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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

KNIGHTS OF COLUMBUS CHARITIES INC

Doing Business As

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

ONE COLUMBUS PLAZA

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW HAVEN, CT 065103326

D Employer identification number

23-7227608

E Telephone number

(203) 752-4323

G Gross receipts \$ 3,891,377

F Name and address of principal officer

CHARLES E MAURER JR

ONE COLUMBUS PLAZA

NEW HAVEN, CT 065103326

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website:

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

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1972

M State of legal domicile

CT

Part I		Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	2
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	0
Revenue	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b	Net unrelated business taxable income from Form 990-T, line 34	0
		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	6,193,909
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,345
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,895
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,219,149
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,070,741
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 375,136	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	585,746
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,656,487
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	2,562,662
		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,809,547
	21	Total liabilities (Part X, line 26)	8,620
	22	Net assets or fund balances Subtract line 21 from line 20	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

Sign Here

Signature of officer

2014-04-30

Date

CHARLES E MAURER JR SECRETARY

Type or print name and title

Prnt/Type preparer's name

THOMAS F LYDEN

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01215353

Firm's name

SEWARD AND MONDE CPA'S

Firm's EIN

06-0530830

Firm's address

296 STATE STREET

NORTH HAVEN, CT 064732165

Phone no

(203) 248-9341

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 978,992 including grants of \$ 978,992) (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 OCCURING IN THE UNITED STATES, HAITI EARTHQUAKE AND PHILIPPINES TYPHOON.

4b

(Code) (Expenses \$ 220,691 including grants of \$ 207,841) (Revenue \$)

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

4c

(Code) (Expenses \$ 1,586,584 including grants of \$ 1,586,584) (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

2,786,267

Form 990 (2013)

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	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 or other assistance to any domestic organization or government 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 or 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 25a</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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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	Section 501(c)(3) organizations. 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? Note. 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 or note to any line in this Part V

☐

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.				
1a	6			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			Yes	
1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.				
2a	0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12.			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders.			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b	
c Enter the amount of reserves on hand.			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>			14b	

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 or note to any line 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	8	
	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	2	
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
12a	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. <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 065103326 (203) 752-4227	

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARL A ANDERSON PRESIDENT	3 00 57 00	X		X				0	2,026,537	37,281
(2) LOGAN T LUDWIG VICE PRESIDENT	1 00 54 00	X		X				0	272,721	27,975
(3) CHARLES E MAURER JR SECRETARY	1 00 54 00	X		X				0	318,684	28,817
(4) MICHAEL J O'CONNOR TREASURER	1 00 54 00	X		X				0	226,589	35,742
(5) VIRGIL C DECHANT DIRECTOR	1 00 7 00	X						0	28,920	0
(6) MOST REV WILLIAM E LORI DIRECTOR	1 00 9 00	X						0	0	0
(7) JOHN A MARRELLA DIRECTOR	1 00 54 00	X						0	439,867	30,230
(8) THOMAS P SMITH JR DIRECTOR	1 00 54 00	X						0	785,227	37,827
(9) DENNIS A SAVOIE PAST VICE PRESIDENT	1 00 54 00	X		X				0	601,407	30,230
(10) RONALD J TRACZ ASSISTANT SECRETARY	1 00 54 00			X				0	221,498	25,989
(11) TERRENCE T LESCOE CHIEF FINANCIAL OFFICER	1 00 54 00			X				0	291,441	28,420

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	5,212,891	282,511

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAGNET DIRECT 45 BRAINTREE HILL OFFICE PARK STE BRAINTREE MA 01284	DIRECT MAILING	177,591

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,176,587			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,098,690			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		3,275,277			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		21,346		21,346
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		12,860		12,860	
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)		-8,487		-8,487
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		3,300,996	0	0	25,719	

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,438,373	2,438,373		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	14,052	14,052		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	320,992	320,992		
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.	11,464		11,464	
c	Accounting.	32,410		32,410	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	12,850	12,850		
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.	362,861		8,254	354,607
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	16,075			16,075
b	DATABASE MANAGEMENT FEE	4,454			4,454
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	3,213,531	2,786,267	52,128	375,136
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 or note to any line in this Part X

