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|                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Form 990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <b>2012</b><br/> <b>Open to Public Inspection</b> </div> |
|                                                                                                                                                              | 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 01-01-2012 , 2012, and ending 12-31-2012**

|                                                                                                                                                                                                                                                                                              |                                                                                                                        |            |                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>KNIGHTS OF COLUMBUS CHARITIES INC                                                     |            | <b>D</b> Employer identification number<br>23-7227608                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                              | Doing Business As                                                                                                      |            |                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                              | Number and street (or P O box if mail is not delivered to street address)<br>ONE COLUMBUS PLAZA                        | Room/suite | <b>E</b> Telephone number<br>(203) 752-4323                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                              | City or town, state or country, and ZIP + 4<br>NEW HAVEN, CT 065103326                                                 |            | <b>G</b> Gross receipts \$ 6,322,608                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                              | <b>F</b> Name and address of principal officer<br>CHARLES E MAURER JR<br>ONE COLUMBUS PLAZA<br>NEW HAVEN, CT 065103326 |            | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |                                                                                                                        |            |                                                                                                                                                                                                                                                                                                                          |
| <b>J</b> Website: ▶ WWW.KOFC.ORG/UN/EB/EN/ABOUT/CHARITIES/                                                                                                                                                                                                                                   |                                                                                                                        |            |                                                                                                                                                                                                                                                                                                                          |

|                                                                                                                                                                                                           |                                 |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> | <b>L</b> Year of formation 1972 | <b>M</b> State of legal domicile CT |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|

Part I Summary

|                                                                                          |                                                                                                                                                        |                                  |                     |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance                                                                  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES |                                  |                     |
|                                                                                          |                                                                                                                                                        |                                  |                     |
|                                                                                          |                                                                                                                                                        |                                  |                     |
|                                                                                          | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets        |                                  |                     |
|                                                                                          | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                   | <b>3</b>                         | 9                   |
|                                                                                          | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                       | <b>4</b>                         | 1                   |
|                                                                                          | <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .                                                        | <b>5</b>                         | 0                   |
| <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                    | <b>6</b>                                                                                                                                               | 0                                |                     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . | <b>7a</b>                                                                                                                                              | 0                                |                     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .        | <b>7b</b>                                                                                                                                              | 0                                |                     |
| Revenue                                                                                  | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                       | <b>Prior Year</b>                | <b>Current Year</b> |
|                                                                                          | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                        | 3,012,711                        | 6,193,909           |
|                                                                                          | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                     | 0                                | 0                   |
|                                                                                          | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                     | 707,989                          | 21,345              |
|                                                                                          | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                   | 6,668                            | 3,895               |
|                                                                                          |                                                                                                                                                        | 3,727,368                        | 6,219,149           |
| Expenses                                                                                 | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                  | 10,250,628                       | 3,070,741           |
|                                                                                          | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                      | 0                                | 0                   |
|                                                                                          | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                            | 0                                | 0                   |
|                                                                                          | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                     | 0                                | 0                   |
|                                                                                          | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>519,931</u>                                                                      |                                  |                     |
|                                                                                          | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                       | 117,022                          | 585,746             |
|                                                                                          | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                     | 10,367,650                       | 3,656,487           |
|                                                                                          | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                | -6,640,282                       | 2,562,662           |
| Net Assets or Fund Balances                                                              |                                                                                                                                                        | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                                                                          | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                     | 1,262,376                        | 3,809,547           |
|                                                                                          | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                | 26,871                           | 8,620               |
|                                                                                          | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                          | 1,235,505                        | 3,800,927           |

## 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.

|                               |                                                                |  |                      |  |                         |                                                 |
|-------------------------------|----------------------------------------------------------------|--|----------------------|--|-------------------------|-------------------------------------------------|
| <b>Sign Here</b>              | *****                                                          |  |                      |  | 2013-05-06              |                                                 |
|                               | Signature of officer                                           |  |                      |  | Date                    |                                                 |
| <b>Paid Preparer Use Only</b> | CHARLES E MAURER JR SECRETARY                                  |  |                      |  |                         |                                                 |
|                               | Type or print name and title                                   |  |                      |  |                         |                                                 |
|                               | Print/Type preparer's name<br>THOMAS F LYDEN                   |  | Preparer's signature |  | Date                    | Check <input type="checkbox"/> if self-employed |
|                               | PTIN<br>P01215353                                              |  |                      |  |                         |                                                 |
|                               | Firm's name ▶ SEWARD AND MONDE CPA'S                           |  |                      |  | Firm's EIN ▶ 06-0530830 |                                                 |
|                               | Firm's address ▶ 296 STATE STREET<br>NORTH HAVEN, CT 064732165 |  |                      |  | Phone no (203) 248-9341 |                                                 |

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

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 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 \$ 980,942 including grants of \$ 980,942 ) (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: HURRICANES & TORNADOS OCCURRING IN THE UNITED STATES, JAPAN EARTHQUAKE, HAITI EARTHQUAKE AND PHILIPPINES TYPHOON.

4b

(Code ) (Expenses \$ 224,227 including grants of \$ 218,484 ) (Revenue \$ )

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

4c

(Code ) (Expenses \$ 1,871,315 including grants of \$ 1,871,315 ) (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

3,076,484

Form 990 (2012)

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 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                            | 2 Yes   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                                            | 3       | No |
| 4 <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                                                                                                                                                                                             | 4       | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                                                     | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                         | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                               | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                              | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                  | 9       | 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                                                                                                        | 10      | 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                                                                                                                                                                            | 11a     | 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                                                                                                         | 11b     | 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                                                                                                       | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                         | 11d     | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                      | 11e Yes |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                               | 11f     | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                           | 12a 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 and XII is optional                                                                            | 12b     | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                                              | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                   | 14a     | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b Yes |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                                                                     | 15 Yes  |    |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                         | 16      | 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 (see instructions)                                                                                                                                                                                  | 17      | 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                                                                                                                                                                                                                 | 18      | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                                                                                           | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                    | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 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? <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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| 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 direct or indirect 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  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .                                                                                           | 35b |     |    |
| 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|     |                                                                                                                                                                                                                                                                              | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                |     |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             |     |    |
| 1c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | Yes |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                               |     |    |
| 2b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> 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?                                                                                                                                                                                |     | No |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            |     |    |
| 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)?                                   |     | No |
| b   | If "Yes," enter the name of the foreign country: _____<br>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?                                                                                                                                                                        |     | No |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | No |
| 5c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                           |     |    |
| 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?                                                                      |     | No |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| 7a  | 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?                                                                                                                              |     | No |
| 7b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              |     |    |
| 7c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | No |
| 7d  | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           |     |    |
| 7e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              |     | No |
| 7f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | No |
| 7g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             |     |    |
| 7h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds 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? |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| 9a  | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      |     |    |
| 9b  | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                |     |    |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    |     |    |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                               |     |    |
| 11a | Gross income from members or shareholders.                                                                                                                                                                                                                                   |     |    |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                 |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |     |    |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |     |    |
| 13a | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             |     |    |
| 13b | 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.                                                                                                                   |     |    |
| 13c | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   |     | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   |     |    |

