TO OTHER ORGANIZATIONS TO PROMOTE MATTERS AFFECTING LIFE, FAMILY, MARRIAGE AND SIMILAR PRIORITIES IN BUILDING A CULTURE OF LIFE. THIS PROGRAM PROVIDED FUNDING FOR ULTRASOUND MACHINES TO VARIOUS PREGNANCY CRISIS CENTERS.

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )



















4e

Total program service expenses

\$ 10,286,489











Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 		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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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. 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . 	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i> . . . 	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . 	32	Yes	
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? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . 	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . 	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . 	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? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .	38	Yes	

<b>Part V</b>		<b>Statements Regarding Other IRS Filings and Tax Compliance</b>		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	2	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b>	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?	<b>6a</b>		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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>7a</b>		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>		
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>		
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	No	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	CHARLES E MAURER JR ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 (203) 752-4227

Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARL A ANDERSON PRESIDENT	3.00	X		X				0	1,488,682	32,728
(2) DENNIS A SAVOIE VICE PRESIDENT	1.00	X		X				0	467,269	26,317
(3) CHARLES E MAURER JR SECRETARY	1.00	X		X				0	226,988	15,098
(4) LOGAN T LUDWIG TREASURER	1.00	X		X				0	85,290	7,690
(5) VIRGIL C DECHANT DIRECTOR	1.00	X						0	150,682	0
(6) MOST REV WILLIAM E LORI DIRECTOR	1.00	X						0	0	0
(7) EDWARD J MULLEN DIRECTOR	1.00	X						0	698,281	32,728
(8) JOHN A MARRELLA DIRECTOR	1.00	X						0	418,769	26,317
(9) THOMAS P SMITH JR DIRECTOR	1.00	X						0	481,184	32,727
(10) EMILIO B MOURE PAST SECRETARY	1.00	X		X				0	307,001	14,179
(11) RONALD J TRACZ ASSISTANT SECRETARY	1.00			X				0	212,545	23,968
(12) TERRENCE T LESCOE CHIEF FINANCIAL OFFICER	1.00			X				0	272,036	24,936

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	0	4,808,727	236,688

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IMPACT MAILING OF MINNESOTA INC 4600 LYNDAL AVE NORTH MINNEAPOLIS, MN 554121408	DIRECT MAILING	128,211

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		3,012,711			
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	1,823,937				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,188,774				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .						
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .						
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		152,857			152,857
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties . . . . .		6,668			6,668	
6a		Gross rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss) . . . . .						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	555,132			555,132	
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss) . . . . .						
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . .	a					
b		Less direct expenses . . . .	b					
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19 . . . .	a					
b		Less direct expenses . . . .	b					
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances . . . .	a					
b		Less cost of goods sold . . .	b					
c		Net income or (loss) from sales of inventory . .						
		Miscellaneous Revenue		Business Code				
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .							
12	Total revenue. See Instructions . . . . .			3,727,368	0	0	714,657	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	9,707,323	9,707,323		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	543,305	543,305		
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 contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,931		12,931	
c	Accounting	31,225		31,225	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	35,861	35,861		
g	Other				
12	Advertising and promotion				
13	Office expenses	4,873		4,873	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	DATABASE MANAGEMENT FEE	23,527			23,527
b	GENERAL EXPENSES	8,605		1,381	7,224
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,367,650	10,286,489	50,410	30,751
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			475,622	1	60,355
	2	Savings and temporary cash investments . . . . .			1,475,332	2	638,915
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			2,226	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			27,449	9	145,548
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a				
	b	Less: accumulated depreciation . . . . .	10b			10c	
	11	Investments—publicly traded securities . . . . .			3,550,974	11	417,129
	12	Investments—other securities. See Part IV, line 11 . . . . .			2,807,318	12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			56,610	15	429
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			8,395,531	16	1,262,376
Liabilities	17	Accounts payable and accrued expenses . . . . .			22,391	17	9,735
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			8,116	25	17,136
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			30,507	26	26,871
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			8,106,582	27	922,399
	28	Temporarily restricted net assets . . . . .			258,442	28	313,106
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			8,365,024	33	1,235,505
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			8,395,531	34	1,262,376

