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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ****2008****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30/2009

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

NEW YORK STATE COUNCIL, KNIGHTS OF COLUMBUS

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

Room/suite

40-27 DOUGLASTON PARKWAY

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

DOUGLASTON, NY 11363-1548

D Employer identification number

13-2566034

E Telephone number

(718) 225-3787

F Group Exemption Number . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.NEWYORKKNIGHTS.COM**J** Organization type (check only one) - ☒ 501(c) (8) ◀ (insert no) 4947(a)(1) or 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 914,557.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	217,421.
	4	Investment income STMT 1	4	793.
	5 a	Gross amount from sale of assets other than inventory 5a		
	5 b	Less cost or other basis and sales expenses 5b		
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c		
	6	Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here ☐		
	6 a	Gross revenue (not including \$ of contributions reported on line 1) 6a	622,612.	
6 b	Less direct expenses other than fundraising expenses 6b	316,891.		
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STMT 2	6c	305,721.	
7 a	Gross sales of inventory, less returns and allowances 7a			
7 b	Less cost of goods sold 7b			
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe ▶ STMT 3) 8	73,731.		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	597,666.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4	10	74,800.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	103,910.
	13	Professional fees and other payments to independent contractors	13	19,261.
	14	Occupancy, rent, utilities, and maintenance	14	20,385.
	15	Printing, publications, postage, and shipping	15	660.
	16	Other expenses (describe ▶ STMT 5) 16	297,444.	
	17	Total expenses. Add lines 10 through 16 ▶	17	516,460.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	81,206.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	215,754.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	296,960.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments STMT 6	274,910.	22 318,455.
23 Land and buildings	1,212.	23 953.
24 Other assets (describe ▶ STMT 7)	13,327.	24 33,155.
25 Total assets	289,449.	25 352,563.
26 Total liabilities (describe ▶ STMT 8)	73,695.	26 55,603.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	215,754.	27 296,960.

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

Form **990-EZ** (2008) 21

POSTMARK DATE AUG-18-2010

SCANNED OCT 01 2010

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

ENCOURAGE STATE-WIDE PARTICIPATION IN VARIOUS OTHER STATES.

159,061.

29a

30a

31a

32

(e) Expense
account and
other allowances

-0-

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ▶ <u>NEW YORK</u>		
42a The books are in care of ▶ <u>THE COUNCIL</u> Telephone no ▶ <u>718-225-3787</u>		
Located at ▶ <u>40-27 DOUGLASTON PARKWAY, DOUGLASTON, NY</u> ZIP + 4 ▶ <u>11363-1548</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form **990-EZ** (2008)

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | | | |
|-----|---|-----|-----|----|
| 46 | 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 | 46 | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
| 50 | Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" | | | |

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ►				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ▶		

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**

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

Signature of officer Robert M. Wessett

Robert W. Wessert
Type or print name and title

Date _____

EXECUTIVE SECRETARY 8/18/2010

**Paid
Preparer's
Use Only**

Preparer's
signature

Date _____

Check if self-employed

Preparer's Identifying Number (See instructions)

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

CONDON O'MEARA MCGINTY & DONNELLY L
ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405

EIN ▶ 13-3628255

Phone no ► 212-661-7777

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2008)

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

Employer identification number

NEW YORK STATE COUNCIL, KNIGHTS OF COLUMBUS

13-2566034

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | | | |
|----------------------------|-------------------------|----------------------------|---------------------------------------|
| a ☐ | Mail solicitations | e ☐ | Solicitation of non-government grants |
| b ☐ | Email solicitations | f ☐ | Solicitation of government grants |
| c ☐ | Phone solicitations | g ☐ | Special fundraising events |
| d ☐ | In-person solicitations | | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
	C & B CAMPAIGNS (event type)	FUND RAISER (event type)	1 (total number)	
Revenue				
1 Gross receipts	429,291.	189,206.	4,115.	622,612.
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)	429,291.	189,206.	4,115.	622,612.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	316,891.			316,891.
8 Direct expense summary Add lines 4 through 7 in column (d)				(316,891.)
9 Net income summary Combine lines 3 and 8 in column (d)				305,721.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash 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 Combine lines 1 and 7 in column (d)				

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain.

11 Does the organization operate gaming activities with nonmembers?

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
9 a		
10 a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ► _____		
	Address ► _____		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
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.		
	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? 17a		
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 ► \$ _____		

FORM 990EZ, PART I - INVESTMENT INCOME
=====DESCRIPTION
-----AMOUNT

INTEREST INCOME

793.

TOTAL

793.
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
C & B CAMPAIGNS	429,291.		429,291.
FUND RAISING RECEIPTS	189,206.		189,206.
SUPREME CONVENTION	4,115.		4,115.
COST OF CARDS AND LABELS		105,245.	-105,245.
C & B PRINTING		30,762.	-30,762.
C & B AWARDS		1,350.	-1,350.
C & B CHAIRMAN EXPENSE		358.	-358.
C & B COUNCIL BONUS		106,526.	-106,526.
C & B WINNERS		49,000.	-49,000.
C & B DRAWING NIGHT		10,770.	-10,770.
C & B MISCELLANEOUS		12,880.	-12,880.
TOTALS	622,612.	316,891.	305,721.