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			524,200	1	249,228
	2	Savings and temporary cash investments			2,801,374	2	3,312,074
	3	Pledges and grants receivable, net				3	16,203
	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			28,789	9	30,461
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			10c	
	b	Less: accumulated depreciation	10b				
	11	Investments—publicly traded securities			453,814	11	454,914
	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			1,370	15	8,610
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,809,547	16	4,071,490
Liabilities	17	Accounts payable and accrued expenses			5,070	17	182,523
	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			3,550	25	4,500
	26	Total liabilities. Add lines 17 through 25			8,620	26	187,023
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,806,095	27	2,965,560
	28	Temporarily restricted net assets			994,832	28	918,907
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,800,927	33	3,884,467
	34	Total liabilities and net assets/fund balances			3,809,547	34	4,071,490

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,300,996
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,213,531
3	Revenue less expenses Subtract line 2 from line 1	3	87,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,800,927
5	Net unrealized gains (losses) on investments	5	-3,925
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	3,884,467

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input 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? 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization KNIGHTS OF COLUMBUS CHARITIES INC	Employer identification number 23-7227608
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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 section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
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 section 170(b)(1)(A)(vi). (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (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 section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
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 section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <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? <div>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?</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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,450,445	3,583,716	3,012,711	6,193,909	3,275,277	19,516,058
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	3,450,445	3,583,716	3,012,711	6,193,909	3,275,277	19,516,058
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,797,060
6 Public support. Subtract line 5 from line 4						12,718,998

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3,450,445	3,583,716	3,012,711	6,193,909	3,275,277	19,516,058
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	190,428	159,415	159,525	19,355	34,206	562,929
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	Total support (Add lines 7 through 10)						20,078,987
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	1463 340 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	1565 710 %
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>	
b	33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>	

Part IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. 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		
Return Reference	Explanation	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

► \$

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

	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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	3,374,701
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-3,925
b	Donated services and use of facilities	2b	90,480
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	86,555
3	Subtract line 2e from line 1	3	3,288,146
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,850
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	12,850
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,300,996

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	3,291,161
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	90,480
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	90,480
3	Subtract line 2e from line 1	3	3,200,681
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,850
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	12,850
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,213,531

Part XIII

Supplemental Information

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

Return Reference	Explanation

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	DISASTER RELIEF GRANT TO AN ORGANIZATION LOCATED IN HAITI		13,000
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	DISASTER RELIEF GRANTS TO ORGANIZATIONS LOCATED IN THE PHILIPPINES		290,038
NORTH AMERICA	0	0	DISASTER RELIEF GRANTS TO ORGANIZATIONS LOCATED IN MEXICO AND CANADA		17,954
3a Sub-total	0	0			320,992
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			320,992

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	13,000	CHECK	0	N/A	N/A
			EAST ASIA AND THE PACIFIC	TYPHOON DISASTER RELIEF	290,038	WIRE TRANSFER	0	N/A	N/A
			NORTH AMERICA	HURRICANE RELIEF	15,697	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

11

3

Enter total number of other organizations or entities

0

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

[illegible]

Part IV Foreign Forms

- 1

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

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).

[illegible]

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

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

OMB No 1545-0047

2013

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							

2

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

94

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) DONATIONS TO INDIVIDUALS IN SUPPORT OF THE 55TH INTERNATIONAL MILITARY PILGRIMAGE FOR THE WOUNDED AND DISABLED	172	14,052	0	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
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 THE ORGANIZATION PROVIDES GRANTS TO ELIGIBLE ORGANIZATIONS THAT QUALIFY AS A 501(C)(3) PUBLIC CHARITY