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,727,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,367,650
3	Revenue less expenses Subtract line 2 from line 1	3	-6,640,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,365,024
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-489,237
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,235,505

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization KNIGHTS OF COLUMBUS CHARITIES INC	Employer identification number 23-7227608
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,294,242	2,226,935	3,450,445	3,583,716	3,012,711	13,568,049
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,294,242	2,226,935	3,450,445	3,583,716	3,012,711	13,568,049
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)						3,803,049
6 Public Support. Subtract line 5 from line 4						9,765,000

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,294,242	2,226,935	3,450,445	3,583,716	3,012,711	13,568,049
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,919	159,570	190,428	159,415	159,525	774,857
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	107					107
11 Total support (Add lines 7 through 10)						14,343,013

12 Gross receipts from related activities, etc (See instructions )

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	68 080 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	72 000 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities 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 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME
SCHEDULE A, PART IV, LIST OF UNUSUAL GRANTS CASH GIFT DATE 04/18/07 AMOUNT 800000

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7227608  
**Name:** KNIGHTS OF COLUMBUS CHARITIES INC

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
--------------------------------------

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number  
23-7227608

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2011

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

**4** Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? 

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 

☐ Yes

☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21? 

☐ Yes

☐ No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment ▶
- Permanent endowment ▶
- Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> . . . . . ▶				0



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	3,727,368
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	10,367,650
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-6,640,282
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-489,237
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-489,237
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-7,129,519

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	3,252,143
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-489,237
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	49,873
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-439,364
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,691,507
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	35,861
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	35,861
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	3,727,368

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	10,381,662
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	49,873
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	49,873
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	10,331,789
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	35,861
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	35,861
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	10,367,650

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

# 2011

## Open to Public Inspection

Name of the organization  
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number

23-7227608

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

**3** Activities per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	DISASTER RELIEF GRANTS TO AN ORGANIZATION LOCATED IN HAITI		433,305
EAST ASIA AND THE PACIFIC	0	0	DISASTER RELIEF GRANTS TO AN ORGANIZATION LOCATED IN JAPAN		100,000
SOUTH ASIA	0	0	DISASTER RELIEF GRANT TO AN ORGANIZATION LOCATED IN PAKISTAN		10,000
<b>3a</b> Sub-total	0	0			543,305
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			543,305

[illegible]**Schedule F (Form 990) 2011**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

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

**Schedule F (Form 990) 2011**

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KNIGHTS OF COLUMBUS CHARITIES INC

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
23-7227608

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

101

3

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

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 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

