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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning		and ending	
B Check if applicable	C Name of organization	D Employer identification number	
<input type="checkbox"/> Address change	KNIGHTS OF COLUMBUS 5260 OUR LADY OF CEDA	23-7137264	
<input type="checkbox"/> Name change	Doing Business As	E Telephone number	
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
<input type="checkbox"/> Terminated	770 SO PORTER STREET		
<input type="checkbox"/> Amended return	City, town or post office, state, and ZIP code		
<input type="checkbox"/> Application pending	MANCHESTER	NH	03103-3175
	F Name and address of principal officer	G Gross receipts \$	
		1,321,716	
I Tax-exempt status	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website:	► N/A		
K Form of organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation	1962
M State of legal domicile	NH		

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 ► 0188

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE CHARITABLE WORK BY MEMBERS WITHIN THE COMMUNITY AND PROVIDE ASSISTANCE TO NON-PROFITS BOTH IN SERVICE AND FINANCIAL AID.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	RECEIVED 2012 MAY 13 2013 FERNAND G. GELINAS TRUSTEE	3 198
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 198	
Expenses	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 0	
	6 Total number of volunteers (estimate if necessary)	6 210	
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0	
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	7,379	824
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	117	27
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,243	97,839
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,739	98,690
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	94,850	112,244
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,129	4,984
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	98,979	117,228
	19 Revenue less expenses. Subtract line 18 from line 12	32,760	-18,538
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	106,990	88,452
21 Total liabilities (Part X, line 26)	0	0	
22 Net assets or fund balances Subtract line 21 from line 20	106,990	88,452	

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	Date
	FERNAND G. GELINAS TRUSTEE	5/9/13
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	GEORGE SHATFORD	George L Shatford	5/9/13		
	Firm's name ► GEORGE SHATFORD		Firm's EIN ► 010284659		
	Firm's address ► 936 CIRGSTON ST MANCHESTER NH		Phone no 603 622 8909		

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

 Yes No

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:

ALL INCOME PRODUCING ACTIVITIES ARE TO PROMOTE CHARITABLE SERVICE WORK AND/OR DIRECT DONATIONS BY MEMBERS OF THE ORGANIZATION TO NON-PROFIT GROUPS AND SCHOOLS WITHIN THE COMMUNITY

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

4b (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 0

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	X
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
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.	10	X
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.	11a	X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11b	X
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.	11c	X
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.	11d	X
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.	11e	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11f	
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.	12a	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12b	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	13	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	14a	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14b	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	15	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	16	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	17	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	18	X
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.	19	X
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.	20a	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20b	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
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? If "Yes," complete Schedule L, Part IV.	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V.

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. **1a** **8**

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. **1b** **8**

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c** **X**

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. **2a**

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)**

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a**

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. **3b**

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a** **X**

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.**

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a**

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b**

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? **5c**

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? **6a** **X**

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b** **X**

7 **Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7a**

b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b**

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c**

d If "Yes," indicate the number of Forms 8282 filed during the year. **7d**

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e**

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f**

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g**

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **7h**

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **8**

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? **9a**

b Did the organization make a distribution to a donor, donor advisor, or related person? **9b**

10 **Section 501(c)(7) organizations.** Enter:

a Initiation fees and capital contributions included on Part VIII, line 12. **10a**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. **10b**

11 **Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders. **11a**

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). **11b**

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **Note. See the instructions for additional information the organization must report on Schedule O.**

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. **13b**

c Enter the amount of reserves on hand. **13c**

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a** **X**

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. **14b**

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **1a** 198

b Enter the number of voting members included in line 1a, above, who are independent
1b 198

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? **3** X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Did the organization have members or stockholders? **6** X

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?
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7a** X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a The governing body?
b Each committee with authority to act on behalf of the governing body? **7b** X

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. **8a** X
8b X
9 X

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

10a Did the organization have local chapters, branches, or affiliates?
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10a** X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **10b**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **11a** X

13 Did the organization have a written whistleblower policy? **12a** X

14 Did the organization have a written document retention and destruction policy? **12b** X

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?
a The organization's CEO, Executive Director, or top management official.
b Other officers or key employees of the organization
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **12c** X

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?
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **13** X
14 X
15a X
15b X
16a X
16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NH