Additional Data

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
1ST WAY OF MARICOPA COUNTY INC 333 EAST MCDOWELL ROAD PHOENIX,AZ 85004	23-7216073	501(C)(3)	39,925	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
1ST WAY PREGNANCY SUPPORT SERVICE 2020 W JOHNSBURG ROAD JOHNSBURG,IL 60051	36-3988414	501(C)(3)	13,433	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
A BABY'S BREATH 2118 W MAIN STREET JEFFERSONVILLE,PA 19403	23-3045525	501(C)(3)	12,938	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
A WOMEN'S FRIEND PREGNANCY RESOURCE CENTER 616 E STREET MARYSVILLE,CA 95901	94-3023578	501(C)(3)	10,635	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ABC PREGNANCY CARE CENTER 508 SOUTH WILLOW STREET SUITE B KENAI,AK 99611	92-0113488	501(C)(3)	20,800	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ABIDING CARE PREGNANCY RESOURCE CENTER INC PO BOX 445 MEDFORD,WI 54451	27-0902427	501(C)(3)	24,950	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ABUNDANT LIFE PRC PO BOX 473 MORRILTON,AR 72110	56-2554623	501(C)(3)	12,750	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ALTERNATIVE AVENUES WOMEN'S RESOURCE CENTER 9675 MONTE VISTA AVENUE STE G MONTCLAIR,CA 91763	33-0482936	501(C)(3)	12,204	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ALTERNATIVES PREGNANCY CENTER INC 1006 DECATHLON DRIVE WATERLOO,IA 50701	42-1367699	501(C)(3)	15,400	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ANGELS AMONG US IN FLORIDA INC 5277 N TAMIAMI TRAIL SARASOTA,FL 34242	27-5563456	501(C)(3)	13,950	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANOTHER WAY PREGNANCY CENTER 31700 W 12 MILE ROAD ROOM 102 FARMINGTON HILLS, MI 48334	38-2563847	501(C)(3)	19,563	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ASSIST PREGNANCY CENTER 5101-D BACKLICK ROAD ANNANDALE, VA 22003	54-1540093	501(C)(3)	11,911	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BEGINNINGS CARE FOR LIFE CENTER 213 MARSHALL STREET COLDWATER, MI 49036	38-3349217	501(C)(3)	11,750	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BILLING CRISIS PREGNANCY CENTER INC 2321 BROADWATER AVENUE BILLINGS, MT 59102	81-0465159	501(C)(3)	7,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BIRTH CHOICE INC 391 WALKER ROAD JACKSON, TN 38305	62-1613447	501(C)(3)	9,769	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BLUE RIDGE WOMEN'S CENTER INC 5034 WILLIAMSON ROAD NW ROANOKE, VA 24012	52-1314461	501(C)(3)	13,608	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CARE NET PREGNANCY CENTER OF PARADISE 6407 SKYWAY PARADISE, CA 95969	94-3172688	501(C)(3)	12,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CARE NET PREGNANCY CENTER OF THE EUP 1420 ASHMUN STREET SAULT STE MARIE, MI 49783	38-2440188	501(C)(3)	11,450	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CARE NET PREGNANCY CENTER OF THE TANANA VALLEY 1402 WILBUR STREET PO BOX 70186 FAIRBANKS, AK 99707	92-0132230	501(C)(3)	10,328	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CARE NET PREGNANCY CENTER OF NORTHERN KY PO BOX 17688 COVINGTON, KY 41017	61-1351706	501(C)(3)	19,632	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG INC 1213 16TH STREET N ST PETERSBURG,FL 33705	59-0875805	501(C)(3)	12,450	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CENTRO TEPEYAC INC 1315 APPLE AVENUE SILVER SPRING,MD 20910	52-1838338	501(C)(3)	11,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CHURCH OF ST STEPHEN 2211 CLINTON AVENUE S MINNEAPOLIS,MN 55404	41-0705833	501(C)(3)	13,225	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COLORADO K OF C CHARITIES FUND INC PO BOX 810 LITTLETON,CO 80160	23-7309447	501(C)(3)	29,700	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COLUMBIAN CHARITIES OF MISSOURI INC 6966 STATE STREET RT W PEACE VALLEY,MO 65788	34-1991474	501(C)(3)	32,268	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COLUMBIAN CHARITIES OF GEORGIA INC 147 CROSS GATE DRIVE MARIETTA,GA 30068	20-3401592	501(C)(3)	49,156	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAMDONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COOSA VALLEY RESOURCES FOR WOMEN INC PO BOX 233 SYLACAUGA,AL 35150	81-0548081	501(C)(3)	17,550	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CPC WOMEN'S HEALTH RESOURCE 1410 WEST HIGH STREET BRYAN,OH 43506	34-1493562	501(C)(3)	12,075	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CRADLE PREGNANCY RESOURCE CENTER PO BOX 613 SCOTTSBURG,IN 47170	35-1929821	501(C)(3)	13,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
DAKOTA HOPE CLINIC PO BOX 1321 MINOT,ND 58702	46-0998388	501(C)(3)	20,675	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETH'S NEW LIFE CENTER 359 FOREST AVENUE SUITE 203 DAYTON, OH 45405	31-1381901	501(C)(3)	47,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
FREDERICKSBURG PREGNANCY CENTER 1616 STAFFORD AVENUE FREDERICKSBURG, VA 22401	45-4984259	501(C)(3)	12,988	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
GORMAN FAMILY LIFE CENTER INC 315 N WYMORE ROAD WINTER PARK, FL 32789	59-2933541	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
GREATER BALTIMORE CENTER FOR PREGNANCY CONCERNS INC 442 EASTERN BOULEVARD ESSEX, MD 21221	52-1192219	501(C)(3)	10,295	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HAVELOCK PREGNANCY RESOURCE CENTER PO BOX 1158 HAVELOCK, NC 28532	27-3778768	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HIGHLAND LIFE CARE CENTER 1999 FORD PARKWAY ST PAUL, MN 551161814	41-2017733	501(C)(3)	14,216	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HOPE CENTER FOR CRISIS PREGNANCY PO BOX 12984 BEAUMONT, TX 777262984	76-0548301	501(C)(3)	38,150	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HOPE UNLIMITED FAMILY CARE CENTER 1101 JEFFERSON STREET PADUCAH, KY 42001	61-1180457	501(C)(3)	18,848	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HOWARD COUNTY PREGNANCY CENTER 10632 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044	52-1731882	501(C)(3)	12,998	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
