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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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) | Room/suite
ONE COLUMBUS PLAZA

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 $ 11,439,310

F Name and address of principal officer
MICHAEL J O'CONNOR
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

1 Briefly describe the organization's mission or most significant activities
ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,691,515	10,483,668
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	290,307	594,926
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,750	8,109
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,985,572	11,086,703
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,100,001	9,506,770
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	233,823	254,639
b	Total fundraising expenses (Part IX, column (D), line 25) ▶643,525		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	366,109	468,652
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,699,933	10,230,061
19	Revenue less expenses Subtract line 18 from line 12	1,285,639	856,642

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,274,482	13,259,210
21	Total liabilities (Part X, line 26)	74,978	302,105
22	Net assets or fund balances Subtract line 21 from line 20	13,199,504	12,957,105

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

****** 2019-09-26
Signature of officer Date

MICHAEL J O'CONNOR SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	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

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 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 $ 4,350,000 including grants of $ 4,350,000) (Revenue $)
See Additional Data

4b (Code) (Expenses $ 2,727,819 including grants of $ 2,727,819) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 1,763,493 including grants of $ 1,763,493) (Revenue $)
See Additional Data

(Code) (Expenses $ 675,569 including grants of $ 665,458) (Revenue $)
IN FURTHERANCE OF ITS EXEMPT PURPOSE, CHARITIES PROVIDED GRANTS TO OTHER ORGANIZATIONS

4d Other program services (Describe in Schedule O)
(Expenses $ 675,569 including grants of $ 665,458) (Revenue $)

4e Total program service expenses ▶ 9,516,881

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	Yes	
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **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**	3		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**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** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**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? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring 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? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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	**1a**	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	3		
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	
b	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				
a	The governing body?		**8a**	Yes	
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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
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
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 , 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 , NV

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MICHAEL J O'CONNOR ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 (203) 752-4822

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	1,763,220	33,205
(2) PATRICK E KELLY VICE PRESIDENT	1 00 54 00	X		X				0	477,346	41,638
(3) MICHAEL J O'CONNOR SECRETARY	1 00 54 00	X		X				0	396,251	41,265
(4) RONALD F SCHWARZ TREASURER	3 00 52 00	X		X				0	291,603	30,891
(5) LARRY W KUSTRA DIRECTOR	1 00 9 00	X						0	32,142	0
(6) MOST REV WILLIAM E LORI DIRECTOR	1 00 9 00	X						0	135,000	0
(7) JOHN A MARRELLA DIRECTOR	1 00 54 00	X						0	641,078	33,205
(8) ANTHONY V MINOPOLI DIRECTOR	1 00 54 00	X						0	696,320	41,638
(9) JOSE C REYES JR DIRECTOR	1 00 9 00	X						0	32,290	0
(10) VIRGIL C DECHANT DIRECTOR	1 00 7 00	X						0	22,742	0
(11) GRAYDON A NICHOLAS DIRECTOR	1 00 9 00	X						0	34,281	0
(12) THOMAS P SMITH JR DIRECTOR	1 00 54 00	X						0	561,683	16,886
(13) JOHN J KENNEDY CHIEF FINANCIAL OFFICER	1 00 54 00			X				0	563,032	41,384

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		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	5,646,988	280,112

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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 02184	DIRECT MAILING AND FUNDRAISING ASSIST	411,653
CHANGING OUR WORLD INC 220 EAST 42ND STREET 5TH FLOOR NEW YORK, NY 10017	FUNDRAISING CONSULTING SERVICES	154,214

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 ▶ 2

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	1,928,324			
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	8,555,344			
	g Noncash contributions included in lines 1a - 1f $ 106,890				
	h **Total.** Add lines 1a-1f . . . . . ▶	10,483,668			
Program Service Revenue		Business Code			
	2a				
	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) . . . . . ▶	180,683			180,683
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶	8,109			8,109
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	766,850			
	b Less cost or other basis and sales expenses	352,607			
	c Gain or (loss)	414,243			
	d Net gain or (loss) . . . . . ▶	414,243			414,243
	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 . . . . . ▶	11,086,703	0	0	603,035

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,940,720	3,940,720		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,186,050	1,186,050		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	4,380,000	4,380,000		
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	13,047		13,047	
c Accounting	38,020		38,020	
d Lobbying				
e Professional fundraising services See Part IV, line 17	254,639			254,639
f Investment management fees	10,111	10,111		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	154,214			154,214
12 Advertising and promotion				
13 Office expenses	165,382		8,205	157,177
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	80,763		10,383	70,380
b DATABASE MANAGEMENT FEE	7,115			7,115
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	10,230,061	9,516,881	69,655	643,525
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 ▶ ☐ 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 IX . . . . . ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash–non-interest-bearing	3,108,147	1	713,816
	2 Savings and temporary cash investments	1,358,294	2	2,950,247
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	96,915	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,289	9	8,912
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b Less accumulated depreciation — 10b		10c	
	11 Investments—publicly traded securities	8,685,827	11	9,548,054
	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	17,010	15	38,181
	16 **Total assets.** Add lines 1 through 15 (must equal line 34)	13,274,482	16	13,259,210
Liabilities	17 Accounts payable and accrued expenses	62,865	17	56,134
	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	12,113	25	245,971
	26 **Total liabilities.** Add lines 17 through 25	74,978	26	302,105
Net Assets or Fund Balances	**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27 Unrestricted net assets	9,551,334	27	10,264,409
	28 Temporarily restricted net assets	3,648,170	28	2,692,696
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	13,199,504	33	12,957,105
	34 Total liabilities and net assets/fund balances	13,274,482	34	13,259,210