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► PAUL CARIGNAN 603-624-1207
178 FLINT ST, MANCHESTER, NH 03103

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(1) ROGER BOUCHARD GRAND KNIGHT	4.00			X					
(2) GEORGE LUCAS DEPUTY G K	3.00			X					
(3) REV A LONGCHAMP CHAPLAIN	1.00			X					
(4) THADEUS KIELAR FINL SECRETARY	4.00			X					
(5) PAUL CARRIGNAN TREASURER	3.00			X					
(6) KENNETH VISCASELLO ADVOCATE	3.00			X					
(7) RICHARD FUDALA TRUSTEE	1.00			X					
(8) KENNETH YOUNG TRUSTEE	1.00			X					
(9) FERN GELINAS TRUSTEE	4.00			X					
(10) DALE WEBB RECORDER	1.00			X					
(11) RICHARD MALEK CHANCILLOR	1.00			X					
(12)									
(13)									
(14)									

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total							► 0	0	0
c Total from continuation sheets to Part VII, Section A							► 0	0	0
d Total (add lines 1b and 1c)							► 0	0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0									

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

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
		0
		0
		0
		0
		0
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 ► 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII.

		(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 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f: \$ 1h Total. Add lines 1a-1f ►	0 824 0 0 0 0 \$ 0 824			
Program Service Revenue	2a 2b 2c 2d 2e 2f All other program service revenue 2g Total. Add lines 2a-2f ►	Business Code 900099 0 0 0 0 0 0			
	3 Investment income (including dividends, interest, and other similar amounts) ►	27			
	4 Income from investment of tax-exempt bond proceeds ►	0			
	5 Royalties	0			
	6a Gross rents 6b Less: rental expenses 6c Rental income or (loss) 6d Net rental income or (loss) ►	(i) Real 0 (ii) Personal 0	0		
	7a Gross amount from sales of assets other than inventory 7b Less: cost or other basis and sales expenses 7c Gain or (loss) 7d Net gain or (loss) ►	(i) Securities 0 (ii) Other 0 0 0	0		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b Less: direct expenses 8c Net income or (loss) from fundraising events ►	0 a 1,320,865 b 1,223,026	97,839		
	9a Gross income from gaming activities. See Part IV, line 19. 9b Less: direct expenses 9c Net income or (loss) from gaming activities ►	a 0 b 0	0		
	10a Gross sales of inventory, less returns and allowances 10b Less: cost of goods sold 10c Net income or (loss) from sales of inventory ►	a 0 b 0	0		
	Miscellaneous Revenue	Business Code			
	11a 11b 11c 11d All other revenue 11e Total. Add lines 11a-11d ►	0 0 0 0 0			
	12 Total revenue. See instructions ►	98,690	0	0	0

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).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	112,244			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	300			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	709			
13 Office expenses	930			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	797			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	973			
b LIC AND FEES	225			
c PUBL CNS	203			
d DUES	847			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	117,228	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1		
	2 Savings and temporary cash investments	106,990	2	88,452
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0	
	b Less: accumulated depreciation	10b	0	0
	11 Investments—publicly traded securities		0	11
	12 Investments—other securities. See Part IV, line 11		0	12
	13 Investments—program-related. See Part IV, line 11		0	13
	14 Intangible assets		0	14
	15 Other assets. See Part IV, line 11		0	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	106,990	16	88,452
Liabilities	17 Accounts payable and accrued expenses			17
	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 Loans and other 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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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		0	25
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets			27
	28 Temporarily restricted net assets			28
	29 Permanently restricted net assets			29
	Organizations that do not follow SFAS 117 (ASC958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	0	33	0
	34 Total liabilities and net assets/fund balances	0	34	0

Part XI Reconciliation of Net AssetsCheck 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	98,690
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,228
3	Revenue less expenses Subtract line 2 from line 1	3	-18,538
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-18,538

Part XII Financial Statements and ReportingCheck 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 checked="" type="checkbox"/> Cash <input 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Name of the organization

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.	