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

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

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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                   | CHARLES E MAURER JR ONE COLUMBUS PLAZA NEW HAVEN, CT (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 Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099- MISC ) | (E)<br>Reportable compensation from related organizations (W- 2/1099- MISC ) | (F)<br>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<br>PRESIDENT                  | 3 00<br>57 00                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                       | 1,753,232                                                                    | 35,643                                                                                        |
| (2) DENNIS A SAVOIE<br>VICE PRESIDENT             | 1 00<br>54 00                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                       | 532,282                                                                      | 28,695                                                                                        |
| (3) CHARLES E MAURER JR<br>SECRETARY              | 1 00<br>54 00                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                       | 305,073                                                                      | 19,798                                                                                        |
| (4) LOGAN T LUDWIG<br>TREASURER                   | 1 00<br>54 00                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                       | 247,527                                                                      | 26,541                                                                                        |
| (5) VIRGIL C DECHANT<br>DIRECTOR                  | 1 00<br>19 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                       | 189,082                                                                      | 0                                                                                             |
| (6) MOST REV WILLIAM E LORI<br>DIRECTOR           | 1 00<br>9 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                       | 0                                                                            | 0                                                                                             |
| (7) JOHN A MARRELLA<br>DIRECTOR                   | 1 00<br>54 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                       | 443,587                                                                      | 28,695                                                                                        |
| (8) EDWARD J MULLEN<br>PAST DIRECTOR              | 1 00<br>54 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                       | 251,155                                                                      | 27,963                                                                                        |
| (9) MICHAEL J O'CONNOR<br>DIRECTOR                | 1 00<br>54 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                       | 191,738                                                                      | 33,139                                                                                        |
| (10) THOMAS P SMITH JR<br>DIRECTOR                | 1 00<br>54 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                       | 685,253                                                                      | 35,831                                                                                        |
| (11) RONALD J TRACZ<br>ASSISTANT SECRETARY        | 1 00<br>54 00                                                                              |                                                                                                           |                       | X       |              |                              |        | 0                                                                       | 224,801                                                                      | 25,601                                                                                        |
| (12) TERRENCE T LESCOE<br>CHIEF FINANCIAL OFFICER | 1 00<br>54 00                                                                              |                                                                                                           |                       | X       |              |                              |        | 0                                                                       | 298,861                                                                      | 26,682                                                                                        |
|                                                   |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                         |                                                                              |                                                                                               |
|                                                   |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                         |                                                                              |                                                                                               |
|                                                   |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                         |                                                                              |                                                                                               |
|                                                   |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                         |                                                                              |                                                                                               |
|                                                   |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                         |                                                                              |                                                                                               |

## 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 | 5,122,591 | 288,588 |

\$100,000 of reportable compensation from the organization

|          |                                                                                                                                                                                                                                               |          |     |    |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|
| <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**

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)<br>Name and business address                       | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------|--------------------------------|---------------------|
| MAGNET DIRECT 321 MANLEY STREET W BRIDGEWATER MA 02379 | DIRECT MAILING                 | 276,564             |
|                                                        |                                |                     |
|                                                        |                                |                     |
|                                                        |                                |                     |

\$100,000 of compensation from the organization ➡ 1

Part VIII

Statement of Revenue

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

|                                                           |                                           |                                                                                                                                      | (A)<br>Total revenue                                                                      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |        |       |
|-----------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--------|-------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                        | Federated campaigns . . .                                                                                                            | 1a                                                                                        |                                                    |                                         |                                                                                 |        |       |
|                                                           | b                                         | Membership dues . . . . .                                                                                                            | 1b                                                                                        |                                                    |                                         |                                                                                 |        |       |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                         | 1c                                                                                        |                                                    |                                         |                                                                                 |        |       |
|                                                           | d                                         | Related organizations . . . .                                                                                                        | 1d                                                                                        | 2,218,563                                          |                                         |                                                                                 |        |       |
|                                                           | e                                         | Government grants (contributions)                                                                                                    | 1e                                                                                        |                                                    |                                         |                                                                                 |        |       |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                    | 1f                                                                                        | 3,975,346                                          |                                         |                                                                                 |        |       |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                                  |                                                                                           |                                                    |                                         |                                                                                 |        |       |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                     |                                                                                           | 6,193,909                                          |                                         |                                                                                 |        |       |
| 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,<br>and other similar amounts) . . . . . |                                                    | 15,460                                  |                                                                                 | 15,460 |       |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . .                                                                               |                                                                                           |                                                    |                                         |                                                                                 |        |       |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                  |                                                                                           | 3,895                                              |                                         | 3,895                                                                           |        |       |
| 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                                         |                                         |                                                                                 |        |       |
|                                                           |                                           | b                                                                                                                                    | Less cost or other basis and sales expenses                                               |                                                    |                                         |                                                                                 |        |       |
|                                                           |                                           | c                                                                                                                                    | Gain or (loss)                                                                            |                                                    |                                         |                                                                                 |        |       |
|                                                           |                                           | d                                                                                                                                    | Net gain or (loss) . . . . .                                                              |                                                    |                                         |                                                                                 |        | 5,885 |
| 8a                                                        |                                           | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)<br>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<br>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 . . . . . |                                                                                                                                      |                                                                                           | 6,219,149                                          | 0                                       | 0                                                                               | 25,240 |       |

