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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 black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****07/01/09****and ending 06/30/10****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.

**KNIGHTS OF COLUMBUS
MICHIGAN STATE COUNCIL**

Doing Business As

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

2184 BEECH DALY

Room/suite

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

DEARBORN HEIGHTS MI 48127**D Employer identification number****38-1584733****E Telephone number****313-274-3223****G Gross receipts \$****2,607,058****H(a) Is this a group return for**

Yes No
affiliates?
H(b) Are all affiliates included?
 Yes No

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

I Tax-exempt status 501(c) (8) **◀ (insert no)** 4947(a)(1) or 527**J Website:** ► **mikofc.org****K Type of organization** Corporation Trust Association Other ►**L Year of formation****M State of legal domicile** **MI****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities FRATERNAL ORDER		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3 835	4 835
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	5 2	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	7a	7b 0
	5 Total number of employees (Part V, line 2a)		
	6 Total number of volunteers (estimate if necessary)		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12		
	b Net unrelated business taxable income from Form 990-T, line 34		
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,472,449	2,367,195
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	85,961	87,071
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,818	31,191
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,080	27,268
		2,734,308	2,512,725
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,719,434	1,618,806
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,014	26,030
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	808,534	818,489
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,557,982	2,463,325
	19 Revenue less expenses Subtract line 18 from line 12	176,326	49,400
Net Assets of Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,026,940	2,076,340
	22 Net assets or fund balances Subtract line 21 from line 20	2,026,940	2,076,340

Part II Signature Block**SCANNED
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

Thomas A. Marcetti Sr.

2/23/11

Type or print name and title

Thomas A. Marcetti Sr., STATE Deputy (CEO)

Paid Preparer's Use Only

Preparer's signature

Date **01/16/11**Check if self-employed

Preparer's identifying number (see instructions)

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

EIN ►

Phone no ►

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Yes No Form **990** (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

FRATERNAL ORDER

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 exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 80,000 including grants of \$) (Revenue \$)

CONDUCT STATEWIDE BOWLING AND GOLF TOURNAMENTS FOR MEMBERS PROMOTING AND STRESSING FELLOWSHIP AS WELL AS COMPETITION AMONG MEMBERS. APPROXIMATELY 3400 MEMBERS PARTICIPATE.

4b (Code) (Expenses \$ 21,518 including grants of \$) (Revenue \$)

SPONSORED CITY OF DETROIT CATHOLIC HIGH SCHOOL FOOTBALL CHAMPIONSHIP PLAYOFFS AND TRACK MEET CHAMPIONSHIPS.

4c (Code) (Expenses \$ 421,080 including grants of \$) (Revenue \$)

HOLD VARIOUS MEETINGS THROUGHOUT THE YEAR WITH SUBORDINATE COUNCIL LEADERS TO GUIDE THEM IN CARRYING OUT SUPREME AND STATE COUNCIL PROGRAMS OF COMMUNITY SERVICE, CHARITY, AND PROMOTION OF FRATERNALISM.

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,898,960 including grants of \$ 1,618,806) (Revenue \$)

4e Total program service expenses ► 2,421,558

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, 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
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
 - 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
 - Did the organization report an amount for other assets related 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
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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? If "Yes," complete Schedule D, Part X
- 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III
- 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
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 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
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1		X
2		X
3		X
4		
5		
6		X
7		X
8		X
9		X
10		X
11		X
12		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

Part IV Checklist of Required Schedules (continued)

- 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 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
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
- 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
- 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III
- 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
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 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
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 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
- 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
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a		
25b		
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36		
37	X	
38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

- 1a** Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable **1a** **0**
- 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**
- 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** **2**
- b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b** **X**
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)
- 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **3a**
- b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b**
- 4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a** **X**
b If "Yes," enter the name of the foreign country ►
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts
- 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a**
- b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** **X**
- c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? **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? **6a** **X**
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**
- 7** **Organizations that may receive deductible contributions under section 170(c).**
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7a**
b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b**
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c**
d If "Yes," indicate the number of Forms 8282 filed during the year **7d**
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e**
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f**
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7g**
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? **7h**
- 8** **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **8**
- 9** **Sponsoring organizations maintaining donor advised funds.**
a Did the organization make any taxable distributions under section 4966? **9a**
b Did the organization make a distribution to a donor, donor advisor, or related person? **9b**
- 10** **Section 501(c)(7) organizations.** Enter
a Initiation fees and capital contributions included on Part VIII, line 12 **10a**
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**
- 11** **Section 501(c)(12) organizations.** Enter
a Gross income from members or shareholders **11a**
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**
- 12a** **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body
1a 835
- b Enter the number of voting members that are independent
1b 835
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
2 X
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
3 X
- 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
4 X
- 5 Did the organization become aware during the year of a material diversion of the organization's assets?
5 X
- 6 Does the organization have members or stockholders?
6 X
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
7a X
- b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
7b X
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
a The governing body?
8a X
b Each committee with authority to act on behalf of the governing body?
8b X
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O
9 X

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

- 10a Does the organization have local chapters, branches, or affiliates?
10a X
- b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
10b
- 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
11 X
- 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990
11a
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13
12a X
- b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
12b
- c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
12c
- 13 Does the organization have a written whistleblower policy?
13 X
- 14 Does the organization have a written document retention and destruction policy?
14 X
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Executive Director, or top management official
15a X
b Other officers or key employees of the organization
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)
15b X
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
16a X
- b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ► **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **ROBERT W. FOX**
1990 ROSEWOOD ST
MI 49428

JENISON

616-457-8291

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

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. Use Schedule J-2 if additional space is needed.