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 MEMBERS ONLY		Yes	No	0	0	0
			X			
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NH

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 BINGO (event type)	(b) Event #2 GAMES AND FUNCTIONALS (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	1,308,260	12,605	0 1,320,865
	2 Less: Contributions . . .			0
	3 Gross income (line 1 minus line 2) . . .	1,308,260	12,605	0 1,320,865
Direct Expenses	4 Cash prizes . . .	1,026,153		0 1,026,153
	5 Noncash prizes . . .	800		0 800
	6 Rent/facility costs . . .			0 0
	7 Food and beverages . . .			0 0
	8 Entertainment . . .	0		0 0
	9 Other direct expenses . . .	181,095	14,978	0 196,073
	10 Direct expense summary Add lines 4 through 9 in column (d)			► (1,223,026)
	11 Net income summary. Combine line 3, column (d), and line 10			► 97,839

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			0
Direct Expenses	2 Cash prizes			0
	3 Noncash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			► (0)
	8 Net gaming income summary. Combine line 1, column d, and line 7			► 0

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	N/A
b An outside facility	13b	100.00%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► RAYMOND BOURGEOIS

Address ► 11 COUNTRY CLUB LN MANCHESTER, NH 03102

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0

c If "Yes," enter name and address of the third party.

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ► OPERATES GAMES, BUY SUPPLIES, REPORTS TO STATE OF NH LOTTERY

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

**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.

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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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW HORIZONS OF NH 199 MANCHESTER ST	23-7312684	501 C 3		1,000			LIVING ASST
(2) BACK IN THE SADDLE EQUIN 332 COLLEGEMHILL RD	20-0652400	501 C 3		1,000			THERAPEUTIC
(3) LIBERTY HOUSE 75 W BAKER ST	02-0469770	501 C 3		2,000			LIVING ASST
(4) NH ASSOCIATION OF THE BL 25 WALKER ST	02-0223606	501 C 3		1,000			HEALTH
(5) NH CATHOLIC CHARITIES 215 MYRTLE ST	00-0000928	501 C 3		1,000			CHARITY
(6) NH FOOD BANK 62 W BROOK ST	00-0000928	501 C 3		1,000			LIVING ASST
(7) NH RIGHT TO LIFE 34 RUNDLETT HILL RD		501 C 3		1,000			INFORMATION
(8) SERENITY LACE MANCHESTER ST		501 C 3		1,000			REHAB
(9) ST MARIE(PEOPLE HELPING 378 NOTRE DAME AVE	00-0000928	501 C 3		1,500			CHARITY
(10) UPREACH THERAPEUTIC RID 153 PAIGE HILL RD	22-3213867	501 C 3		1,000			THERAPEUTIC
(11) CONSOLERS OF JESUS AND CALEF ROAD	02-0509832	501 C 3		500			EDUCATION
(12) BLESSED SACRAMENT PARISH	00-0000928	501 C 3		1,000			

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

3 Enter total number of other organizations listed in the line 1 table.
(HTA)

►
35
►

Schedule I (Form 990) (2012)

Continuation Sheet for Schedule I (Form 990)

Name of the organization

Page 1 of 2

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States						Employer identification number	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) OUR LADY OF CEDARS PARISH BEECH ST	00-0000928	501 C 3	1,000				EDUCATION
(14) ST. ELIZABETH SETON PARISH 130 MEETINGHOUSE RD	00-0000928	501 C 3	1,000				EDUCATION
(15) ST. JUDE PARISH 435M MAMMOUTH RD	00-0000928	501 C 3	2,000				EDUCATION
(16) TOUR TO CURE DIABETES				1,000			HEALTH
(17) FELECIAN SISTERS KELLY ST	00-0000928	501 C 3	500				CHARIYY
(18) HOLY CROSS SISTERS 68 MAMMOUTH RD	00-0000928	501 C 3	500				CHARITY
(19) PRECIOUS BLOOD SISTERS WELLINGTON RD EXTN	00-0000928	501 C 3	500				CHARITY
(20) PRESENTATION OF MARY SISTER 495 MAMMOUTH RD	00-0000928	501 C 3	500				CHARITY
(21) SISTERS OF MERCY				500			CHARITY
(22) ST. ANTHONY FOOD PANTRY 172 BELMONT ST	00-0000928	501 C 3	1,000				LIVING ASST
(23) ST. JUDE FOOD PANTRY 435 MAMMOUTH RD	00-0000928	501 C 3	500				LIVING ASST
(24) HOLY FAMILY ACADEMY 49 ASHLAND		501 C 3	9,000				EDUCATION
(25) IMMACULATE CONCEPTION SCH	00-0000928	501 C 3	1,000				EDUCATION
(26) ST. ANTHONY SCHOOL 148 BELMONT ST	00-0000928	501 C 3	9,000				EDUCATION
(27) ST. BENEDICT SCHOOL 85 THIRD ST	00-0000928	501 C 3	9,000				EDUCATION
(28) ST. CASMIR SCHOOL 456 UNION ST	00-0000928	501 C 3	9,000				EDUCATION
(29) ST. FRANCIS OF ASSISI SCHOOL 9 ST. FRANCIS WAY	00-0000928	501 C 3	9,000				EDUCATION