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

☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                | 2,524,799             | 2,524,799                       |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                  | 10,002                | 10,002                          |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                     | 535,940               | 535,940                         |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                               |                       |                                 |                                        |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                          |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     |                       |                                 |                                        |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                  | 10,735                |                                 | 10,735                                 |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                             | 32,395                |                                 | 32,395                                 |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             | 5,743                 | 5,743                           |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             |                       |                                 |                                        |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        | 490,226               |                                 | 5,200                                  | 485,026                     |
| 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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).                                       |                       |                                 |                                        |                             |
| a                                                                              | GENERAL EXPENSES                                                                                                                                                                                                                        | 27,838                |                                 | 11,742                                 | 16,096                      |
| b                                                                              | DATABASE MANAGEMENT FEE                                                                                                                                                                                                                 | 18,809                |                                 |                                        | 18,809                      |
| c                                                                              |                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 3,656,487             | 3,076,484                       | 60,072                                 | 519,931                     |
| 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 Sheet

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

|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |     | (A)               |     | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|-----|-------------|
|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |     | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                                 | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                      |     | 60,355            | 1   | 524,200     |
|                             | 2                                                                                                                                                                 | Savings and temporary cash investments                                                                                                                                                                                                                                                                                         |     | 638,915           | 2   | 2,801,374   |
|                             | 3                                                                                                                                                                 | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                             |     |                   | 3   |             |
|                             | 4                                                                                                                                                                 | Accounts receivable, net                                                                                                                                                                                                                                                                                                       |     |                   | 4   |             |
|                             | 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                                                                                                                                                                                                                                                                                                |     |                   | 7   |             |
|                             | 8                                                                                                                                                                 | Inventories for sale or use                                                                                                                                                                                                                                                                                                    |     |                   | 8   |             |
|                             | 9                                                                                                                                                                 | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                          |     | 145,548           | 9   | 28,789      |
|                             | 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                                                                                                                                                                                                                                                                                         |     | 417,129           | 11  | 453,814     |
|                             | 12                                                                                                                                                                | Investments—other securities. See Part IV, line 11.                                                                                                                                                                                                                                                                            |     |                   | 12  |             |
|                             | 13                                                                                                                                                                | Investments—program-related. See Part IV, line 11.                                                                                                                                                                                                                                                                             |     |                   | 13  |             |
|                             | 14                                                                                                                                                                | Intangible assets                                                                                                                                                                                                                                                                                                              |     |                   | 14  |             |
|                             | 15                                                                                                                                                                | Other assets. See Part IV, line 11.                                                                                                                                                                                                                                                                                            |     | 429               | 15  | 1,370       |
|                             | 16                                                                                                                                                                | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).                                                                                                                                                                                                                                                              |     | 1,262,376         | 16  | 3,809,547   |
| Liabilities                 | 17                                                                                                                                                                | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                          |     | 9,735             | 17  | 5,070       |
|                             | 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                                                                                                                                                                                                                                                                 |     |                   | 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.                                                                                                                                                         |     | 17,136            | 25  | 3,550       |
|                             | 26                                                                                                                                                                | <b>Total liabilities.</b> Add lines 17 through 25.                                                                                                                                                                                                                                                                             |     | 26,871            | 26  | 8,620       |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                |     |                   |     |             |
|                             | 27                                                                                                                                                                | Unrestricted net assets                                                                                                                                                                                                                                                                                                        |     | 922,399           | 27  | 2,806,095   |
|                             | 28                                                                                                                                                                | Temporarily restricted net assets                                                                                                                                                                                                                                                                                              |     | 313,106           | 28  | 994,832     |
|                             | 29                                                                                                                                                                | Permanently restricted net assets                                                                                                                                                                                                                                                                                              |     |                   | 29  |             |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), 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>                                                                                                                                                                                                                                                                                      |     | 1,235,505         | 33  | 3,800,927   |
|                             | 34                                                                                                                                                                | <b>Total liabilities and net assets/fund balances.</b>                                                                                                                                                                                                                                                                         |     | 1,262,376         | 34  | 3,809,547   |

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  | 6,219,149 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 3,656,487 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 2,562,662 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 1,235,505 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | 2,760     |
| 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  | 0         |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,800,927 |

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 _____<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 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 |
| 3b | 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

2012

Open to Public  
Inspection

|                                                               |                                              |
|---------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>KNIGHTS OF COLUMBUS CHARITIES INC | Employer identification number<br>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  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7  | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 9  | <input type="checkbox"/>            | 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 <b>section 509(a)(2).</b> (Complete Part III )                                                                                                                                                |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 11 | <input type="checkbox"/>            | 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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><div><b>a</b> <input type="checkbox"/> Type I   <b>b</b> <input type="checkbox"/> Type II   <b>c</b> <input type="checkbox"/> Type III - Functionally integrated   <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated</div> |
| e  | <input type="checkbox"/>            | 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  | <input type="checkbox"/>            | 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  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><div><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?<br/><b>(ii)</b> A family member of a person described in (i) above?<br/><b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?</div>                                                                                                                                                 |
| h  | <input type="checkbox"/>            | 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 monetary support |
|------------------------------------|----------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                               | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
|                                    |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |
|                                    |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |

Part II

Support Schedule for Organizations Described in Sections 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) 2008  | (b) 2009  | (c) 2010  | (d) 2011  | (e) 2012  | (f) Total  |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                                                   | 2,226,935 | 3,450,445 | 3,583,716 | 3,012,711 | 6,193,909 | 18,467,716 |
| 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                                                                                                                                                                        | 2,226,935 | 3,450,445 | 3,583,716 | 3,012,711 | 6,193,909 | 18,467,716 |
| 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) |           |           |           |           |           | 5,879,603  |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |           |           |           |           |           | 12,588,113 |

| Section B. Total Support                      |                                                                                                                                                                                                 |           |           |           |           |           |            |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ |                                                                                                                                                                                                 | (a) 2008  | (b) 2009  | (c) 2010  | (d) 2011  | (e) 2012  | (f) Total  |
| 7                                             | Amounts from line 4                                                                                                                                                                             | 2,226,935 | 3,450,445 | 3,583,716 | 3,012,711 | 6,193,909 | 18,467,716 |
| 8                                             | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                  | 159,570   | 190,428   | 159,415   | 159,525   | 19,355    | 688,293    |
| 9                                             | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                              |           |           |           |           |           |            |
| 10                                            | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                                  |           |           |           |           |           |            |
| 11                                            | <b>Total support</b> (Add lines 7 through 10)                                                                                                                                                   |           |           |           |           |           | 19,156,009 |
| 12                                            | Gross receipts from related activities, etc (see instructions)                                                                                                                                  |           |           |           |           | 12        |            |
| 13                                            | <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ |           |           |           |           |           |            |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |          |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                                                  | Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                           | 14 | 65 710 % |
| 15                                                  | Public support percentage for 2011 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                  | 15 | 68 080 % |
| 16a                                                 | <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                                 |    |          |
| b                                                   | <b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                       |    |          |
| 17a                                                 | <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>      |    |          |
| b                                                   | <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |          |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                               |    |          |