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

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

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

1b Total

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

- 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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

3

DS No

22

5

Y

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

8

Part.VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f 2,367,195				
Program Service Revenue	2a MEMBERS BOWLING TOURNAMENT b CATHOLIC HIGH SCH. PREP BOWL c d e f All other program service revenue g Total. Add lines 2a-2f	Busn. Code 80,000 7,071 87,071				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory 11a CHARITIES RAFFLE b VOCATIONS c CASEY TEDDY BEARS d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. See instructions	(i) Real 53,478 94,333 -40,855 -40,517	(ii) Personal 338 338 338 -40,517	71,708 71,708		
	Miscellaneous Revenue	Busn. Code				
	11a CHARITIES RAFFLE b VOCATIONS c CASEY TEDDY BEARS d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. See instructions		37,355 8,758 1,772 -20,617 27,268 2,512,725	37,355 8,758 1,772 -20,617 145,530	0 0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,618,806	1,618,806		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
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	23,664	23,664		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,366	2,366		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	1,831	1,831		
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	70,910	70,910		
14 Information technology	85,829	85,829		
15 Royalties				
16 Occupancy	16,288	16,288		
17 Travel	79,097	79,097		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	421,080	421,080		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,000	2,000		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BOWLING TOURNAMENTS	80,000	80,000		
b ADMINISTRATION	39,677		39,677	
c ATHLETIC EVENTS	21,518	21,518		
d BANK CHARGES	259		259	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,463,325	2,421,558	41,767	
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	285,276	1	237,535
	2 Savings and temporary cash investments	165,738	2	26,203
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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		9	
	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	1,575,926	11	1,812,602
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,026,940	16	2,076,340	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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 Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	2,026,940	32	2,076,340
	33 Total net assets or fund balances	2,026,940	33	2,076,340
	34 Total liabilities and net assets/fund balances	2,026,940	34	2,076,340

Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

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?

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

	Yes	No
2a	<input checked="" type="checkbox"/>	
2b	<input checked="" type="checkbox"/>	
2c		
3a		
3b		

Form **990** (2009)

Part III Grants and Other Assistance to Individuals

Grants and Utilities Assistance for Individuals in the General Population

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

Part IV

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

2009Open to Public
InspectionComplete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

Name of the organization	KNIGHTS OF COLUMBUS MICHIGAN STATE COUNCIL	Employer identification number 38-1584733
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Form 990, Part VI, Line 11a - Organization's Process to Review Form 990**A STATE DIRECTOR (STATE AUDITOR) COMPILES DATA AND PREPARES TAX RETURN.****COMPLETED TAX RETURN IS REVIEWED BY ALL OFFICERS AND THEN SIGNED BY STATE
DEPUTY (PRESIDENT) FOR SUBMISSION.****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****No documents available to the public**

Form 990		Special Events Schedule			2009	
		For calendar year 2009, or tax year beginning		07/01/09	, and ending	06/30/10
Name KNIGHTS OF COLUMBUS MICHIGAN STATE COUNCIL					Employer Identification Number 38-1584733	
	(A)	(B)	(C)	Others	Total	
Gross receipts	149,422	34,537	27,450	4,715	216,124	
Less contributions	0	0	0	0	0	
Gross revenue	149,422	34,537	27,450	4,715	216,124	
Less direct expenses	112,067	25,779	48,067	2,943	188,856	
Net income (loss)	37,355	8,758	-20,617	1,772	27,268	

Description	(A)	<u>CHARITIES RAFFLE</u>
	(B)	<u>VOCATIONS</u>
	(C)	<u>OTHERS</u>
Others		<u>CASEY TEDDY BEARS</u>

00563 KNIGHTS OF COLUMBUS
38-1584733
FYE: 6/30/2010

1/7/2011 10:49 AM

Federal Statements

Statement 1 - Form 8868, Part II, Line 7 - Explanation for Extension

Description

WE HAVE FOUND THAT OUR RECORDS FOR THE PRIOR YEAR RETURN (2009) ARE LOST. IRS WAS CONTACTED TODAY AND WE LEARNED THAT 2009 HAS NOT BEEN FILED. WE HAVE TO RECONSTRUCT 2009 AND FILE IT BEFORE WE WILL HAVE THE PRIOR YEAR INFORMATION NEEDED FOR THE 2010 RETURN.

Form **8868**

(Rev April 2009)

Department of the Treasury
Internal Revenue Service**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	Name of Exempt Organization KNIGHTS OF COLUMBUS MICHIGAN STATE COUNCIL	Employer identification number 38-1584733
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 2184 BEECH DALY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DEARBORN HEIGHTS MI 48127	

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

- Form 990
 Form 990-BL
 Form 990-EZ
 Form 990-PF

- Form 990-T (corporation)
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 990-T (trust other than above)
 Form 1041-A

- Form 4720
 Form 5227
 Form 6069
 Form 8870

- The books are in the care of ► **THOMAS A. MARCETTI, SR**

Telephone No ► **810-387-3559**

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)

for the whole group, check this box ► If it is for part of the group, check this box**0188** If this is► 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 **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- calendar year or
 ► tax year beginning **07/01/09**, and ending **06/30/10**

- 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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)

Form 8868 (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

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	Name of exempt organization KNIGHTS OF COLUMBUS MICHIGAN STATE COUNCIL	Employer identification number 38-1584733
File by the extended due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 2184 BEECH DALY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DEARBORN HEIGHTS MI 48127	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 ► **THOMAS A. MARCETTI, SR**
Telephone No ► **810-387-3559** 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) **0188** 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 **05/15/11**
- For calendar year , or other tax year beginning **07/01/09**, and ending **06/30/10**
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- State in detail why you need the extension
See Statement 1

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

Signature ►

Title ►

Date ► **01/07/11**Form **8868** (Rev. 1-2011)