KNIGHTS OF COLUMBUS PRO-LIFE FOUNDATION OF NEBRASKA 2008 VAN BUREN STREET BELLEVUE, NE 68005	47-0596545	501(C)(3)	19,234	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CENTERS OF VENTURA COUNTY 522 N A STREET STE A OXNARD, CA 930304945	33-1053595	501(C)(3)	13,225	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE CHOICES INC 411 SOUTH MAIN STREET PHILLIPSBURG, NJ 08865	22-3703602	501(C)(3)	12,450	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE CHOICES RESOURCE CENTER INC 503 MAIN STREET METUCHEN, NJ 08840	22-2672203	501(C)(3)	11,650	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE LINE INC 19415 DEERFIELD AVENUE SUITE 109 LANSLOWNE, VA 20176	54-1663986	501(C)(3)	14,063	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE'S CONNECTION - MUKWONAGO CENTER INC 307 S ROCHESTER STREET MUKWONAGO, WI 53149	45-3599266	501(C)(3)	21,427	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MARY'S PLACE INC 600 E ALTAMONTE DRIVE SUITE 1200 ALTAMONTE SPRINGS, FL 32701	30-0436392	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MEND CRISIS PREGNANCY CENTER INC 6216 S LEWIS AVENUE SUITE 100 TULSA, OK 74136	73-1304079	501(C)(3)	18,327	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MISSION PRE-BORN PO BOX 78221 INDIANAPOLIS, IN 46278	20-8755673	501(C)(3)	13,784	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MOTHER & UNBORN CHILDCARE OF LUFKIN 106 S BYNUM STREET LUFKIN, TX 75904	75-2039775	501(C)(3)	16,134	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MOTHER & UNBORN BABY CARE INC 24500 SOUTHFIELD ROAD SOUTHFIELD, MI 48075	38-2604598	501(C)(3)	24,475	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN RIGHT TO LIFE 114 E AIRPORT DRIVE STE 104 SAN BERNARDINO ,CA 92408	33-0258272	501(C)(3)	23,125	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
NEW HOPE FAMILY SERVICES INC 3519 JAMES STREET SYRACUSE,NY 13206	23-7103133	501(C)(3)	10,375	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
NORTH JEFFERSON PREGNANCY TEST CENTER PO BOX 1608 GARDENDALE,AL 35071	63-1068669	501(C)(3)	16,203	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
OREGON STATE K OF C CHARITIES INC PO BOX 1332 PHILOMATH,OR 97370	93-0881666	501(C)(3)	10,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PALMETTO PREGNANCY CENTER 6393 LAKE WYLIE ROAD CLOVER,SC 29710	57-0789792	501(C)(3)	11,194	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY AID CLINIC PO BOX 82836 HAPEVILLE,GA 30354	58-1592562	501(C)(3)	12,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY AID INC OF EASTERN WAYNE COUNTY PO BOX 36935 DETROIT,MI 482360935	23-7377830	501(C)(3)	12,495	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY ASSISTANCE CARE CENTER NORTH 115 NORTH SAN JACINTO CONROE,TX 77301	76-0242187	501(C)(3)	22,356	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CARE CENTER INC 1199 DELAWARE AVENUE FORT PIERCE,FL 34950	65-0468255	501(C)(3)	29,016	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CARE CENTER OF MHC INC 314 FAIRY STREET EXT SUITE E MARTINSVILLE,VA 24112	26-4148243	501(C)(3)	12,625	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREGNANCY CARE CENTER OF PLANT CITY 304 N COLLINS STREET PLANT CITY,FL 33563	59-3139161	501(C)(3)	17,203	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CARELINE CENTER INC 1685 TAMIAMI TRAIL PORT CHARLOTTE,FL 33948	59-2508174	501(C)(3)	13,950	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CENTER INC 1327 DILLON HEIGHTS AVENUE BALTIMORE,MD 21228	52-1217501	501(C)(3)	16,134	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY HELP CENTER OF KENT COUNTY INC 1991 S STATE STREET DOVER,DE 19901	51-0280800	501(C)(3)	12,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY RESOURCE CENTER 525 B STREET SUITE 8 SAN DIEGO,CA 92101	33-0809605	501(C)(3)	41,807	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY RESOURCE CENTER OF MOUNTAIN HOME 15 EAST 5TH STREET MOUNTAIN HOME,AR 726541284	20-4760276	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY RESOURCE CENTER OF TRACY PO BOX 1237 TRACY,CA 953781237	68-0061849	501(C)(3)	6,975	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
RAFFA CLINIC 2612 JORDAN STREET GREENVILLE,TX 75404	22-3859508	501(C)(3)	32,268	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
RIDE 4 US 401 NORTH E STREET TACOMA,WA 98403	02-0732247	501(C)(3)	26,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
RIGHT TO LIFE LEAGUE OF S CALIFORNIA 1028 N LAKE AVENUE 207 PASADENA,CA 91104	95-2645805	501(C)(3)	17,500	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBBINSDALE WOMEN'S CENTER 3826 WBROADWAY AVENUE MINNEAPOLIS,MN 55422	94-1762082	501(C)(3)	14,669	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SARASOTA MEDICAL PREGNANCY CENTER 2451 BEE RIDGE ROAD SARASOTA,FL 34239	05-0533818	501(C)(3)	15,140	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SAV-A-LIFE INC 1480 MCGUIRE ROAD BIRMINGHAM,AL 35216	63-0963150	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SAV-A-LIFE MOBILE INC 308 S SAGE AVENUE MOBILE,AL 36606	63-0892496	501(C)(3)	11,750	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SAV-A-LIFE OF DESOTO COUNTY AKA CARE CENTER 1277 STATELINE ROAD SOUTHAVEN,MS 38671	13-4245282	501(C)(3)	22,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SAV-A-LIFE OF TUSCALOOSA INC 225 UNIVERSITY BOULEVARD EAST TUSCALOOSA,AL 35401	63-0922831	501(C)(3)	17,203	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SAV-A-LIFE SHELBY INC PO BOX 984 ALABASTER,AL 350070984	63-0923018	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CHOICE ONE PREGNANCY & SEXUAL HEALTH RESOURCE CENTER INC 222 TRENTON ROAD LEVITTOWN,PA 19056	22-2408766	501(C)(3)	20,250	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SOUTHERN TIER PREGNANCY RESOURCE CENTER 571 ST JOSEPH BOULEVARD STE 201 ELMIRA,NY 14901	16-1272179	501(C)(3)	16,498	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ST GERARD CAMPUS INC PO BOX 4382 ST AUGUSTINE,FL 32084	59-2483955	501(C)(3)	22,620	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