Software ID:  
Software Version:  
EIN: 23-7227608  
Name: KNIGHTS OF COLUMBUS CHARITIES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	41-2140273	501(C)(3)	245,777	0	N/A	N/A	GENERAL SUPPORT DONATION FOR VARIOUS PROGRAMS
KNIGHTS OF COLUMBUS FAMILY LIFE BUREAU INC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	52-1547103	501(C)(3)	7,700,000	0	N/A	N/A	FOR THE ESTABLISHMENT OF THE BLESSED JOHN PAUL II SHRINE
1ST WAY OF EUGENE 1667 HIGH STREET EUGENE, OR 97401	23-7368586	501(C)(3)	12,668	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
A BABY'S BREATH 2118 W MAIN STREET JEFFERSONVILLE, PA 19403	23-3045525	501(C)(3)	14,150	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ABBA A WOMEN'S RESOURCE CENTER 1250 FOREST AVE PORTLAND, ME 04103	01-0499592	501(C)(3)	8,740	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
A DOOR OF HOPE PREGNANCY CENTER INC 3407 LANCASTER PIKE WILMINGTON, DE 19805	51-0263402	501(C)(3)	6,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ARCHDIOCESE OF MIAMI 3600 SW 32ND BOULEVARD WEST PARK, FL 33023	27-0408885	501(C)(3)	7,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BIRTHLINE INC 1411 WEST ST GERMAIN ST ST CLOUD, MN 563027487	34-3448584	501(C)(3)	14,325	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BIRTH CHOICE PREGNANCY CENTERS INC 415 N SYCAMORE ST SUITE 200 SANTA ANA, CA 92701	33-0150193	501(C)(3)	22,823	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BIRTH CHOICE SERVICES INC 2250 BUTTERFIELD DRIVE STE 220 TROY, MI 48084	27-3949723	501(C)(3)	12,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BRAZOS VALLEY COALITION FOR LIFE 4012 E 29TH BRYAN, TX 77802	74-2881292	501(C)(3)	14,998	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CATHOLIC CHARITIES INC 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410	59-2470479	501(C)(3)	16,248	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CATHOLIC CHARITIES USA 1731 KING STREET ROOM 200 ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	17,700	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CENTER FOR PREGNANCY CHOICES PO BOX 8008 VICKSBURG, MS 39180	57-0897070	501(C)(3)	13,301	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CHOICES MEDICAL CLINIC 538 S BLECKLEY DRIVE WICHITA, KS 672182402	48-1141020	501(C)(3)	26,909	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CLINTON COUNTY WOMEN'S CENTER 815 S SOUTH STREET WILMINGTON, OH 45172755	31-1175904	501(C)(3)	14,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COLORADO K OF C CHARITIES FUND INC PO BOX 810 LITTLETON, CO 80160	23-7309447	501(C)(3)	12,613	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COLUMBIAN CHARITIES OF GEORGIA INC 147 CROSS GATE DR MARIETTA, GA 30068	20-3401592	501(C)(3)	34,400	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COLUMBIAN CHARITIES OF MISSOURI INC 114 PALISADES DRIVE JEFFERSON CITY, MO 65109	23-7112691	501(C)(3)	92,030	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COMMUNITY PREGNANCY CENTER 222 E WASHINGTON ST STE 5 CARSON CITY, NV 89701	94-2921836	501(C)(3)	12,790	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PREGNANCY CENTER 1131 CENTRAL AVENUE MIDDLETOWN,OH 45044	31-1149133	501(C)(3)	18,750	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COMMUNITY PREGNANCY CENTERS OF NORTHWEST OHIO 1410 WEST HIGH STREET BRYAN,OH 43506	34-1493562	501(C)(3)	12,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CORPUS CHRISTI PREGNANCY RESOURCE CENTER INC 4730 EVERHART RD CORPUS CHRISTI,TX 78411	74-2541210	501(C)(3)	14,725	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CRISIS PREGNANCY CENTER OF CHARITABLE-EM INC 418 WAUKAZOO AVE PETOSKEY,MI 49770	38-2779069	501(C)(3)	14,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CRISIS PREGNANCY RESOURCE CENTER 115 LIBERTY STREET HOT SPRINGS,AR 71913	71-0653882	501(C)(3)	14,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