Continuation Sheet for Schedule I (Form 990)

Name of the organization
148 BELMONT ST

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Employer identification number

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) ST JOSEPH JR HIGH 148 BELMONT ST	00-0000928	501 C 3	9,000				EDUCATION
(31) TRINITY HIGH SCHOOL 581 BRIDGE ST	00-0000928	501 C 3	9,000				EDUCATION
(32) VILLA AUGUSTINE SCHOOL 2085 MAST ROAD	00-0000928	501 C 3	1,000				EDUCATION
(33) MT. ST. MARY'S ACADEMY 2291 ELM ST	02-0496230	501 C 3	9,000				EDUCATION
(34) ST. CATHERINE SCHOOL HEMLOCK ST	00-0000928	501 C 3	12,000				EDUCATION
(35) OTHER MISC		501 C 3	4,244				CHARITY
(36)							
(37)							
(38)							
(39)							
(40)							
(41)							
(42)							
(43)							
(44)							
(45)							
(46)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

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Name of the organization

Employer identification number

990 Part VI Section A Line 6 MEMBERS

Part VI Section A Line 7a MEMBERS ELECT ALL OFFICERS AND TRUSTEES

Part VI Section A Line 7b MEMBERS APPROVED ALL ACTIONS OF OFFICERS AND COMMITTEES

Part VI Section A Line 8a MINUTES ARE APPROVED AT MONTHLY MEETINGS

Part VI Section A Line 11a MEMBERS APPROVE MINUTES AT MONTHLY MEETINGS

Part VI Section B Line 11a FORM 990 IS PRESENTED AT OFFICERS MEETING BEFORE FILING

Part VI Section B Line 11b COMMITTEE REVIEWS FORM 990 AND REPORTS TO MEMBERS AT THE MONTHLY
MEETING (COPY AVAILABLE FOR REVIEW)

Part VI Section B Line 15 THERE IS NO COMPENSATION PAID TO OFFICERS OR COMMITTEES

Part VI Section C Line 19 INFORMATION AVAILABLE THROUGH MEMBERS BY REQUEST

I (Sch 1990) - Grants and Other Assistance to Governments and Organizations in the US