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ST JOSEPH'S HELPERS OF DALLAS INC 4313 NORTH CENTRAL EXPRESSWAY DALLAS,TX 75205	75-2145755	501(C)(3)	13,134	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
STUDY THE OPTIONS PLEASE INC 184 E UNION STREET NEWARK,NY 14513	16-1321323	501(C)(3)	14,000	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
THE CROSSING OF MANITOWOC COUNTY INC 814 WASHINGTON STREET MANITOWOC,WI 54220	20-3148598	501(C)(3)	13,225	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
THE KIMBERLY HOME INC 1189 NE CLEVELAND STREET CLEARWATER,FL 33755	59-2077208	501(C)(3)	11,740	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
THE PREGNANCY CENTER 74-5565 LUHIA STREET KAILUA KONA,HI 967451102	99-0296961	501(C)(3)	24,111	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
WOMEN'S RESOURCE CENTER OF NORTHEAST WYOMING PO BOX 2289 GILLETTE,WY 82717	56-2321631	501(C)(3)	12,416	0	N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA NEW HAVEN,CT 06510	41-2140273	501(C)(3)	188,064	0	N/A	N/A	DONATION TO SUPPORT SCHOLARSHIP FUNDS
COLORADO K OF C CHARITIES FUND INC PO BOX 810 LITTLETON,CO 80160	23-7309447	501(C)(3)	10,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
CATHOLIC DIOCESE OF FORT WORTH 800 WEST LOOP 820 SOUTH FORT WORTH,TX 76108	23-7052369	501(C)(3)	10,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
ST VINCENT DE PAUL 1327 SOUTH CONGRESS AUSTIN,TX 78704	27-3071094	501(C)(3)	70,000	0	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

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KNIGHTS OF COLUMBUS NEW JERSEY STATE COUNCIL 7442 IRVING AVENUE PENNSAUKEN,NJ 081093129	22-1411271	501(C)(8)	100,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS NEW YORK STATE COUNCIL 1023 23RD STREET WATERVLIET,NY 121891712	23-7240550	501(C)(8)	50,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
ST MARY'S CATHOLIC SCHOOL 507 W SPRUCE STREET WEST,TX 76691	74-1698127	501(C)(3)	50,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
WEST INDEPENDENT SCHOOL DISTRICT 801 N REAGAN STREET WEST,TX 76691	74-6002551	501(C)(3)	50,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
WEST TEXAS EMS PO BOX 461 WEST,TX 76691	74-2330769	501(C)(3)	56,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS WEST COUNCIL 2305 WEST COLUMBUS CLUB PO BOX 50 WEST,TX 76691	23-7545963	501(C)(8)	10,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS OKLAHOMA STATE COUNCIL 6300 N SANTA FE OKLAHOMA CITY,OK 73118	23-7107061	501(C)(8)	240,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHT OF COLUMBUS ILLINOIS STATE COUNCIL 187 S INDIANA AVENUE 3RD FLOOR KANKAKEE,IL 609010681	36-1268095	501(C)(8)	10,000	0	N/A	N/A	DONATION FOR DISASTER RELIEF
KNIGHTS OF COLUMBUS ONE COLUMBUS PLAZA NEW HAVEN,CT 065103326	06-0416470	501(C)(8)	5,725	0	N/A	N/A	DONATION TO THE FOURTH DEGREE FUND TO SUPPORT THE SEMINARY INITIATIVE
COLUMBIAN CHARITIES 6966 STATE STREET RT W PEACE VALLEY,MO 65788	23-7112691	501(C)(3)	88,554	0	N/A	N/A	DONATION TO PROMOTE 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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

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>b</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>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<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>	4a	No
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4b	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4c	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</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></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>	5a	No
<div><div>a</div><div>The organization?</div></div>	5b	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>		
<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>	6a	No
<div><div>a</div><div>The organization?</div></div>	6b	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>		
<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>	7	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>	8	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>	9	

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				
(1)CARL A ANDERSON PRESIDENT	(i) (ii)	0 844,200	0 247,250	0 935,087	0 7,650	0 29,631	0 2,063,818	0 0
(2)LOGAN T LUDWIG VICE PRESIDENT	(i) (ii)	0 187,100	0 47,450	0 38,171	0 5,395	0 22,580	0 300,696	0 0
(3)CHARLES E MAURER JR SECRETARY	(i) (ii)	0 207,900	0 54,350	0 56,434	0 6,237	0 22,580	0 347,501	0 0
(4)MICHAEL J O'CONNOR TREASURER	(i) (ii)	0 185,500	0 37,550	0 3,539	0 5,565	0 30,177	0 262,331	0 0
(5)JOHN A MARRELLA DIRECTOR	(i) (ii)	0 309,400	0 77,150	0 53,317	0 7,650	0 22,580	0 470,097	0 0
(6)THOMAS P SMITH JR DIRECTOR	(i) (ii)	0 405,300	0 96,550	0 283,377	0 7,650	0 30,177	0 823,054	0 0
(7)DENNIS A SAVOIE PAST VICE PRESIDENT	(i) (ii)	0 341,539	0 77,150	0 182,718	0 7,650	0 22,580	0 631,637	0 0
(8)RONALD J TRACZ ASSISTANT SECRETARY	(i) (ii)	0 184,764	0 30,650	0 6,084	0 3,409	0 22,580	0 247,487	0 0
(9)TERRENCE T LESCOE CHIEF FINANCIAL OFFICER	(i) (ii)	0 233,200	0 52,050	0 6,191	0 5,840	0 22,580	0 319,861	0 0