Part XI Reconcilliation 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	11,086,703
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,230,061
3	Revenue less expenses Subtract line 2 from line 1	3	856,642
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,199,504
5	Net unrealized gains (losses) on investments	5	-1,099,041
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	12,957,105

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7227608

Name: KNIGHTS OF COLUMBUS CHARITIES INC

Form 990 (2018)

Form 990, Part III, Line 4a:

IN FURTHERANCE OF ITS EXEMPT PURPOSE, CHARITIES PROVIDED FINANCIAL ASSISTANCE FOR CHRISTIANS AND OTHER RELIGIOUS MINORITIES BEING PERSECUTED OR DISPLACED IN IRAQ AND THE SURROUNDING REGIONS IN ADDITION, TO RAISE PUBLIC AWARENESS AND EDUCATION CONCERNING PERSECUTED CHRISTIANS AND OTHER RELIGIOUS MINORITIES, ESPECIALLY IN THE MIDDLE EAST, CHARITIES PROVIDED FINANCIAL ASSISTANCE AND GRANTS TO CHARITABLE RELIEF ORGANIZATIONS

Form 990, Part III, Line 4b:

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 AND OTHER STORMS OCCURRING IN PUERTO RICO, FLORIDA, TEXAS AND THE CAROLINAS, A TYPHOON OCCURRING IN THE PHILIPPINES, A FLOOD OCCURRING IN LOUISIANA AND WILDFIRES OCCURRING IN CALIFORNIA

Form 990, Part III, Line 4c:

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

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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.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number
23-7227608

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	8,610,382	9,638,616	10,962,414	14,691,515	10,483,668	54,386,595
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	8,610,382	9,638,616	10,962,414	14,691,515	10,483,668	54,386,595
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)						8,941,242
6 **Public support.** Subtract line 5 from line 4						45,445,353

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	8,610,382	9,638,616	10,962,414	14,691,515	10,483,668	54,386,595
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,031	63,575	86,110	123,137	188,792	531,645
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 VI)						
11 **Total support.** Add lines 7 through 10						54,918,240

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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	82 750 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	**15**	80 490 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 23-7227608

Name: KNIGHTS OF COLUMBUS CHARITIES INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number
23-7227608

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(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 on 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

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

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" on 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

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED DONATIONS PAYABLE	245,971
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	245,971

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	10,287,690
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,099,041		
b	Donated services and use of facilities	2b	310,139		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-788,902
3	Subtract line **2e** from line **1**			3	11,076,592
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	10,111		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	10,111
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	11,086,703

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

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

1	Total expenses and losses per audited financial statements			1	10,530,089
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	310,139		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	310,139
3	Subtract line **2e** from line **1**			3	10,219,950
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	10,111		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	10,111
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,230,061

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
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THERE IS NO FIN 48 NOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE ORGANIZATION HA S NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)

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

OMB No 1545-0047

2018

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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			4,380,000
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			4,380,000

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)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 . . . . . ▶ 7

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	☐ Yes	☑ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION VERIFIES THAT ALL GRANTS ARE PROVIDED TO ENTITIES THAT HAVE AN EQUIVALENT STATUS TO A 501(C)(3) ORGANIZATION THE ORGANIZATION REQUIRES DONEE ORGANIZATIONS TO PROVIDE AN ACCOUNTING OF HOW THE GRANT FUNDS WERE EXPENDED GRANTS TO INDIVIDUAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION INDIVIDUALS ELIGIBLE TO APPLY ARE FROM A LARGE POOL OF INDIVIDUALS AND ARE CHOSEN OBJECTIVELY BY A PANEL OF INDEPENDENT PERSONS

Additional Data

Software ID:

Software Version:

EIN: 23-7227608

Name: KNIGHTS OF COLUMBUS CHARITIES INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS	GRANTMAKING	4,160,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT TO RECIPIENT	GRANTMAKING	190,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANT TO RECIPIENT	GRANTMAKING	30,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		MIDDLE EAST AND NORTH AFRICA	CHRISTIAN REFUGEE RELIEF	3,450,000	WIRE TRANSFERS	0	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	CHRISTIAN REFUGEE RELIEF	190,000	WIRE TRANSFER	0	N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		MIDDLE EAST AND NORTH AFRICA	CHRISTIAN REFUGEE RELIEF	300,000	WIRE TRANSFER	0	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	CHRISTIAN REFUGEE RELIEF	25,000	WIRE TRANSFER	0	N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		MIDDLE EAST AND NORTH AFRICA	CHRISTIAN REFUGEE RELIEF	305,000	WIRE TRANSFER	0	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	CHRISTIAN REFUGEE RELIEF	80,000	CHECK	0	N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF	30,000	WIRE TRANSFER	0	N/A	N/A