Name of Organization	Address	City	State	Zip Code	Foreign Country	Recipient's EIN	IRC Code Section	Amount of Cash Grant	Amount of Non-Cash Assistance	Method of Valuation	Description of Non-Cash Grant	Purpose of Grant
NEW HORIZONS OF NH	199 MANCHESTER ST	MANCHESTER	NH	03105		23-7312684	501 C 3	1,000			LIVING ASST	
BACK IN THE SADDLE EQUINE T	332 COLLEGEMILL RD	HOPKINTON	NH	03229		20-0652400	501 C 3	1,000			THERAPEUTIC	
LIBERTY HOUSE	75 W BAKER ST	MANCHESTER	NH	03103		02-0469770	501 C 3	2,000			LIVING ASST	
NH ASSOCIATION OF THE BLIND	23 WALKER ST	CONCORD	NH	03045		02-0223606	501 C 3	1,000			HEALTH	
NH CATHOLIC CHARITIES	215 MYRTLE ST	MANCHESTER	NH	03104		00-0000928	501 C 3	1,000			CHARITY	
NH FOOD BANK	62 W BROOK ST	MANCHESTER	NH	03104		00-0000928	501 C 3	1,000			LIVING ASST	
NH RIGHT TO LIFE	34 RUNDLETT HILL RD	BEDFORD	NH	03110		501 C 3	1,000				INFORMATION	
SERENITY LACE	MANCHESTER ST	MANCHESTER	NH	03104		501 C 3	1,000				REHAB	
ST MARIE PEOPLE HELPINGPE	378 NOTRE DAME AVE	MANCHESTER	NH	03102		00-0000928	501 C 3	1,500			CHARITY	
UPREACH THERAPEUTIC RIDING	153 PAIGE HILL RD	GOFFSTOWN	NH	03045		22-3213867	501 C 3	1,000			THERAPEUTIC	
CONSOLERS OF JESUS AND MAR						02-0508832	501 C 3	500				
BLESSED SACRAMENT PARISH	CALEF ROAD	MANCHESTER	NH	03103		00-0000928	501 C 3	1,000			EDUCATION	
OUR LADY OF CEDARS PARISH	BEECH ST	MANCHESTER	NH	03103		00-0000928	501 C 3	1,000			EDUCATION	
ST ELIZABETH SETON PARISH	130 MEETINGHOUSE RD	BEDFORD	NH	03110		00-0000928	501 C 3	1,000			EDUCATION	
ST JUDE PARISH	435M MAMMOUTH RD	LONDONDERRY	NH	03053		00-0000928	501 C 3	2,000			EDUCATION	
TOUR TO CURE DIABETES								1,000			HEALTH	
FELECIAN SISTERS	KELLY ST	MANCHESTER	NH	03102		00-0000928	501 C 3	500			CHARITY	
HOLY CROSS SISTERS	68 MAMMOUTH RD	LONDONDERRY	NH	03053		00-0000928	501 C 3	500			CHARITY	
PRECIOUS BLOOD SISTERS	WELLINGTON RD EXTN	MANCHESTER	NH	03104		00-0000928	501 C 3	500			CHARITY	
PRESENTATION OF MARY SISTER	495 MAMMOUTH RD	MANCHESTER	NH	03104		00-0000928	501 C 3	500			CHARITY	
SISTERS OF MERCY	LONDONDERRY	MANCHESTER	NH	03087		00-0000928	501 C 3	500			CHARITY	
ST ANTHONY FOOD PANTRY	172 BELMONT ST	MANCHESTER	NH	03103		00-0000928	501 C 3	1,000			LIVING ASST	
ST JUDE FOOD PANTRY	435 MAMMOUTH RD	LONDONDERRY	NH	03053		00-0000928	501 C 3	500			LIVING ASST	
HOLY FAMILY ACADEMY	49 ASHLAND	MANCHESTER	NH	03104		00-0000928	501 C 3	9,000			EDUCATION	
IMMACULATE CONCEPTION SC						00-0000928	501 C 3	1,000			EDUCATION	
ST ANTHONY SCHOOL	148 BELMONT ST	MANCHESTER	NH	03103		00-0000928	501 C 3	9,000			EDUCATION	
ST BENEDICT SCHOOL	85 THIRD ST	MANCHESTER	NH	03102		00-0000928	501 C 3	9,000			EDUCATION	
ST CASMIR SCHOOL	466 UNION ST	MANCHESTER	NH	03104		00-0000928	501 C 3	9,000			EDUCATION	
ST FRANCIS OF ASSISI SCHOOL	9 ST FRANCIS WAY	LITCHFIELD	NH	03052		00-0000928	501 C 3	9,000			EDUCATION	
ST JOSEPH JR HIGH	148 BELMONT ST	MANCHESTER	NH	03104		00-0000928	501 C 3	9,000			EDUCATION	
TRINITY HIGH SCHOOL	561 BRIDGE ST	MANCHESTER	NH	03104		00-0000928	501 C 3	9,000			EDUCATION	
VILLA AUGUSTINE SCHOOL	2085 MAST ROAD	GOFFSTOWN	NH	03045		00-0000928	501 C 3	1,000			EDUCATION	
MT ST MARY'S ACADEMY	2291 ELM ST	MANCHESTER	NH	03104		02-0496230	501 C 3	9,000			EDUCATION	
ST CATHERINE SCHOOL	HEMLOCK ST	MANCHESTER	NH	03104		00-0000928	501 C 3	12,000			EDUCATION	
	OTHER MISC						501 C 3	4,244			CHARITY	