Part IIIPart III

Support Schedule for Organizations Described in Section 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 2012 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

|             |
|-------------|
| Explanation |
|             |
|             |
|             |
|             |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

|   | Held at the End of the Year                                                                                                              |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
| 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, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

|    | (a)Current year                                          | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|----------------------------------------------------------|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance . . . . .                      |               |                     |                     |                    |
| b  | Contributions . . . . .                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and losses               |               |                     |                     |                    |
| d  | Grants or scholarships . . . . .                         |               |                     |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                     |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                     |                     |                    |
| g  | End of year balance . . . . .                            |               |                     |                     |                    |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4 Describe in Part XIII 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 |
|--------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                            |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .                                                               |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                            |                                      |                                 |                              |                |
| e Other . . . . .                                                                                |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 0              |

Schedule D (Form 990) 2012



**Part XI 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>  | 6,305,162 |
| <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> | 2,760     |
| <b>b</b> | Donated services and use of facilities . . . . .                                                        | <b>2b</b> | 88,996    |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                               | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                         | <b>2e</b> | 91,756    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                    | <b>3</b>  | 6,213,406 |
| <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> | 5,743     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                             | <b>4c</b> | 5,743     |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 6,219,149 |

**Part XII 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>  | 3,739,740 |
| <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> | 88,996    |
| <b>b</b> | Prior year adjustments . . . . .                                                                         | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .                                                                                   | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 88,996    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 3,650,744 |
| <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> | 5,743     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 5,743     |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 3,656,487 |

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

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

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

## Statement of Activities Outside the United States

Department of the Treasury  
Internal Revenue Service

▶ **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

# 2012

## 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** Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region                                        | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (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 and investments in region |
|---------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN                 | 0                                   | 0                                                                      | DISASTER RELIEF GRANTS TO AN ORGANIZATION LOCATED IN HAITI                                                                                  |                                                                                                    | 485,940                                              |
| EAST ASIA AND THE PACIFIC                         | 0                                   | 0                                                                      | DISASTER RELIEF GRANTS TO ORGANIZATIONS LOCATED IN JAPAN AND THE PHILIPPINES                                                                |                                                                                                    | 50,000                                               |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
|                                                   |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| <b>3a</b> Sub-total                               | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 535,940                                              |
| <b>b</b> Total from continuation sheets to Part I | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 0                                                    |
| <b>c Totals</b> (add lines 3a and 3b)             | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 535,940                                              |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant                   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|----------------------------------------------|-----------------------------------|----------------------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
|   |                          |                                              | CENTRAL AMERICA AND THE CARIBBEAN | EARTHQUAKE DISASTER RELIEF             | 485,940                  | CHECK                           | 0                                 | N/A                                    | N/A                                                   |
|   |                          |                                              | EAST ASIA AND THE PACIFIC         | EARTHQUAKE AND TYPHOON DISASTER RELIEF | 50,000                   | WIRE TRANSFER                   | 0                                 | N/A                                    | N/A                                                   |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |
|   |                          |                                              |                                   |                                        |                          |                                 |                                   |                                        |                                                       |

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3

3

0

Enter total number of other organizations or entities . . . . . ▶

## Part III

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

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

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

**Schedule F (Form 990) 2012**

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

2012

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. Part II can be duplicated 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                          |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
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|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |

2

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

97

3

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

6

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.  
Part III can be duplicated 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                                                 |
|------------------------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------|
| (1) PURCHASED GOODS AND HANDED THEM OUT TO MULTIPLE FAMILIES EFFECTED BY HURRICANE SANDY | 150                     | 0                       | 10,002                           | BOOK                                                 | NON-PERISHABLE GOODS INCLUDING WATER, BLEACH, TRASH BAGS, WORK GLOVES, BATTERIES, ETC |
|                                                                                          |                         |                         |                                  |                                                      |                                                                                       |
|                                                                                          |                         |                         |                                  |                                                      |                                                                                       |
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|                                                                                          |                         |                         |                                  |                                                      |                                                                                       |

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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                      |
|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------------|
| BIRTH CHOICE PREGNANCY CENTERS INC<br>415 N SYCAMORE ST<br>SUITE 210<br>SANTA ANA,CA 92701  | 33-0150193 | 501(C)(3)                          | 62,823                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| COLORADO K OF C CHARITIES FUND INCPO<br>BOX 810<br>LITTLETON,CO 80160                       | 23-7309447 | 501(C)(3)                          | 13,500                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| COLUMBIAN CHARITIES OF GEORGIA INC147<br>CROSS GATE DR<br>MARIETTA,GA 30068                 | 20-3401592 | 501(C)(3)                          | 23,306                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| COLUMBIAN CHARITIES OF MISSOURI INC114<br>PALISADES DR<br>JEFFERSON CITY,MO 65109           | 23-7112691 | 501(C)(3)                          | 194,624                  |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| KNIGHTS OF COLUMBUS NEW YORK STATE COUNCIL1023 23RD ST<br>WATERVLIET,NY 121891712           | 23-7240550 | 501(C)(8)                          | 200,000                  |                                   | N/A                                                   | N/A                                    | DONATION FOR DISASTER RELIEF                            |
| KNIGHTS OF COLUMBUS NEW JERSEY STATE COUNCIL7442 IRVING AVENUE<br>PENNSAUKEN,NJ 081093129   | 22-1411271 | 501(C)(8)                          | 150,000                  |                                   | N/A                                                   | N/A                                    | DONATION FOR DISASTER RELIEF                            |
| ARCHDIOCESE FOR MILITARY SERVICES USA<br>1025 MICHIGAN AVE NE<br>WASHINGTON,DC 20017        | 13-1624090 | 501(C)(3)                          | 200,000                  |                                   | N/A                                                   | N/A                                    | PROVIDE FUNDING FOR MILITARY CHAPLAINS SCHOLARSHIP FUND |
| KNIGHTS OF COLUMBUS WASHINGTON STATE COUNCIL1957<br>WASHINGTON AVE<br>RICHLAND,WA 993542469 | 91-6049235 | 501(C)(8)                          | 6,484                    |                                   | N/A                                                   | N/A                                    | DONATION TO PROVIDE FOOD FOR LOCAL FOOD PANTRIES        |
| CONNECTICUT FOOD BANK150 BRADLEY ST<br>EAST HAVEN,CT 065121407                              | 06-0851132 | 501(C)(3)                          | 12,000                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROVIDE FOOD FOR LOCAL FOOD PANTRIES        |
| A & A ALEXANDRIA CENTER INC301 N WEBSTER AVE<br>GREEN BAY,WI 54301                          | 39-1693990 | 501(C)(3)                          | 17,550                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| A BETTER CHOICE INC<br>3007 EAST CENTRAL AVE<br>WICHITA,KS 67214                            | 48-1133128 | 501(C)(3)                          | 26,909                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| AAA PREGNANCY RESOURCE CENTER16755 MIDDLEBELT RD<br>LIVONIA,MI 481543317                    | 23-7299199 | 501(C)(3)                          | 17,930                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| AGAPE PREGNANCY HELP CENTER3234 NORTHWESTERN DR<br>SAN ANTONIO,TX 78238                     | 74-2809910 | 501(C)(3)                          | 12,531                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| ALLIED WOMEN'S CENTER OF SAN ANTONIO102 MARSHALL ST<br>SAN ANTONIO,TX 782125546             | 74-2720027 | 501(C)(3)                          | 26,838                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| ARBOR VITAE INCPO BOX 7727<br>ANN ARBOR,MI 48107                                            | 23-7206334 | 501(C)(3)                          | 12,567                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| BIRTH CHOICE OF OKLAHOMA INCPO BOX 94533<br>OKLAHOMA CITY,OK 73143                          | 23-7350798 | 501(C)(3)                          | 24,200                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| BLUE WATER PREGNANCY CARE CENTER730 GRISWOLD ST<br>PORT HURON,MI 48060                      | 38-2774182 | 501(C)(3)                          | 19,500                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| BOWLING GREEN PREGNANCY CENTER441 FRAZEE AVE SUITE A<br>BOWLING GREEN,OH 43402              | 34-1483437 | 501(C)(3)                          | 12,700                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| CARE NET FAMILY RESOURCES CENTER INC<br>2222 ROOSEVELT RD<br>KENOSHA,WI 53134               | 39-1486327 | 501(C)(3)                          | 27,000                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM         |
| CARE NET PREGNANCY CENTER OF CENTRAL TEXAS INC4700 W WACO DR<br>WACO,TX 76710               | 74-2345781 | 501(C)(3)                          | 24,250                   |                                   | 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              |
|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| CARE NET PREGNANCY CENTER OF SANTA FE1525 5TH ST SANTA FE,NM 87505                      | 20-4172018 | 501(C)(3)                          | 14,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CARE NET PREGNANCY RESOURCE CENTER OF WARREN CO INC202 CHURCH ST HACKETTSTOWN,NJ 07840  | 22-2712268 | 501(C)(3)                          | 14,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CARE PREGNANCY CLINIC 3813 N FLANNERY RD BATON ROUGE,LA 708148002                       | 72-0977636 | 501(C)(3)                          | 12,407                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CARING FAMILIES PREGNANCY SERVICESPO BOX 449 157 MAIN ST DANIELSON,CT 062390449         | 06-1214017 | 501(C)(3)                          | 11,131                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CENTER FOR COUNSELING & EDUCATIONPO BOX 436 JACKSON,WY 83001                            | 74-2358805 | 501(C)(3)                          | 13,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CENTRAL FLORIDA PREGNANCY CENTER689 DELTONA BLVD STE B DELTONA,FL 32725                 | 26-2959738 | 501(C)(3)                          | 14,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CENTRAL MINNESOTA LIFE CARE CENTER INC519 SINCLAIR LEWIS AVE 1 SAUK CENTRE,MN 56378     | 52-2422382 | 501(C)(3)                          | 14,075                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CHESTER COUNTY WOMEN'S SERVICES INC 1028 E LINCOLN HWY PO BOX 1224 COATESVILLE,PA 19320 | 23-2385983 | 501(C)(3)                          | 14,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CHOICES FOR LIFE PREGNANCY CENTER INC 8221 TEAL DRIVE UNIT 408 EASTON,MD 21601          | 52-1722184 | 501(C)(3)                          | 12,381                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CLEVELAND COUNTY CRISIS PREGNANCY CENTER701 E RICHARDSON RM 105 NORMAN,OK 73071         | 73-1506566 | 501(C)(3)                          | 16,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CONFIDENCE PREGNANCY CENTER780 EAST ROMIE LANE SUITE C SALINAS,CA 93901                 | 77-0073119 | 501(C)(3)                          | 12,493                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CONERSTONE WOMEN'S CENTERPO BOX 117 SAINT MICHAEL,MN 55376                              | 45-3801536 | 501(C)(3)                          | 13,500                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CRISIS PREGNANCY OUTREACH INC11323 S VINE ST JENKS,OK 74037                             | 73-1209114 | 501(C)(3)                          | 17,700                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| DAYSPRING PREGNANCY CARE CENTER1 MAIN STREET SUITE 2 WEST LEBANON,NH 03784              | 22-2811483 | 501(C)(3)                          | 12,700                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| DOOR OF HOPE PREGNANCY CARE CENTER 1805 SOUTH MAIN ST MADISONVILLE,KY 42431             | 61-1313094 | 501(C)(3)                          | 14,998                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| DOWNTOWN PREGNANCY CENTER525 N ERVAY ST DALLAS,TX 752013149                             | 25-1902817 | 501(C)(3)                          | 20,800                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| ELIZABETH'S NEW LIFE CENTER359 FOREST AVE SUITE 203 DAYTON,OH 45405                     | 31-1381901 | 501(C)(3)                          | 47,475                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| FALLBROOK PREGNANCY RESOURCE CENTERPO BOX 1588 FALLBROOK,CA 920881588                   | 20-3550588 | 501(C)(3)                          | 20,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| FIRST CALL PREGNANCY CENTER INC1531 WEST BROAD ST GREENSBORO,GA 30642                   | 31-1836649 | 501(C)(3)                          | 13,632                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| FOOTHILL PREGNANCY CENTER171 N WASHINGTON ST STE A SONORA,CA 95370                      | 77-0517719 | 501(C)(3)                          | 6,913                    |                                   | 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              |
|-------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| FOX VALLEY MOTHER AND UNBORN BABY CARE INC<br>526 W WISCONSIN AVE<br>APPLETON,WI 54911                | 39-1446370 | 501(C)(3)                          | 21,938                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| FREE WILL BAPTIST FAMILY MINISTRIES INC90<br>STANLEY LANE<br>GREENVILLE,TN 37743                      | 62-0515535 | 501(C)(3)                          | 13,706                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| FRONT ROYAL PREGNANCY CENTER11 SOUTH ROYAL AVE<br>FRONT ROYAL,VA 22630                                | 54-1583685 | 501(C)(3)                          | 14,658                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| GRAYSON CO CRISIS PREGNANCY CENTERPO BOX 3237<br>SHERMAN,TX 75091                                     | 75-2387198 | 501(C)(3)                          | 23,328                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| HELP CRISIS PREGNANCY CENTER1700 SECREST SHORTCUT RD<br>MONROE,NC 28110                               | 58-2096778 | 501(C)(3)                          | 26,150                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| HARTFORD PREGNANCY HELP CENTER64 N MAIN ST SUITE A<br>HARTFORD,WI 53027                               | 39-1775712 | 501(C)(3)                          | 13,746                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| HASTINGS TOTAL LIFECARE CENTER INC919 VERMILLION ST SUITE 100<br>HASTINGS,MN 550332150                | 38-3785288 | 501(C)(3)                          | 14,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| HEARTBEAT OF MONROE INC415 NORTH MONROE ST<br>MONROE,MI 48162                                         | 38-2219995 | 501(C)(3)                          | 13,900                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| HIS BRANCHES INC342 ARNETT BLVD<br>ROCHESTER,NY 146191147                                             | 23-7060337 | 501(C)(3)                          | 13,550                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| IMAGO DEI CRISIS PREGNANCY CENTER30521 SCHOENHERR RD<br>WARREN,MI 48088                               | 38-3642208 | 501(C)(3)                          | 6,465                    |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| IMMOKALEE PREGNANCY CENTER INC1011 W MAIN ST SUITE 5<br>IMMOKALEE,FL 34142                            | 33-1205697 | 501(C)(3)                          | 16,134                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| KNIGHTS OF COLUMBUS PRO-LIFE FOUNDATION OF NEBRASKA2008 VAN BUREN ST<br>BELLEVUE,NE 68005             | 47-0596545 | 501(C)(3)                          | 24,450                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| LEGACY OF LIFE FOUNDATIONPO BOX 70<br>NEWTOWN,PA 18940                                                | 45-3166872 | 501(C)(3)                          | 13,301                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| LIFE CARE CENTER OF THIEF RIVER FALLSPO BOX 972<br>THIEF RIVER FALLS,MN 56701                         | 41-1922390 | 501(C)(3)                          | 14,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| LIFE IS FOR ETERNITY CENTER1351 LEESBURG AVE<br>WASHINGTON COURT HOUSE,OH 43160                       | 91-2054255 | 501(C)(3)                          | 16,134                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| LIFE WAY PREGNANCY CENTER717 2ND AVE NORTH<br>GREAT FALLS,MT 59401                                    | 20-1728956 | 501(C)(3)                          | 14,669                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| LIFELINE RESOURCES INC 3733 SOUTHSIDE BLVD UNIT 8<br>JACKSONVILLE,FL 32216                            | 27-1692992 | 501(C)(3)                          | 12,100                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| LIVING HOPE WOMEN'S CENTER100 E HUNING ST<br>SHOW LOW,AZ 85901                                        | 86-0939099 | 501(C)(3)                          | 15,625                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| MARY'S CHOICES INCPO BOX 8689<br>TOPEKA,KS 666080689                                                  | 45-4787341 | 501(C)(3)                          | 14,767                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| MASSACHUSETTS STATE COUNCIL KNIGHTS OF COLUMBUS CHARITY FUND<br>470 WASHINGTON ST<br>NORWOOD,MA 02062 | 31-1681850 | 501(C)(3)                          | 19,640                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |

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|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| MATRIX PREGNANCY RESOURCE CENTER935 MEZZANINE DR STE A LAFAYETTE,IN 47905            | 31-0971746 | 501(C)(3)                          | 13,500                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| MILKFORLIFECOM14627 ELY CT WOODBRIDGE,VA 22193                                       | 27-1269871 | 501(C)(3)                          | 13,659                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| MORNING STAR RISING 3017 N CAUSEWAY BLVD METAIRIE,LA 70002                           | 72-1475326 | 501(C)(3)                          | 13,838                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| MUSKEGON PREGNANCY SERVICESPO BOX 1703 MUSKEGON,MI 494431703                         | 38-2611744 | 501(C)(3)                          | 12,500                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| NORTH RIVER CARE INC 513 49TH STEET EAST PALMETTO,FL 34221                           | 01-0713126 | 501(C)(3)                          | 14,450                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| NORTHWEST ARKANSAS WOMEN'S RESOURCES INC 801 SOUTH 7TH ST ROGERS,AR 72756            | 58-1813130 | 501(C)(3)                          | 13,650                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY CARE CENTERSPO BOX 15034 PITTSBURGH,PA 15237                               | 25-1485574 | 501(C)(3)                          | 13,550                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY HELP CARE CENTER OF THE CONCHO VALLEY2525 SHERWOOD WAY SAN ANGELO,TX 76901 | 75-2381411 | 501(C)(3)                          | 14,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY HELPLINE INC 7743 W GRAND RIVER BRIGHTON,MI 481149349                      | 38-2091946 | 501(C)(3)                          | 19,397                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY LIFE CENTER INC1986 31ST AVE UNIT 100 VERO BEACH,FL 32960                  | 46-0692758 | 501(C)(3)                          | 18,925                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY RESOURCE CENTER OF ATHENS COUNTY INC43A SOUTH COURT ST ATHENS,OH 45701     | 31-1161912 | 501(C)(3)                          | 10,596                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY RESOURCE CENTER OF FORT BEND COUNTY4203 AVENUE H ROSENBERG,TX 774712843    | 76-0013804 | 501(C)(3)                          | 19,868                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY RESOURCE CENTER OF OWASSO8361-G OWASSO EXPRESSWAY OWASSO,OK 74055          | 26-1787412 | 501(C)(3)                          | 17,700                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY RESOURCE CENTER OF PANAMA CITY INC745 GRACE AVE PANAMA CITY,FL 32401       | 59-2554673 | 501(C)(3)                          | 6,500                    |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY RESOURCE CENTER OF THE POCONOS 115 NORTH 8TH STR STROUDSBURG,PA 183601719  | 23-2362780 | 501(C)(3)                          | 14,508                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| PREGNANCY SUPPORT CENTER OF STARK COUNTY PO BOX 8451 CANTON,OH 44711                 | 34-1461765 | 501(C)(3)                          | 32,268                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| REACHOUT INC2648 N CAMPBELL AVE TUCSON,AZ 857193102                                  | 86-6086733 | 501(C)(3)                          | 13,134                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| RIDE 4 US401 N EAST ST TACOMA,WA 98403                                               | 02-0732247 | 501(C)(3)                          | 52,000                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| SANCTITY LIFE OF TRANSYLVANIA COUNTY15 E JORDAN ST BREVARD,NC 28712                  | 56-1799383 | 501(C)(3)                          | 12,056                   |                                   | N/A                                                    | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| SEVERAL SOURCES SHELTERS INC300 AIRMOUNT AVE PO BOX 157 RAMSEY,NJ 07446              | 22-2368937 | 501(C)(3)                          | 23,800                   |                                   | 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              |
|----------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| SHIRLEY GRACE PREGNANCY CENTER10226 OLD OCEAN CITY BLVD UNIT 1 BERLIN,MD 21811                           | 27-2789189 | 501(C)(3)                          | 16,134                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| SHOALS SAV-A-LIFE INC 2201 CLOYD BLVD FLORENCE,AL 35630                                                  | 63-1132468 | 501(C)(3)                          | 15,300                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| ST JOSEPH'S HELPERS OF DALLAS INC4313 NORTH CENTRAL EXPRESSWAY DALLAS,TX 75205                           | 75-2145755 | 501(C)(3)                          | 48,900                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| ST CATHERINE FAMILY HEALTH CARE CLINIC & PREGNANCY RESOURCE CENTER305 WEST MADISON AVE BELGRADE,MT 59714 | 32-0246609 | 501(C)(3)                          | 25,000                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| STATELINE PREGNANCY CLINIC INC347 W GRAND AVE BELOIT,WI 53511                                            | 39-1651532 | 501(C)(3)                          | 13,950                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| SUNRISE PREGNANCY RESOURCE CENTERPO BOX 1086 SIDNEY,MT 59270                                             | 27-1057012 | 501(C)(3)                          | 26,046                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| TENDER CARE PREGNANCY CENTERS INC600 CARLISLE ST HANOVER,PA 17331                                        | 23-2473531 | 501(C)(3)                          | 13,500                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| THE GABRIEL PROJECT INC PO BOX 1612 COLUMBUS,IN 472021612                                                | 55-0870570 | 501(C)(3)                          | 13,500                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| THE OPEN DOOR533 LAKEHURST RD TOMS RIVER,NJ 08755                                                        | 22-2563190 | 501(C)(3)                          | 14,250                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| TREE OF LIFE - A CRISIS PREGNANCY CENTER7730 MORRO RD SUITE 106 ATASCADERO,CA 934224413                  | 77-0056612 | 501(C)(3)                          | 15,100                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| TRI-STATE PREGNANCY CENTERPO BOX 1084 BENNINGTON,VT 05201                                                | 22-2632366 | 501(C)(3)                          | 11,150                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| TURNING POINT PREGNANCY RESOURCE CENTER INC5440 MOREHOUSE DR SUITE 200 SAN DIEGO,CA 92121                | 33-0966462 | 501(C)(3)                          | 14,258                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| WEST BRANCH CRISIS PREGNANCY CENTERPO BOX 513 WEST BRANCH,MI 48661                                       | 38-2617257 | 501(C)(3)                          | 12,543                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| WOMEN'S CHOICE SERVICES INC123 WST CHARLES RD SUITE 101 LOMBARD,IL 601487418                             | 20-2864341 | 501(C)(3)                          | 17,899                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| WOMEN'S HELP CENTER INC4209 UNIVERSITY BLVD SOUTH JACKSONVILLE,FL 32216                                  | 59-3046444 | 501(C)(3)                          | 12,000                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| WOMENSOURCE INC106 CENTRAL AVE SUITE C OSSEO,MN 55369                                                    | 26-3178709 | 501(C)(3)                          | 12,531                   |                                   | N/A                                                   | N/A                                    | DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM |
| CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS1000 HOWARD AVE SUITE 1000 NEW ORLEANS,LA 70113             | 72-0408911 | 501(C)(3)                          | 25,000                   |                                   | N/A                                                   | N/A                                    | DONATION FOR DISASTER RELIEF                    |
| KNIGHTS OF COLUMBUS CONNECTICUT STATE COUNCIL142 ORCHARD ST ELLINGTON,CT 06029                           | 06-0850946 | 501(C)(8)                          | 25,000                   |                                   | N/A                                                   | N/A                                    | DONATION FOR DISASTER RELIEF                    |
| KNIGHTS OF COLUMBUS INDIANA STATE COUNCIL 3215 SAINT JUDE DR INDIANAPOLIS,IN 46227                       | 23-7216173 | 501(C)(8)                          | 10,000                   |                                   | N/A                                                   | N/A                                    | DONATION FOR DISASTER RELIEF                    |
| KNIGHTS OF COLUMBUS KENTUCKY STATE COUNCIL300 SPRING ST LEITCHFIELD,KY 42754                             | 23-7141481 | 501(C)(8)                          | 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

| (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              |
|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| WOMEN'S CARE CENTER<br>8716 HORIZON CT<br>MIDDLETON,WI 53562                            | 27-5083622 | 501(C)(3)                          | 39,750                   |                                   | N/A                                                    | N/A                                    | DONATION TO SUPPORT THE CULTURE OF LIFE PROGRAM |
| ABBA WOMEN'S CENTER<br>INCPO BOX 256<br>GAINSVILLE,TX 76241                             | 75-2562827 | 501(C)(3)                          | 24,615                   |                                   | N/A                                                    | N/A                                    | DONATION TO SUPPORT THE CULTURE OF LIFE PROGRAM |
| CARE NET RESOURCE<br>PREGNANCY CENTER321<br>MAIN ST SUITE C<br>NEWPORT NEWS,VA<br>23601 | 54-1372036 | 501(C)(3)                          | 18,500                   |                                   | N/A                                                    | N/A                                    | DONATION TO SUPPORT THE CULTURE OF LIFE PROGRAM |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number  
23-7227608

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <div><div>2</div><div>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?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>                                                         |     |    |
| <div><div>4</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | No |
| <div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes |    |
| <div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | No |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <div><div>5</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <div><div>5a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | No |
| <div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | No |
| <div><div>6</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <div><div>6a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | No |
| <div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | No |
| <div><div>7</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | No |
| <div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title        |  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                           |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| See Additional Data Table |  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |

Part III Supplemental Information

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

| Identifier               | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | PART I, LINE 4B  | PART I, LINE 4B CARL A ANDERSON \$574,758 DENNIS A SAVOIE 133,556 CHARLES E MAURER, JR 28,439 LOGAN T LUDWIG 24,696 JOHN A MARRELLA 36,808 EDWARD J MULLEN 29,762 THOMAS P SMITH, JR 190,579 THE ABOVE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) THE KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR THE BENEFITS LOST DUE TO IRS LIMITS |
| 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                                                                                                                                                                                                                                 |

Software ID:

Software Version:

EIN: 23-7227608

Name: KNIGHTS OF COLUMBUS CHARITIES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name            |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) 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 compensation |                           |                         |                                 |                                                            |
| CARL A ANDERSON     | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 811,700                                            | 354,340                             | 587,192                  | 7,500                     | 28,143                  | 1,788,875                       | 0                                                          |
| DENNIS A SAVOIE     | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 284,542                                            | 102,740                             | 145,000                  | 7,500                     | 21,195                  | 560,977                         | 0                                                          |
| CHARLES E MAURER JR | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 196,100                                            | 74,740                              | 34,233                   | 5,267                     | 14,531                  | 324,871                         | 0                                                          |
| LOGAN T LUDWIG      | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 178,200                                            | 34,040                              | 35,287                   | 5,346                     | 21,195                  | 274,068                         | 0                                                          |
| VIRGIL C DECHANT    | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 189,082                                            | 0                                   | 0                        | 0                         | 0                       | 189,082                         | 0                                                          |
| JOHN A MARRELLA     | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 291,900                                            | 112,140                             | 39,547                   | 7,500                     | 21,195                  | 472,282                         | 0                                                          |
| EDWARD J MULLEN     | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 91,390                                             | 129,000                             | 30,765                   | 1,220                     | 26,743                  | 279,118                         | 0                                                          |
| MICHAEL J O'CONNOR  | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 175,000                                            | 14,840                              | 1,898                    | 4,813                     | 28,326                  | 224,877                         | 0                                                          |
| THOMAS P SMITH JR   | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 388,342                                            | 99,340                              | 197,571                  | 7,500                     | 28,331                  | 721,084                         | 0                                                          |
| RONALD J TRACZ      | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 177,669                                            | 41,414                              | 5,718                    | 4,407                     | 21,194                  | 250,402                         | 0                                                          |
| TERRENCE T LESCOE   | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                     | (ii) | 224,200                                            | 70,440                              | 4,221                    | 5,395                     | 21,287                  | 325,543                         | 0                                                          |

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

2012

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 ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT ON AN ANNUAL BASIS FOR REVIEW OF COMPENSATION THE INDEPENDENT COMPENSATION CONSULTANT 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|            |                                        | 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

2012

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" to Form 990, Part IV, line 33.) |                         |                                                  |                     |                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                        | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|                                                                                                                            |                         |                                                  |                     |                           |                                  |
|                                                                                                                            |                         |                                                  |                     |                           |                                  |
|                                                                                                                            |                         |                                                  |                     |                           |                                  |
|                                                                                                                            |                         |                                                  |                     |                           |                                  |
|                                                                                                                            |                         |                                                  |                     |                           |                                  |
|                                                                                                                            |                         |                                                  |                     |                           |                                  |
|                                                                                                                            |                         |                                                  |                     |                           |                                  |
|                                                                                                                            |                         |                                                  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) |                                                                 |                                                  |                            |                                                     |                                  |                                              |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                   | (b)<br>Primary activity                                         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                         |                                                                 |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) KNIGHTS OF COLUMBUS<br><br>ONE COLUMBUS PLAZA<br><br>NEW HAVEN, CT 065103326<br>06-0416470                                                                                                                          | FRATERNAL BENEFIT ORGANIZATION                                  | CT                                               | 501(C)(8)                  |                                                     | N/A                              |                                              | No |
| (2) KNIGHTS OF COLUMBUS CHARITIES USA INC<br><br>ONE COLUMBUS PLAZA<br><br>NEW HAVEN, CT 065103326<br>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<br><br>ONE COLUMBUS PLAZA<br><br>NEW HAVEN, CT 065103326<br>06-1590283                                                                                                           | OPERATION OF A MUSEUM                                           | CT                                               | 501(C)(3)                  | 11B                                                 | KNIGHTS OF COLUMBUS              | Yes                                          |    |
| (4) JOHN PAUL II SHRINE AND INSTITUTE INC<br><br>ONE COLUMBUS PLAZA<br><br>NEW HAVEN, CT 065103326<br>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<br><br>1843 TRAPPERS AVE<br>WINDSOR, ON N8P 1T1<br>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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                                    | No |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s 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

1s

No

No

Yes

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

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)<br>Name of other organization   | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) KNIGHTS OF COLUMBUS - 501(C)(8) | C                                | 2,192,814              | FAIR MARKET VALUE                            |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

Schedule R (Form 990) 2012

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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

**Software ID:**

**Software Version:**

**EIN:** 23-7227608

**Name:** KNIGHTS OF COLUMBUS CHARITIES INC