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number
23-7227608

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

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

- **a** ☑ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	MAGNET DIRECT 45 BRAINTREE HILL OFFICE PARK STE BRAINTREE, MA 02184	DIRECT MAIL CREATIVE AND PRODUCTION SERVICE		No	8,555,344	254,639	8,300,705
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶	8,555,344	254,639	8,300,705

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
PART I, LINE 2B, COL V	AS PART OF THE AGREEMENT WITH MAGNET DIRECT, CHARITIES WILL REIMBURSE THE FUNDRAISER FOR SEPARATELY INVOICED POSTAGE EXPENSES INCURRED THE AMOUNT REMITTED IN THE CURRENT YEAR TOTALED $157,014 THIS AMOUNT IS NOT INCLUDED WITH THE FEES REPORTED IN PART I, LINE 2B, COL V

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES INC

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 132

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DONATIONS TO INDIVIDUALS IN SUPPORT OF THE 60TH INTERNATIONAL MILITARY PILGRIMAGE FOR THE WOUNDED AND DISABLED	208	208,688	0	N/A	N/A
(2) DONATIONS TO INDIVIDUALS IN SUPPORT OF THE COATS FOR KIDS PROGRAM	11508	217,967	0	N/A	N/A
(3) DONATIONS TO INDIVIDUALS FOR DISASTER RELIEF	20000	759,395	0	N/A	N/A
(3)					
(4)					
(5)					
(6)					
(7)					

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 THE DONATION TO THE FRATERNAL BENEFICIARY SOCIETY, RECOGNIZED AS EXEMPT UNDER SECTION 501(C)(8), WAS FOR DISASTER RELIEF ALL FUNDS DONATED WERE USED FOR PURPOSES THAT FURTHER THE ORGANIZATION'S SECTION 501(C)(3) CHARITABLE PURPOSE

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HIS DIVINE WILL FELLOWSHIP INC 1944 STATE STREET HAMDEN, CT 06517	46-4680733	501(C)(3)	8,000		N/A	N/A	DONATION TO PROVIDE FOOD FOR LOCAL FOOD PANTRIES
ST CATHERINE'S CENTER FOR SPECIAL NEEDS INC 760 TAHMORE DRIVE FAIRFIELD, CT 06825	47-2207552	501(C)(3)	10,303		N/A	N/A	SUPPORT PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A CHOICE 2M8K PREGNANCY CENTER 1216 WEST EVANS STREET FLORENCE, SC 29501	26-4313491	501(C)(3)	15,535		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ABIGAIL MINISTRIES INC PO BOX 68 NORWALK, OH 44857	34-1620641	501(C)(3)	9,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID FOR WOMEN INC 8 SOUTH MICHIGAN AVENUE 1418 CHICAGO, IL 60603	36-2988483	501(C)(3)	9,950		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
AIM WOMEN'S CENTER 248 NORTH FIFTH STREET STEUBENVILLE, OH 43952	34-1567102	501(C)(3)	11,196		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA CENTER 3405 SOUTH KIWANIS AVENUE SIOUX FALLS, SD 57105	36-3347022	501(C)(3)	24,419		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ALPHA PREGNANCY RESOURCE CENTER 6 WASHINGTON STREET STE B SANFORD, ME 04073	01-0475640	501(C)(3)	12,050		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA WOMENS CENTER OF LOWELL 517 E MAIN STREET LOWELL, MI 49331	06-1809255	501(C)(3)	18,128		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ALTERNATIVES PREGNANCY CENTER 111 HOWE AVENUE SACRAMENTO, CA 95825	94-2844514	501(C)(3)	18,495		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA KNIGHTS OF COLUMBUS CHARITIES INC 1328 EAST APACHE BOULEVARD TEMPE, AZ 85281	46-0587590	501(C)(3)	17,057		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ASPIRE TOGETHER 56 COLCHESTER AVENUE BURLINGTON, VT 05401	03-0297936	501(C)(3)	6,250		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASSURE WOMEN'S CENTER 6510 SORENSON PARKWAY OMAHA, NE 681522138	47-0700371	501(C)(3)	15,023		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ANOTHER WAY PREGNANCY CENTER INC 31700 WEST 12 MILE ROAD 220 FARMINGTON HILLS, MI 48334	38-2563847	501(C)(3)	23,246		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKERSFIELD CRISIS PREGNANCY CENTER INC 1801 18TH STREET BAKERSFIELD, CA 93301	77-0024688	501(C)(3)	12,975		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BELLA MEDICAL CLINIC 1484 WEST SOUTH PARK AVENUE OSHKOSH, WI 54902	39-1783119	501(C)(3)	17,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIRTH CHOICE OF TEMECULA 41750 WINCHESTER ROAD TEMECULA, CA 92590	33-0302353	501(C)(3)	12,750		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
BIRTHRIGHT OF QUINCY 1200 BROADWAY SUITE A PO BOX 407 QUINCY, IL 62301	37-1026512	501(C)(3)	14,975		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARE NET PREGNANCY & FAMILY SERVICES OF PUGET SOUND 1924 SOUTH CEDAR STREET TACOMA, WA 98405	91-1226978	501(C)(3)	12,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CARE NET PREGNANCY CENTER OF THE HUDSON VALLEY PO BOX 2118 POUGHKEEPSIE, NY 12601	14-1691505	501(C)(3)	13,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARE NET WOMEN'S RESOURCE CENTER OF NORTH COUNTY PO BOX 1375 LANCASTER, CA 93584	95-4737166	501(C)(3)	12,975		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CARIS PREGNANCY COUNSELING AND RESOURCES 111 NORTH WABASH AVENUE NO 1501 CHICAGO, IL 60602	36-3347103	501(C)(3)	29,080		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