FORM 990EZ, PART I - OTHER REVENUE
=====

OTHER REVENUE

73,731.

TOTALS

73,731.
=====

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

GRANTS LESS THAN \$5,000.

NONE
INDIVIDUALS

MERIT SCHOLARSHIPS

36,000.

NYS COUNCIL KNIGHTS OF COLUMBUS CHARITIES INC.
40-27 DOTUGLASTON PARKWAY
DOUGLASTON, NY 11363

GENERAL CONTRIBUTION

38,500.

TOTAL CONTRIBUTIONS PAID

74,500.

FORM 990EZ, PART I - OTHER EXPENSES

=====

SUPPLIES	2,721.
TRAVEL	8,333.
CONFERENCES, CONVENTIONS	188,472.
DEPRECIATION	259.
STATE OFFICERS EXPENSES	9,970.
DISTRICT DEPUTY EXPENSES	4,477.
ADMINISTRATIVE * GENERAL	8,487.
AUTOMOBILE	8,884.
INSURANCE	229.
UTILITIES	1,397.
OTHER	10,660.
PROGRAMS	18,880.
MEMBERSHIP	28,476.
SERVICE CONTRACTS	6,199.

TOTAL	297,444.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	205.	200.
SAVINGS	74,705.	118,255.
INVESTMENTS - OTHER	200,000.	200,000.
	-----	-----
TOTALS	274,910.	318,455.
	=====	=====

FORM 990EZ, PART II - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	2,700.	2,700.
PREPAID EXPENSES OR DEFERRED CHARGES	8,127.	27,955.
SECURITY DEPOSIT	2,500.	2,500.
	-----	-----
TOTALS	13,327.	33,155.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	73,284.	44,878.
TAXES PAYABLE	411.	10,725.
	-----	-----
TOTALS	73,695.	55,603.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE COUNCIL ENCOURAGES THE DEVELOPMENT OF VARIOUS PROGRAMS AMONG THE
COUNCILS OF THE STATE AND SHALL SPONSOR AND ENCOURAGE STATE WIDE
PARTICIPATION IN VARIOUS OTHER STATES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
ARTHUR J. HARRIS 40-27 DOUGLASTON PARKWAY DOUGLASTON, NY 11363-1548	STATE DEPUTY 6.	NONE	NONE	NONE
KENNETH F. LATHAM, JR. 40-27 DOUGLASTON PARKWAY DOUGLASTON, NY 11363-1548	STATE SECRETARY 6.	NONE	NONE	NONE
JAMES THOMPSON 40-27 DOUGLASTON PARKWAY DOUGLASTON, NY 11363-1548	STATE TREASURER 6.	NONE	NONE	NONE
CARMINE MUSUMECI 40-27 DOUGLASTON PARKWAY DOUGLASTON, NY 11363-1548	STATE ADVOCATE 6.	NONE	NONE	NONE
SALVATORE A. RESTIVO 40-27 DOUGLASTON PARKWAY DOUGLASTON, NY 11363-1548	STATE WARDEN 6.	NONE	NONE	NONE
ROBERT WISSERT 40-27 DOUGLASTON PARKWAY DOUGLASTON, NY 11363-1548	EXECUTIVE SECRETARY 40.	43,648.	NONE	NONE

NEW YORK STATE COUNCIL, KNIGHTS OF COLUMBUS

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
		43,648.	NONE	NONE
GRAND TOTALS				

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization NEW YORK STATE COUNCIL, KNIGHT COLUMBUS	Employer identification number 13-2566034
	Number, street, and room or suite no If a P O box, see instructions 40-27 DOUGLASTON PARKWAY	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions DOUGLASTON, NY 11363-1548	

Check type of return to be filed (File a separate application for each return)

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE COUNCIL**
Telephone No **718 225-3787** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

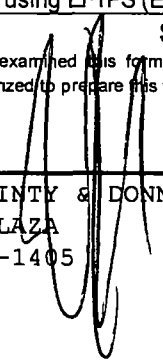
- I request an additional 3-month extension of time until **05/15/2010**
- For calendar year _____, or other tax year beginning **07/01/2008**, and ending **06/30/2009**
- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

ACCOUNTANTS AUTHORIZED TO SIGN RETURNS

Signature  Title _____ Date **FEB 12 2010**

CONDOR O'MEARA MCGINTY & DONNELLY L
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004-1405

Form 8868 (Rev 4-2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). ☐

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization N.Y.S. COUNCIL - KNIGHTS OF COLUMBUS CHARITIES, INC	Employer identification number 13 3347753	
	Number, street, and room or suite no. If a P.O. box, see instructions. 40-27 DOUGLASTON PARKWAY		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DOUGLASTON, NY 11363-1548		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ►

Telephone No. ► () FAX No. ► ()

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20.....or
- ☒ tax year beginning **07/01**, 20**08**, and ending **06/30**, 20**09**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.