DAYBREAK INC 2009 HAMPTON STREET COLUMBIA,SC 29204	57-0760670	501(C)(3)	25,540	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
EASTERN PREGNANCY CARE CENTER 727 A PROFESSIONAL DR NEW BERN,NC 28560	56-1714612	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULUTRE OF LIFE PROGRAM
FAMILY VALUES RESOURCE INSTITUTE INC PO BOX 74403 BATON ROUGE,LA 70874	72-1415039	501(C)(3)	26,602	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
FIRST CHOICE CLINIC 1351 PAGE DRIVE FARGO,ND 58103	45-0384081	501(C)(3)	15,178	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
FIRST CHOICE PREGNANCY SERVICES INC 1223 S BROADWAY ST PO BOX 742 NEW ULM,NM 56073	27-2497518	501(C)(3)	15,750	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
GOLDEN VALLEY DOOR OF HOPE PO BOX 710 CLINTON,MO 64735	26-3492814	501(C)(3)	13,134	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
GREATER BALTIMORE CENTER FOR PREGNANCY CONCERNS INC 442 EASTERN BOULEVARD ESSEX,MD 21221	52-1192219	501(C)(3)	13,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HEALTH RESOURCES LIFE CARE CENTER 126 E LINCOLN AVE FERGUS FALLS,MN 56537	41-1461232	501(C)(3)	15,651	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HEARTBEAT CPC OF NACOGDOCHES 621 RUSSELL BLVD NACOGDOCHES,TX 75965	75-2444361	501(C)(3)	14,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PORGRAM
HEARTBEATS OF LICKING COUNTY INC 336 EAST MAIN STREET NEWARK,OH 43055	23-7316671	501(C)(3)	12,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HEARTBEAT OF LIMA INC PO BOX 1642 LIMA,OH 45802	23-7293587	501(C)(3)	13,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HILL COUNTRY CHRISTIAN ACTION COUNCIL PO BOX 205 BOERNE,TX 78006	74-2470532	501(C)(3)	25,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
INDIANA STATE COUNCIL OF KNIGHTS OF COLUMBUS CHARITY FUND INC 3215 SAINT JUDE DRIVE INDIANAPOLIS,IN 46227	02-0718931	501(C)(3)	13,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
INFORMED CHOICE OF IOWA CORP PO BOX 2537 IOWA CITY,IA 52244 2537	26-0451761	501(C)(3)	16,025	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
INTERNATIONAL LIFE SERVICES CENTER PROGRAM OFFICE 2606 WEST 8TH STREET LOS ANGELES,CA 90057	95-3977774	501(C)(3)	12,150	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
KC COLORADO STATE CHARITIES INC505 COLUMBIA AVENUE DEL NORTE,CO 81123	23-7300447	501(C)(3)	15,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
KERR COUNTY CHRISTIAN ACTION COUNCILPO BOX 291832 KERRVILLE,TX 780291832	74-2352222	501(C)(3)	24,450	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
KNIGHTS OF COLUMBUS PRO-LIFE FOUNDATION OF NEBRASKA2008 VAN BUREN ST BELLEVUE,NE 68005	47-0596545	501(C)(3)	11,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LAKESHORE PREGNANCY CENTER INC339 SOUTH RIVER AVE HOLLAND,MI 49423	38-3046882	501(C)(3)	11,750	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LAKE SUPERIOR LIFE CARE CENTER 101 W 2ND ST SUITE 200 DULUTH,MN 55802	41-1435113	501(C)(3)	12,050	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE CARE CENTER EAST891 WHITE BEAR AVE ST PAUL,MN 55106	41-1714652	501(C)(3)	13,650	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE CARE CENTER FOR WOMEN INC121 EAST 2ND STREET OTTAWA,KS 66067	74-2839564	501(C)(3)	19,010	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE CHOICES INC 411 SOUTH MAIN STREET PHILLIPSBURG,NJ 08865	22-3703602	501(C)(3)	37,388	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE IS FOR EVERYONE INC78 W HILL STREET WABASH,IN 46992	35-1597823	501(C)(3)	9,318	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE CHOICES RESOURCE CENTER INC503 MAIN STREET METUCHEN,NJ 08840	22-2672203	501(C)(3)	11,650	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIGHTHOUSE PREGNANCY RESOURCE CENTER 503 LAFAYETTE AVENUE PO BOX 227 HAWTHORNE,NJ 07507	22-2589831	501(C)(3)	18,026	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LOUISIANA BAPTIST CHILDREN'S HOME PO BOX 4196 7200 DESIARD STREET MONROE,LA 712114196	72-6000696	501(C)(3)	12,758	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LOW COUNTY PREGNANCY CENTER7481 NORTHSIDE DR NORTH CHARLESTON,SC 29420	57-0838453	501(C)(3)	8,450	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MCALLEN PREGNANCY CENTER717 S 12TH STREET MCALLEN,TX 78501	26-2066331	501(C)(3)	12,100	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MOTHER AND UNBORN BABY CARE OF NORTH TEXAS INC3704 MYRTLE SPRINGS ROAD FORTH WORTH,TX 76116	75-1946217	501(C)(3)	21,750	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MODESTO PREGNANCY CENTER3025 MCHENRY AVENUE MODESTO,CA 95350	77-0239794	501(C)(3)	12,493	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
NEW BEGINNINGS PREGNANCY HELP CENTERPO BOX 506 ASH FLAT,AR 72513	71-0830500	501(C)(3)	26,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
NEW HOPE PREGNANCY CLINIC 320 S IDAHO ST BUTTE,MT 65701	81-0478594	501(C)(3)	12,178	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
NEW LIFE RESOURCES INCPO BOX 110308 NASHVILLE,TN 372220308	62-1604218	501(C)(3)	13,675	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
NORTH SIDE LIFE CARE CENTER4367 THOMAS AVENUE NORTH MINNEAPOLIS,MN 55412	41-1354132	501(C)(3)	17,868	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
PALMETTO PREGNANCY CENTER 6393 LAKE WYLIE RD CLOVER,SC 29710	57-0789792	501(C)(3)	14,675	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PATHWAYS A PREGNANCY RESOURCE CENTER INC115 WEST WALKER PO BOX 361 ALTUS,OK 735220361	73-1620216	501(C)(3)	11,490	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PENNSYLVANIA STATE COUNCIL EDUCATION FOUNDATION INCPO BOX 209 RIDGWAY,PA 15853	26-0315132	501(C)(3)	28,788	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PERMIAN BASIN WOMEN'S RESOURCE CENTER INC2101 W WALL STREET MIDLAND,TX 79701	75-1663590	501(C)(3)	28,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PIEDMONT WOMEN'S CENTERPO BOX 26866 GREENVILLE,SC 29616	57-0932285	501(C)(3)	28,129	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
POPE JOHN PAUL II CHAPTER KNIGHTS OF COLUMBUS17 ABINGTON LN SEWELL,NJ 08080	22-3043016	501(C)(3)	5,425	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CARE CENTER INC1119 DELAWARE AVENUE FORT PIERCE,FL 34950	65-0468255	501(C)(3)	27,520	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CARE CENTER OF GRANTS PASS714 SE 8TH STREET GRANTS PASS,OR 97526	93-1025665	501(C)(3)	11,953	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CRISIS CENTER INCPO 2385 TWIN FALLS,ID 83301	84-1387194	501(C)(3)	21,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY RESOURCE CENTER OF METRO RICHMOND1510 WILLOW LAWN DRIVE SUITE 200 RICHMOND,VA 23230	52-1280960	501(C)(3)	19,925	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CARE CENTER OF THE NORTH COAST2390 MYRTLE AVENUE EUREKA,CA 95501	68-0310798	501(C)(3)	14,173	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CARE CENTER OF THE TRAVERSE BAY AREA 121 GARFIELD AVE TRAVERSE CITY,MI 49686	38-2786269	501(C)(3)	10,103	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY COUNSELING CENTER INC853 HASKELL STREET RENO,NV 89509	94-2919954	501(C)(3)	12,790	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY OUTREACH CLINIC OF MILES CITYPO BOX 596 MILES CITY,MT 59301	27-1713093	501(C)(3)	13,632	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY RESOURCE CENTER 1830 HACIENDA DRIVE SUITE 8 VISTA,CA 92081	33-0809605	501(C)(3)	21,386	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY SUPPORT SERVICE OF WAKE FOREST853 WAKE FOREST BUSINESS PARK WAKE FOREST,NC 27587	56-2164060	501(C)(3)	11,100	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
RIDE 4 US401 NORTH E STREET TACOMA,WA 98403	02-0732247	501(C)(3)	52,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ROGUE VALLEY PREGNANCY RESOURCE CENTER 2019 AERO WAY MEDFORD,OR 97504	68-0524940	501(C)(3)	12,668	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ST CROIX VALLEY LIFE CARE CENTER 713 COUNTRY RD 5 STILLWATER,MN 55082	41-1593503	501(C)(3)	24,588	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ST JOSEPH NEIGHBORHOOD CENTER4127 SOUTH AVENUE ROCHESTER,NY 14620	16-0743089	501(C)(3)	13,830	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S COUNCIL 1470 KNIGHTS OF COLUMBUS CHARITIES INCPO BOX 152 LEONARDTOWN,MD 20650	33-1109715	501(C)(3)	12,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SHARED PREGNANCY WOMEN'S CENTER 503 N WALNUT ST LANSING,MI 489019036	38-2479382	501(C)(3)	10,679	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
THE EVERGREEN ASSOCIATION INC 61 LEWIS PARKWAY YONKERS,NY 107052525	13-3301413	501(C)(3)	27,265	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
THE JOHN PAUL II LIFE CENTER1600 W 38TH STREET STE 115 AUSTIN,TX 78731	20-8785471	501(C)(3)	14,075	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
THE NURTURING CENTER3819 22ND PLACE LUBBOCK,TX 79410	20-1800901	501(C)(3)	17,520	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
UNIVERSITY LIFE-CARE CENTER INC 1315 4TH STREET SE SUITE 200 MINNEAPOLIS,MN 554142028	41-1278207	501(C)(3)	19,610	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
WOMEN'S CARE CENTER INC201 LINCOLNWAY WEST MISHAWAKA,IN 46544	35-1609945	501(C)(3)	12,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
WOMEN'S HOPE MEDICAL CLINIC820 STAGE RD AUBURN,AL 36830	63-0842475	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
WOMEN'S SUPPORT CENTERS OF MILWAUKEE INC 2051 W WISCONSIN AVE MILWAUKEE,WI 53233	26-2079235	501(C)(3)	15,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
KNIGHTS OF COLUMBUS MISSOURI STATE COUNCILPO BOX 510435 SAINT LOUIS,MO 631510435	43-6042423	501(C)(3)	25,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS SOUTH DAKOTA STATE COUNCIL29921 463RD AVENUE CENTERVILLE,SD 570146104	46-0271365	501(C)(3)	20,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS NEBRASKA STATE COUNCIL5010 S 48TH STREET LINCOLN,NE 685161217	47-0483786	501(C)(3)	25,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS ARIZONA STATE COUNCIL719 N NORRAINE LANE HUACHUCA CITY,AZ 856168386	23-7104582	501(C)(3)	15,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS NORTH DAKOTA STATE COUNCILPO BOX 245 SOUTH HEART,ND 586550245	45-0217304	501(C)(3)	20,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS NEW YORK STATE COUNCIL1023 23RD STREET WATERVLIET,NY 121891712	23-7240550	501(C)(3)	20,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS PENNSYLVANIA STATE COUNCIL85 1ST AVENUE BROOMALL,PA 190082405	23-7154771	501(C)(3)	20,000		N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS NEW JERSEY STATE COUNCIL7442 IRVING AVENUE PENNSAUKEN,NJ 081093129	22-1411271	501(C)(3)	20,000		N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS VERMONT STATE COUNCIL71 SCHOOL STREET WESTFIELD,VT 058749789	45-0489118	501(C)(3)	10,000		N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS ALABAMA STATE COUNCIL107 LAKE OLIVER DRIVE ENTERPRISE,AL 363301436	23-7435500	501(C)(3)	20,000		N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS NORTH CAROLINA STATE COUNCIL3418 HIFFINES DRIVE BURLINGTON,NC 272178215	23-7411668	501(C)(3)	20,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNIGHTS OF COLUMBUS IOWA STATE COUNCIL 4305 WAKONDA PARKWAY DES MOINES, IA 503153358	42-0362210	501(C)(3)	10,000		N/A	N/A	DONATION FOR DISASTER RELIEF