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CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON 200 NORTH GLEBE ROAD 250 ARLINGTON, VA 22203	54-0515706	501(C)(3)	9,750		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CENTER FOR PREGNANCY CHOICES 1401 ADAMS STREET VICKSBURG, MS 39180	57-0897070	501(C)(3)	24,998		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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CENTRO RAQUEL UBR COUNTRY CLUB 925 CALLE EIDER SAN JUAN, PR 00924	66-0782079	501(C)(3)	6,325		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CENTERS OF CENTRAL VA 1416 GREENBRIAR PLACE CHARLOTTESVILLE, PA 22901	54-1237522	501(C)(3)	25,499		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICES PREGNANCY AND HEALTH 260 LOCUST AVENUE CHARLESTON, IL 61920	36-3315022	501(C)(3)	27,881		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CLARIS HEALTH 11500 WEST OLYMPIC BOULEVARD 560 LOS ANGELES, CA 90064	95-4806856	501(C)(3)	16,284		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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COLORADO KNIGHTS OF COLUMBUS CHARITIES FUND INC PO BOX 810 LITTLETON, CO 80160	23-7309447	501(C)(3)	9,471		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
COLUMBIAN CHARITIES OF MISSOURI INC 6966 STATE ROUTE W PEACE VALLEY, MO 65788	23-7112691	501(C)(3)	12,250		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

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COMMUNITY CENTER FOR LIFE INC 539 LAFAYETTE STREET GRETNA, LA 70053	72-1483245	501(C)(3)	16,800		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CORNERSTONE LIFE FOUNDATION INC PO BOX 94 RED OAK, IA 515660000	30-0035644	501(C)(3)	12,050		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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FOOTHILLS PREGNANCY RESOURCE CENTER PO BOX 234 MONROVIA, CA 91017	91-2148733	501(C)(3)	13,600		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
CARE NET CENTER OF BERKLEY & CARE NET PREGNANCY CENTER OF DETROIT 2826 COOLIDGE HIGHWAY BERKLEY, MI 480721559	38-2658986	501(C)(3)	15,275		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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CROSSROADS PREGNANCY CENTER 1130 WEST 4TH STREET STE 1 LEWISTOWN, PA 17044	22-2720882	501(C)(3)	12,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
DAYSPRING PREGNANCY CARE CENTER 1 MAIN STREET SUITE 2 WEST LEBANON, NH 03784	22-2811483	501(C)(3)	13,350		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

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DC KNIGHTS OF COLUMBUS CHARITIES PO BOX 90884 WASHINGTON, DC 200900084	26-0340401	501(C)(3)	14,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ELIZABETH'S NEW LIFE CENTER 2201 NORTH MAIN STREET DAYTON, OH 45405	31-1381901	501(C)(3)	38,750		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

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FAMILY LIFE CENTER OF AUGLAZIE COUNTY PO BOX 573 ST MARYS, OH 45885	20-8682268	501(C)(3)	12,050		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
FAMILY VALUES RESOURCE INSTITUTE INC PO BOX 74403 BATON ROUGE, LA 70874	72-1415039	501(C)(3)	13,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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FIRST CHOICE CLINIC 1351 PAGE DRIVE FARGO, ND 58103	45-0384081	501(C)(3)	51,625		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
FIRST CHOICE WOMEN'S RESOURCE CENTER 10 PATERSON STREET JERSEY CITY, NJ 07307	22-2560940	501(C)(3)	36,150		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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FIRST SOURCE FOR WOMEN INC PO BOX 1343 HANCERVILLE, AL 35077	20-5659416	501(C)(3)	38,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
FLORIDA KNIGHTS OF COLUMBUS CHARITIES INC 1523 GASDORF LANE WESTVILLE, FL 32464	59-3659193	501(C)(3)	120,362		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