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 4B	CARL A ANDERSON \$922,682 LOGAN T LUDWIG 27,248 CHARLES E MAURER, JR 45,191 JOHN A MARRELLA 50,531 THOMAS P SMITH, JR 276,746 DENNIS A SAVOIE 171,221 KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR BENEFITS LOST IN THE TAX-QUALIFIED RETIREMENT PLAN DUE TO IRS LIMITS. ONCE A PARTICIPANT BECOMES VESTED IN THIS NONQUALIFIED DEFERRED COMPENSATION PLAN, BY LAW, THE PARTICIPANT IS TAXED ON THE VESTED AMOUNT. THE KNIGHTS OF COLUMBUS' PLAN PROVIDES THAT UPON VESTING, A PARTICIPANT WILL RECEIVE A PAYMENT FOR THE ESTIMATED INCOME TAXES RELATED TO THE VESTED AMOUNT. THE ABOVE AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III).
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.

Additional Data

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 PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	844,200	247,250	935,087	7,650	29,631	2,063,818	0
LOGAN T LUDWIG VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	187,100	47,450	38,171	5,395	22,580	300,696	0
CHARLES E MAURER JR SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	207,900	54,350	56,434	6,237	22,580	347,501	0
MICHAEL J O'CONNOR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	185,500	37,550	3,539	5,565	30,177	262,331	0
JOHN A MARRELLA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	309,400	77,150	53,317	7,650	22,580	470,097	0
THOMAS P SMITH JR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	405,300	96,550	283,377	7,650	30,177	823,054	0
DENNIS A SAVOIE PAST VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	341,539	77,150	182,718	7,650	22,580	631,637	0
RONALD J TRACZ ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	184,764	30,650	6,084	3,409	22,580	247,487	0
TERRENCE T LESCOE CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	233,200	52,050	6,191	5,840	22,580	319,861	0

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DLN: 93493120011634

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number
23-7227608

990 Schedule O, Supplemental Information

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 CHIEF COMPLIANCE OFFICER AND 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, INCLUDING IN 2013, FOR A REVIEW OF THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO SUPREME OFFICERS AND OTHER TOP MANAGEMENT OFFICIALS THE INDEPENDENT COMPENSATION CONSULTANT USES SURVEY SOURCES THAT THEY HAVE COMPILED PLUS OTHER PUBLISHED SURVEYS TO PRESENT A REPORT OF COMPARABLE MARKET DATA OF TOTAL COMPENSATION FOR EACH MANAGEMENT POSITION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE COMPARABLE MARKET DATA BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS AFTER A REVIEW AND DISCUSSION ABOUT THE COMPARABLE MARKET DATA AND THE INDIVIDUALS IN THE ROLES UNDER REVIEW, A VOTE IS TAKEN TO APPROVE A NEW SALARY RANGE FOR THE TOP MANAGEMENT INDIVIDUALS
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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number
23-7227608

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KNIGHTS OF COLUMBUS ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 06-0416470	FRATERNAL BENEFIT ORGANIZATION	CT	501(C)(8)		N/A		No
(2) KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 41-2140273	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CT	501(C)(3)	11B	KNIGHTS OF COLUMBUS	Yes	
(3) THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 06-1590283	OPERATION OF A MUSEUM	CT	501(C)(3)	11B	KNIGHTS OF COLUMBUS	Yes	
(4) JOHN PAUL II SHRINE AND INSTITUTE INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 52-1547103	OPERATION OF AN EDUCATIONAL INSTITUTE AND A MUSEUM	DC	501(C)(3)	2	KNIGHTS OF COLUMBUS	Yes	
(5) KNIGHTS OF COLUMBUS CANADA CHARITIES INC 1843 TRAPPERS AVE WINDSOR, ON N8P 1T1 CA	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CA	SEE SCHD O		KNIGHTS OF COLUMBUS	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

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

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

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

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

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KNIGHTS OF COLUMBUS - 501(C)(8)	C	1,175,000	FAIR MARKET VALUE

Schedule R (Form 990) 2013

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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