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization KNIGHTS OF COLUMBUS CHARITIES INC	Employer identification number 23-7227608
---	--

Part I

Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>1b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
<b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b>		
<b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III		
<b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CARL A ANDERSON	(i)	0	0	0	0	0	0	0
	(ii)	780,500	339,340	368,842	7,350	25,378	1,521,410	0
(2) DENNIS A SAVOIE	(i)	0	0	0	0	0	0	0
	(ii)	262,958	90,840	113,471	7,350	18,967	493,586	0
(3) CHARLES E MAURER JR	(i)	0	0	0	0	0	0	0
	(ii)	171,333	23,040	32,615	5,140	9,958	242,086	0
(4) VIRGIL C DECHANT	(i)	0	0	0	0	0	0	0
	(ii)	150,682	0	0	0	0	150,682	0
(5) EDWARD J MULLEN	(i)	0	0	0	0	0	0	0
	(ii)	487,800	124,240	86,241	7,350	25,378	731,009	0
(6) JOHN A MARRELLA	(i)	0	0	0	0	0	0	0
	(ii)	280,700	107,340	30,729	7,350	18,967	445,086	0
(7) THOMAS P SMITH JR	(i)	0	0	0	0	0	0	0
	(ii)	303,496	114,240	63,448	7,350	25,377	513,911	0
(8) EMILIO B MOURE	(i)	0	0	0	0	0	0	0
	(ii)	133,600	70,600	102,801	4,008	10,171	321,180	0
(9) RONALD J TRACZ	(i)	0	0	0	0	0	0	0
	(ii)	170,858	37,940	3,747	5,001	18,967	236,513	0
(10) TERRENCE T LESCOE	(i)	0	0	0	0	0	0	0
	(ii)	203,800	64,640	3,596	5,419	19,517	296,972	0

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	PART I, LINE 4B CARL A ANDERSON \$357,432 DENNIS A SAVOIE 102,074 CHARLES E MAURER, JR 28,137 EDWARD J MULLEN 74,213 JOHN A MARRELLA 28,022 THOMAS P SMITH, JR 58,927 EMILIO B MOURE 100,544 THE ABOVE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III)
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I THE ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES. KNIGHTS OF COLUMBUS PROVIDES ADMINISTRATIVE SUPPORT TO ASSIST WITH THE DAY-TO-DAY OPERATIONS WITHOUT CHARGE.

SCHEDULE N  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.  
▶ Attach certified copies of any articles of dissolution, resolutions or plans.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number  
23-7227608

Part I

Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

2a

Yes

No

b

Become an employee of, or independent contractor for, a successor or transferee organization?

2b

Yes

No

c

Become a direct or indirect owner of a successor or transferee organization?

2c

Yes

No

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

2d

Yes

No

e

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

Part I Liquidation, Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets) and line 26 (Total liabilities) should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b

If "Yes," did the organization provide such notice?

5

Did the organization discharge or pay all liabilities in accordance with state laws?

6a

Did the organization have any tax-exempt bonds outstanding during the year?

b

Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c

If 'Yes' to line 6b describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Yes

No

3

4a

4b

5

6a

6b

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH DONATIONS	09-28-2011	7,700,000	N/A	52-1547103	KNIGHTS OF COLUMBUS FAMILY LIFE BUREAU INC  ONE COLUMBUS PLAZA NEW HAVEN,CT 065103326	501(C)(3)

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

b

Become an employee of, or independent contractor for, a successor or transferee organization?

c

Become a direct or indirect owner of a successor or transferee organization?

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Yes

No

2a

2b

2c

2d

**Part III**

**Supplemental Information.** Complete to provide the information required by Parts I and II, and any additional information.

Identifier	Return Reference	Explanation
		KNIGHTS OF COLUMBUS CHARITIES, INC PROVIDED \$7,700,000 IN DONATIONS TO KNIGHTS OF COLUMBUS FAMILY LIFE BUREAU, INC FOR THE ESTABLISHMENT OF THE BLESSED JOHN PAUL II SHRINE FOR THE YEAR ENDED DECEMBER 31, 2011 THE EXISTING OFFICERS AND DIRECTORS OF KNIGHTS OF COLUMBUS CHARITIES, INC AS LISTED ON FORM 990 PART VII ARE ALSO OFFICERS AND DIRECTORS OF KNIGHTS OF COLUMBUS FAMILY LIFE BUREAU, INC

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number

23-7227608

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE BOARD OF DIRECTORS OF KNIGHTS OF COLUMBUS, A FRATERNAL BENEFIT ORGANIZATION, ARE THE SUSTAINING MEMBERS OF KNIGHTS OF COLUMBUS CHARITIES, INC
	FORM 990, PART VI, SECTION A, LINE 7A	THE SUSTAINING MEMBERS OF KNIGHTS OF COLUMBUS CHARITIES, INC ELECT THE BOARD OF GOVERNORS
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE 990 IS DISTRIBUTED TO EACH BOARD MEMBER FOR REVIEW BEFORE THE RETURN IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS ALL BOARD MEMBERS AND TOP MANAGEMENT OFFICIALS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE ALL POTENTIAL ISSUES ARE REVIEWED AND RESOLVED BY THE SECRETARY'S OFFICE IN CONJUNCTION WITH THE INTERNAL AUDIT DEPARTMENT
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES KNIGHTS OF COLUMBUS PROVIDES ADMINISTRATIVE SUPPORT TO ASSIST WITH THE DAY-TO-DAY OPERATIONS WITHOUT CHARGE THE COMPENSATION PROCESS AND INDEPENDENT REVIEW WAS PERFORMED BY A RELATED ORGANIZATION, KNIGHTS OF COLUMBUS KNIGHTS OF COLUMBUS' COMPENSATION PROCESS IS AS FOLLOWS THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS EMPLOYS A DATA SERVICE COMPANY ON AN ANNUAL BASIS FOR REVIEW OF COMPENSATION THE SERVICE COMPANY USES SURVEY SOURCES THEY HAVE COMPILED PLUS OTHER PUBLISHED SURVEYS TO PRESENT A PEER GROUP PERFORMANCE COMPARISON REPORT THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE PRESENTATION BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS AFTER A REVIEW AND DISCUSSION BY THE BOARD OF DIRECTORS, A VOTE IS TAKEN TO APPROVE A NEW ANNUAL SALARY RANGE FOR THE TOP MANAGEMENT INDIVIDUALS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PHOTOCOPIED AND MAILED TO REQUESTING PARTIES UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -489,237
		FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B THE AVERAGE HOURS PER WEEK FOR EACH DIRECTOR AND OFFICER FOR RELATED ORGANIZATIONS AS LISTED ON SCHEDULE R ARE AS FOLLOWS CARL A ANDERSON 57 DENNIS A SAVOIE 54 CHARLES E MAURER, JR 54 LOGAN T LUDWIG 54 VIRGIL C DECHANT 24 MOST REV WILLIAM E LORI 9 EDWARD J MULLEN 54 JOHN A MARRELLA 54 THOMAS P SMITH, JR 54 EMILIO B MOURE 54 RONALD J TRACZ 54 TERRENCE T LESCOE 54
		FORM 990, SCHEDULE R-1, PART II, COLUMN D, KNIGHTS OF COLUMBUS CANADA CHARITIES, INC'S EXEMPT CODE SECTION CANADA CHARITIES IS EXEMPT FROM FEDERAL TAXATION IN CANADA UNDER PARAGRAPH 149(1)(F) OF THE INCOME TAX ACT AND IS DESIGNATED AS A "PUBLIC FOUNDATION" PER PARAGRAPH 149 1(6 3) OF THE ACT

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number  
23-7227608

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) KNIGHTS OF COLUMBUS  ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 06-0416470	FRATERNAL BENEFIT ORGANIZATION	CT	501(C)(8)		N/A		No
(2) KNIGHTS OF COLUMBUS CHARITIES USA INC  ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 41-2140273	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CT	501(C)(3)	11B	KNIGHTS OF COLUMBUS	Yes	
(3) THE KNIGHTS OF COLUMBUS MUSEUM INC  ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 06-1590283	OPERATION OF A MUSEUM	CT	501(C)(3)	11B	KNIGHTS OF COLUMBUS	Yes	
(4) KNIGHTS OF COLUMBUS FAMILY LIFE BUREAU INC  ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 52-1547103	OPERATION OF AN EDUCATIONAL INSTITUTE AND A MUSEUM	DC	501(C)(3)	2	KNIGHTS OF COLUMBUS	Yes	
(5) KNIGHTS OF COLUMBUS CANADA CHARITIES INC  1843 TRAPPERS AVE WINDSOR, ON N8P 1T1 CA	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CA	SEE SCHD O		KNIGHTS OF COLUMBUS	Yes	

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 one or more related organizations treated as a partnership during the tax year.)

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

Part IV

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

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) KNIGHTS OF COLUMBUS - 501(C)(8)	C	1,812,000	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--