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FOOTHILLS CARE CENTER 207 MAIN STREET SENECA, SC 29768	57-0897976	501(C)(3)	11,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
GATEWAY WOMEN'S RESOURCE CENTER INC 2 SOUTH ELM STREET YUKON, OK 73009	26-4738433	501(C)(3)	17,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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GENERATION LIFE INC 3684 NORTH HARBOR LANE BOISE, ID 83703	20-1838827	501(C)(3)	20,483		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
GREATER BALTIMORE CENTER FOR PREGNANCY CONCERNS 412 EASTERN BOULEVARD ESSEX, MD 21221	52-1192219	501(C)(3)	31,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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HANNAH MIRACLE 434 WILDWOOD AVENUE JACKSON, MI 49201	38-2753494	501(C)(3)	17,795		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HAVEN OF HOPE INC PO BOX 645 BENTON, KY 42025	31-1547451	501(C)(3)	10,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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HEART CHOICES PO BOX 96 BELOIT, KS 67420	48-1248682	501(C)(3)	12,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HEART REACH CENTER 866 SOUTH SEWARD MERIDIAN WASILLA, AK 99654	92-0115423	501(C)(3)	12,050		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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HEARTBEAT OF LIMA INC PO BOX 1642 LIMA, OH 45802	23-7293587	501(C)(3)	11,750		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HER CHOICE BIRMINGHAM INC 2120 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	63-1278420	501(C)(3)	12,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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HOPE PREGNANCY CLINIC 2630 MARKET STREET NE SALEM, OR 97301	94-3076587	501(C)(3)	25,950		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
HOPELINE PRC 838 HIGH RIDGE ROAD STAMFORD, CT 06605	06-1336310	501(C)(3)	28,850		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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HOWARD COUNTY PREGNANCY CENTER 10632 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044	52-1731882	501(C)(3)	18,350		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
IMAGE OF GOD PREGNANCY CENTER 4151 SEMINOLE DETROIT, MI 48214	45-5133764	501(C)(3)	18,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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IN KNIGHTS OF COLUMBUS CHARITY FUND INC 3993 WILLOWOOD COURT CROWN POINT, IN 463078945	02-0718931	501(C)(3)	17,625		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
INFORMED CHOICES 66 1ST STREET GILROY, CA 95020	77-0236159	501(C)(3)	29,850		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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KNIGHTS OF COLUMBUS CHARITY FUND INC 7955 MEADOW BEND DRIVE INDIANAPOLIS, IN 46259	02-0718931	501(C)(3)	17,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
KNIGHTS OF COLUMBUS CHARITIES OF GEORGIA INC 3245 PEACHTREE PARKWAY SUITE D-265 SUWANEE, GA 30024	20-3401592	501(C)(3)	34,250		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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LAKESHORE PREGNANCY CENTER INC 339 SOUTH RIVER AVENUE HOLLAND, MI 49423	38-3046882	501(C)(3)	8,800		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFE CHOICES INC 15A FRANKLIN VILLAGE MALL KITTANNING, PA 16201	25-1482633	501(C)(3)	32,900		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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LIFE NETWORK OF SOUTHERN ILLINOIS 722 NORTH MARKET STREET WATERLOO, IL 62298	37-1293441	501(C)(3)	36,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
LIFECHOICE PREGNANCY CARE CENTER PO BOX 873 CHEYENNE, WY 82003	74-2454534	501(C)(3)	14,950		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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LIVING ALTERNATIVES OF PALESTINE 4002 S LOOP 256 PALESTINE, TX 75801	75-2818330	501(C)(3)	6,768		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MASSACHUSETTS STATE COUNCIL KNIGHTS OF COLUMBUS CHARITIES 470 WASHINGTON STREET NORWOOD, MA 02062	31-1681850	501(C)(3)	12,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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MARY'S HOUSE OF LOUISIANA 906 MARGARET PLACE SHREVEPORT, LA 71101	47-2593937	501(C)(3)	13,053		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
MOTHER AND UNBORN BABY CENTER 24500 SOUTHFIELDS ROAD SOUTHFIELD, MI 48075	38-2604598	501(C)(3)	14,575		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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OLATHE PREGNANCY CLINIC 1313 EAST SANTA FE OLATHE, KS 66061	20-5048703	501(C)(3)	19,294		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PALMETTO PREGNANCY CENTER PO BOX 4302 ROCKY HILL, SC 29730	57-0769792	501(C)(3)	12,175		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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POSITIVE SOLUTIONS AND INFORMED CHOICES PO BOX 233 IONIA, MI 48846	38-2994938	501(C)(3)	19,220		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY CARE CENTERS 158 2ND AVENUE CANBY, OR 97013	93-0865175	501(C)(3)	12,975		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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PREGNANCY CENTER WEST 4900 GLENWAY AVENUE CINCINNATI, OH 45238	31-1029050	501(C)(3)	14,975		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY HELP LINE OF BOSCOBEL 409 EAST KANSAS STREET BOSCOBEL, WI 53805	39-1940740	501(C)(3)	7,250		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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PREGNANCY RESOURCE CENTER 12110 BUSINESS BOULEVARD SUITE 32 EAGLE RIVER, AK 99577	92-0174635	501(C)(3)	12,050		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY RESOURCE CENTER OF CENTRAL OREGON PO BOX 179 REDMOND, OR 97756	93-1073288	501(C)(3)	12,550		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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PREGNANCY RESOURCE CENTER OF SNOHOMISH COUNTY 4310 HOYT AVENUE EVERETT, WA 98203	91-1262478	501(C)(3)	13,975		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
PREGNANCY SERVICES OF GREATER LANSING 1045 EAST GRAND RIVER AVENUE EAST LANSING, MI 48823	38-2205571	501(C)(3)	17,237		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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PREGNANCY SUPPORT CENTER OF ULSTER COUNTY 246 MAIN STREET SUITE 9 NEW PALTZ, NY 12561	14-1678883	501(C)(3)	19,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ROSE GARDEN HOME MISSION PO BOX 122070 COVINGTON, KY 41012	27-2084021	501(C)(3)	23,974		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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SAV-A-LIFE OF TUSCALOOSA INC 535 JACK WARNER PARKWAY NE STE G1 TUSCALOOSA, AL 35404	63-0922831	501(C)(3)	29,152		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SEVERAL SOURCES 300 AIRMOUNT AVENUE RAMSEY, NJ 07446	22-2368937	501(C)(3)	9,546		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHARED WOMEN'S PREGNANCY CENTER 503 WALNUT STREET LANSING, MI 48933	38-2479832	501(C)(3)	17,595		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
SILENT VOICES 355 K STREET STE M CHULA VISTA, CA 91911	33-0451695	501(C)(3)	24,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHSIDE PREGNANCY CENTER INC 9115 SOUTH CICERO AVENUE OAK LAWN, IL 60453	36-3367445	501(C)(3)	17,250		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
NEW BEGINNINGS FAMILY SERVICES 1755 OLD WEST MAIN STREET SUITE 101 101 RED WING, MN 55066	41-2071396	501(C)(3)	12,700		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE PREGNANCY CENTER PO BOX 1102 KAILUA KONA, HI 96745	99-0296961	501(C)(3)	22,100		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
THE PREGNANCY CENTER 2019 AERO WAY MEDFORD, OR 97504	68-0524940	501(C)(3)	12,050		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE WOMEN'S CENTERS OF CHICAGOLAND 5116 NORTH CUCESO AVENUE CHICAGO, IL 60630	36-3343738	501(C)(3)	13,373		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
THRIVE ST LOUIS FKA PREGNANCY RESOURCE CENTER OF GREATER ST LOUIS 8044 MANCHESTER ROAD ST LOUIS, MO 63144	43-1304395	501(C)(3)	13,450		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRYLIFE CENTER 1155 WILDLIFE LODGE ROAD LOWER BURRELL, PA 15068	23-2889006	501(C)(3)	13,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
WARRENTON PREGNANCY CENTER 400 HOLIDAY COURT STE 101 WARRENTON, VA 20186	82-2739469	501(C)(3)	9,750		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WATERLEAF WOMEN'S CENTER INC 3598 EAST NEW YORK STREET AURORA, IL 60504	27-0309870	501(C)(3)	12,500		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
WOMEN'S SUPPORT CENTERS OF MILWAUKEE INC 2051 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332003	26-2079235	501(C)(3)	18,000		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S RESOURCE CLINIC 115 WEST SECOND AVENUE STE A CHICO, CA 95926	68-0382716	501(C)(3)	13,798		N/A	N/A	DONATION TO PROMOTE THE CULTURE OF LIFE PROGRAM
ARCHDIOCESE FOR MILITARY SERVICES USA 1025 MICHIGAN AVENUE NE WASHINGTON, DC 20017	13-1624090	501(C)(3)	200,000		N/A	N/A	SUPPORT OF SEMINARIAN DEVELOPMENT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	41-2140273	501(C)(3)	20,500		N/A	N/A	DONATION TO SUPPORT SCHOLARSHIP FUNDS
CATOLICA RADIO 2250 BOULEVAR LUIS A FERRE AGUAYO SUITE 529 PONCE, PR 00717	66-0614145	501(C)(3)	78,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARROQUIA NUESTRA SENORA DEL CARMEN CALLE DEL CARMEN 9 APT 845 RIO GRANDE, PR 00745	66-0608576	501(C)(3)	15,000		N/A	N/A	DONATION FOR DISASTER RELIEF
HOGAR COLEGIO LA MILAGROSA URB ZENO GANDIA 987 AVE FCO JIMENEZ FONTANEZ ARECIBO, PR 006123877	66-0320329	501(C)(3)	50,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOGAR FATIMA PO BOX 4228 BAYAMON GARDEN STATION BAYAMON, PR 00958	66-0319405	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF
INSTITUTO SANTA ANA PO BOX 554 ADJUNTAS, PR 00601	66-0439263	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOGAR NUEVA MUJER SANTA MARIA PO BOX 370927 CAYEY, PR 007370927	66-0470812	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF
HOGAR INFANTIL DIVINO NINO JESUS PO BOX 1413 LUQUILLO, PR 00773	66-0554512	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISIONERAS DE LA CARIDAD CALLE 27 EL TUQUE 1 PONCE, PR 00733	66-0549323	501(C)(3)	10,000		N/A	N/A	DONATION FOR DISASTER RELIEF
TELEORO CANAL 13 PO BOX 810010 CAROLINA, PR 00981	66-6043838	501(C)(3)	50,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARROQUIA SANTISIMO SALVADOR 575 CALLE NIZA URB VILLA CAPRI SAN JUAN, PR 00924	66-0266283	501(C)(3)	10,000		N/A	N/A	DONATION FOR DISASTER RELIEF
COLEGIO DIOCESANO SANTIAGO APOSTOL PO BOX 907 FAJARDO, PR 00738	66-0615297	501(C)(3)	50,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANTONIO ABAD ABBEY PO BOX 729 HUMACAO, PR 00792	66-0254993	501(C)(3)	10,000		N/A	N/A	DONATION FOR DISASTER RELIEF
PONTIFICIA UNIVERSIDAD CATOLICA PR 2250 BLVD LUIS A FERRE AGUAYO PONCE, PR 007179997	66-0191965	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARQUIDIOCESIS DE SAN JUAN PO BOX 9021967 SAN JUAN, PR 009021967	66-0198351	501(C)(3)	100,000		N/A	N/A	DONATION FOR DISASTER RELIEF
DIOCESIS DE MAYAGUEZ APT 2272 MAYAGUEZ, PR 00881	66-0351381	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIOCESIS DE PONCE PO BOX 32205 PONCE, PR 007322205	66-0247577	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF
DIOCESIS DE ARECIBO PO BOX 616 ARECIBO, PR 006130616	66-0323770	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESIS DE CAGUAS HC 04 BOX 44015 CAGUAS, PR 00727	66-0853071	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF
DIOCESIS DE FAJARDO-HUMACAO PO BOX 888 FARJADO, PR 00738	66-0711473	501(C)(3)	225,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF PENSACOLA-TALLAHASSEE 11 NORTH B STREET PENSACOLA, FL 32502	59-6586125	501(C)(3)	100,000		N/A	N/A	DONATION FOR DISASTER RELIEF
LOVERS OF THE HOLY CROSS THU THIEM 7470 NW 37TH STREET LAUDERHILL, FL 33319	46-3752649	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF GUADALUPE MISSION 1500 15TH STREET MEXICO BEACH, FL 32456		501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF
PARISH OF OUR SAVIOR CHURCH AND RECTORY PO BOX 11822 FORT LAUDERDALE, FL 33339	59-1024453	501(C)(3)	222,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT ANNE CATHOLIC CHURCH 3009 FIFTH STREET MARIANNA, FL 32446	59-1563255	501(C)(3)	50,000		N/A	N/A	DONATION FOR DISASTER RELIEF
ST DOMINIC CATHOLIC CHURCH 3308 EAST 15TH STREET PANAMA CITY, FL 32405	59-0970679	501(C)(3)	75,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST DOMINIC MEDIA PRODUCTION CENTER INC 3308 EAST 15TH STREET PANAMA CITY, FL 32405	20-5525238	501(C)(3)	10,000		N/A	N/A	DONATION FOR DISASTER RELIEF
ST FRANCIS OF ASSISI CHURCH 16498 SW GASKIN STREET BLOUNTSTOWN, FL 32424	90-0322331	501(C)(3)	10,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN THE EVANGELIST CHURCH 1008 FORTUNE AVENUE PANAMA CITY, FL 32401	59-0882968	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF
ST JOSEPH CATHOLIC CHURCH 20TH SOUTH MONTGOMERY STREET PORT ST JOE, FL 324570820	59-3575508	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PHILIP THE APOSTLE CATHOLIC CHURCH PO BOX 2363 HUFFMAN, TX 77336	74-1945185	501(C)(3)	25,000		N/A	N/A	DONATION FOR DISASTER RELIEF
ST JOHN THE EVANGELIST SCHOOL 1005 FORTUNE AVENUE PANAMA CITY, FL 32401	59-1845780	501(C)(3)	75,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STS PETER & PAUL VIETNAMESE PARISH 1003 EAST AVENUE PANAMA CITY, FL 32401		501(C)(3)	75,000		N/A	N/A	DONATION FOR DISASTER RELIEF
PADRES ESCOLAPIOS NESTRA SENORA DEL CARMEN PO BOX 7760 PONCE, PR 00732		501(C)(3)	218,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNIGHTS OF COLUMBUS NC STATE COUNCIL 143 TALFORD DRIVE WENDELL, NC 27591	23-7411668	501(C)(8)	80,000		N/A	N/A	DONATION FOR DISASTER RELIEF

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

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
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	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?	**2**		
3	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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARL A ANDERSON PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	917,700	326,318	519,202	8,250	24,955	1,796,425	0
2 PATRICK E KELLY VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	330,496	105,418	41,432	8,250	33,388	518,984	0
3 MICHAEL J O'CONNOR SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	262,552	69,217	64,482	7,877	33,388	437,516	0
4 RONALD F SCHWARZ TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	198,089	62,518	30,996	5,936	24,955	322,494	0
5 JOHN A MARRELLA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	387,083	113,518	140,477	8,250	24,955	674,283	0
6 ANTHONY V MINOPOLI DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	481,631	109,518	105,171	8,250	33,388	737,958	0
7 THOMAS P SMITH JR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	293,913	120,900	146,870	3,173	13,713	578,569	0
8 JOHN J KENNEDY CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	430,106	129,618	3,308	8,250	33,134	604,416	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 3	ALL COMPENSATION IS PAID BY A RELATED ORGANIZATION THE COMPENSATION PROCESS AND INDEPENDENT REVIEW WAS PERFORMED BY THE RELATED ORGANIZATION, KNIGHTS OF COLUMBUS, A SECTION 501(C)(8) ORGANIZATION KNIGHTS OF COLUMBUS' COMPENSATION PROCESS IS AS FOLLOWS THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT ON AN ANNUAL BASIS, INCLUDING IN 2018, FOR A REVIEW OF THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO SUPREME OFFICERS AND OTHER TOP MANAGEMENT OFFICIALS THE INDEPENDENT COMPENSATION CONSULTANT USES SURVEY SOURCES THAT THEY HAVE COMPILED PLUS OTHER PUBLISHED SURVEYS TO PRESENT A REPORT OF COMPARABLE MARKET DATA OF TOTAL COMPENSATION FOR EACH MANAGEMENT POSITION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE COMPARABLE MARKET DATA BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS AFTER A REVIEW AND DISCUSSION ABOUT THE COMPARABLE MARKET DATA AND THE INDIVIDUALS IN THE ROLES UNDER REVIEW, A VOTE IS TAKEN TO APPROVE A NEW SALARY RANGE AND OBJECTIVE BONUS STRUCTURE FOR THE TOP MANAGEMENT INDIVIDUALS TOTAL COMPENSATION FOR EACH INDIVIDUAL IS WITHIN THE RANGE APPROVED BY THE BOARD OF DIRECTORS WHICH IS WITHIN THE COMPARABLE MARKET DATA

Return Reference	Explanation
PART I, LINE 4B	CARL A ANDERSON $499,254 PATRICK E KELLY 29,012 MICHAEL J O'CONNOR 60,347 RONALD F SCHWARZ 28,447 JOHN A MARRELLA 137,514 ANTHONY V MINOPOLI 104,169 THOMAS P SMITH, JR 142,905 KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR BENEFITS LOST IN THE TAX-QUALIFIED RETIREMENT PLAN ONCE A PARTICIPANT BECOMES VESTED IN THIS 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)

Return Reference	Explanation
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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KNIGHTS OF COLUMBUS CHARITIES INC

Employer identification number
23-7227608

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	16	106,890	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	16 IS THE NUMBER OF ACTUAL CONTRIBUTIONS MADE

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 S USTAINING MEMBERS OF KNIGHTS OF COLUMBUS CHARITIES, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SUSTAINING MEMBERS OF KNIGHTS OF COLUMBUS CHARITIES, INC ELECT THE BOARD OF GOVERNORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE 990 IS DISTRIBUTED TO EACH BOARD MEMBER FOR REVIEW BEFORE THE RETURN IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 T HE SECRETARY'S OFFICE IN CONJUNCTION WITH THE CHIEF COMPLIANCE OFFICER AND THE INTERNAL AU DIT DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES KNIGHTS OF COLUMBUS PROVIDES ADMINISTRA TIVE SUPPORT TO ASSIST WITH THE DAY-TO-DAY OPERATIONS WITHOUT CHARGE THE COMPENSATION PRO CESS AND INDEPENDENT REVIEW WAS PERFORMED BY A RELATED ORGANIZATION, KNIGHTS OF COLUMBUS, A SECTION 501(C)(8) ORGANIZATION KNIGHTS OF COLUMBUS' COMPENSATION PROCESS IS AS FOLLOWS THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT COM PENSATION CONSULTANT ON AN ANNUAL BASIS, INCLUDING IN 2018, FOR A REVIEW OF THE REASONABLE NESS 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 COMPENSATI ON FOR EACH MANAGEMENT POSITION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSE S THE COMPARABLE MARKET DATA BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS AFT ER A REVIEW AND DISCUSSION ABOUT THE COMPARABLE MARKET DATA AND THE INDIVIDUALS IN THE ROL ES UNDER REVIEW, A VOTE IS TAKEN TO APPROVE A NEW SALARY RANGE AND OBJECTIVE BONUS STRUCTU RE FOR THE TOP MANAGEMENT INDIVIDUALS TOTAL COMPENSATION FOR EACH INDIVIDUAL IS WITHIN TH E RANGE APPROVED BY THE BOARD OF DIRECTORS WHICH IS WITHIN THE COMPARABLE MARKET DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMEN TS ARE PHOTOCOPIED AND MAILED TO REQUESTING PARTIES UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE R, PART II, COLUMN D	KNIGHTS OF COLUMBUS CANADA CHARITIES, INC 'S EXEMPT CODE SECTION CANADA CHARITIES IS EXEM PT 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

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

OMB No 1545-0047

2018

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	(g) 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 AVENUE WINDSOR ON, ONTARIO 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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	1,511,889	FAIR MARKET VALUE
(2)KNIGHTS OF COLUMBUS - 501(C)(8)	P	350,309	FAIR MARKET VALUE
(3)KNIGHTS OF COLUMBUS CANADA CHARITIES INC - SEE SCHD O	C	416,435	FAIR MARKET VALUE

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation