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Form 990
67
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)

OMB NO. 1345-0047

2007

Open to Public
Inspection

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<input checked="" type="checkbox"/> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization KNIGHTS OF COLUMBUS TENNESSEE STATE COUN Please use IRS label or print or type. See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) 905 RUFFIAN LN City or town, state or country, and ZIP + 4 KNOXVILLE, TN 37923-2052		D Employer identification number 62-1260642	
				E Telephone number 865-632-7778	
				F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).					
G Website: ► WWW.KOFC-TN.ORG					
J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (08) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check here ► <input type="checkbox"/> if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 400,483.					
H and I are not applicable to section 527 organizations.					
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
H(b) If "Yes," enter number of affiliates ► N/A					
H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.)					
H(d) Is this a separate return filed by an organization covered by a group ruling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
I Group Exemption Number ► 0188					
M Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).					

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	22,545.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 22,545. noncash \$))	1e	22,545.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3	139,706.		
4	Interest on savings and temporary cash investments	4	1,482.		
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ►)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
9	Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	9a	236,750.		
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9b	254,913.		
b	Less: direct expenses other than fundraising expenses	9c	<18,163.>		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	10a			
10 a	Gross sales of inventory, less returns and allowances	10b			
b	Less: cost of goods sold	10c			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	11			
11	Other revenue (from Part VII, line 103)	12	145,570.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	13	127,384.		
13	Program services (from line 44, column (B))	14			
14	Management and general (from line 44, column (C))	15			
15	Fundraising (from line 44, column (D))	16			
16	Payments to affiliates (attach schedule)	17	127,384.		
17	Total expenses. Add lines 16 and 44, column (A)	18	18,186.		
18	Excess or (deficit) for the year. Subtract line 17 from line 12	19	89,491.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	20	0.		
20	Other changes in net assets or fund balances (attach explanation)	21	107,677.		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				

SCANNED NOV 09 2010
Revenue

17/3/10

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>1,500.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a	1,500.	1,500.	STATEMENT 3
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)	43a			
a	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f				
g SEE STATEMENT 2	43g	125,884.	125,884.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	127,384.	127,384.	0.
				0.

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

 ► Yes No

 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a ASSIST COMMUNITY CHARITIES BY RAISING FUNDS FOR MENTALLY HANDICAPPED CITIZENS, SUPPORTING PRO-LIFE ACTIVITIES, ASSISTING LOCAL PARISHES, AND SUPPORTING BOY SCOUT AND CUB SCOUT TROOPS AND PACKS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 7,575.	
b SUPPORT THE CATHOLIC DIOCESAN BISHOPS OF TENNESSEE THROUGH GRANTS FOR THE BISHOPS' BURSE FUNDS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 1,500.	
c SUPPORT THE AMERICAN WHEELCHAIR FOUNDATION IN THEIR EFFORTS TO DELIVER BRAND NEW, FREE WHEELCHAIRS AND MOBILITY AIDS TO PHYSICALLY DISABLED CHILDREN, TEENS AND ADULTS THROUGHOUT THE WORLD WHO ARE WITHOUT MOBILITY OR THE MEANS TO ACQUIRE A WHEELCHAIR.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 0.	
d OTHER GENERAL AND ADMINISTRATIVE OPERATIONS, INCLUDING STATE MEETINGS AND CONVENTIONS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 118,309.	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 127,384.	

Form 990 (2007)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
	45 Cash - non-interest-bearing	21,425.	45	23,540.
	46 Savings and temporary cash investments	41,000.	46	75,000.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other	SEE STATEMENT 5	27,066.	56 9,137.
	57 a Land, buildings, and equipment basis	57a		
	b Less: accumulated depreciation	57b		57c
	58 Other assets, including program-related investments (describe ►)			58
	59 Total assets (must equal line 74) Add lines 45 through 58		89,491.	59 107,677.
	60 Accounts payable and accrued expenses			60
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees			63
	64 a Tax-exempt bond liabilities			64a
	b Mortgages and other notes payable			64b
	65 Other liabilities (describe ►)			65
	66 Total liabilities. Add lines 60 through 65		0.	66 0.
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted			67
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		0.	70 0.
	71 Paid-in or capital surplus, or land, building, and equipment fund		0.	71 0.
	72 Retained earnings, endowment, accumulated income, or other funds		89,491.	72 107,677.
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		89,491.	73 107,677.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		89,491.	74 107,677.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements	a	N/A
b Amounts included on line a but not on Part I, line 12		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify). _____ Add lines b1 through b4	b4	
c Subtract line b from line a	b	
d Amounts included on Part I, line 12, but not on line a:	c	
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify) _____ Add lines d1 and d2	d2	
e Total revenue (Part I, line 12). Add lines c and d	d	
	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements	a	N/A
b Amounts included on line a but not on Part I, line 17		
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify). _____ Add lines b1 through b4	b4	
c Subtract line b from line a	b	
d Amounts included on Part I, line 17, but not on line a:	c	
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify) _____ Add lines d1 and d2	d2	
e Total expenses (Part I, line 17). Add lines c and d	d	
	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM L WICKE 600 HARWICKE DR KNOXVILLE, TN 37923	STATE DEPUTY 0.00	0.	0.	0.
MICHAEL J. PORTER, SR. 4229 BRACKENWOOD DRIVE OLD HICKORY, TN 37138	STATE SECRETARY 0.00	0.	0.	0.
ROBERT H ROUNSEFELL 1321 WINTER SPRINGS LANE CORDOVA, TN 38016	STATE TREASURER 0.00	0.	0.	0.
WILLIAM G GUNTER 5513 CREOLLE WAY MT JULIET, TN 37122	IMMEDIATE PAST STATE DEPUT 0.00	0.	0.	0.
MICHAEL L WILLS 905 RUFFIAN LANE KNOXVILLE, TN 37923	STATE ADVOCATE 0.00	0.	0.	0.
JOHN F PARK JR 613 HOLT RUN CT NASHVILLE, TN 37211	STATE WARDEN 0.00	0.	0.	0.
MICHAEL ANDERJACK 104 MAZMANIAN LN MANCHESTER, TN 37355	MR FOUNDATION BOARD PRESID 0.00	0.	0.	0.
FATHER JOHN DOWLING 7503 PEAVINE ROAD CROSSVILLE, TN 38558	STATE CHAPLAIN 0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	► 8	
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B | Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions)

Yes No

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	<input checked="" type="checkbox"/>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ► N/A		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions)	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	
b	Did the organization file Form 1120-POL for this year?	81a	0.
		81b	<input checked="" type="checkbox"/>

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Part VI Other Information (continued)

		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	5,000.	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	X	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X	
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	89b		
b 501(c)(3) and 501(c)(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," attach a statement explaining each transaction	N/A		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X	
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X	
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X	
90 a List the states with which a copy of this return is filed ► TN	90b	0	
b Number of employees employed in the pay period that includes March 12, 2007			
91 a The books are in care of ► MICHAEL L WILLS	Telephone no. ►	865-632-7778	
Located at ► 905 RUFFIAN LANE, KNOXVILLE, TN	ZIP + 4 ►	37923	
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)? If "Yes," enter the name of the foreign country ► N/A	91b	X	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country ► **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► **92** | **N/A****Part VII Analysis of Income-Producing Activities (See the instructions)****Note: Enter gross amounts unless otherwise indicated**

93 Program service revenue:

a _____
b _____
c _____
d _____
e _____

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

139,706.

95 Interest on savings and temporary cash investments

1,482.

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

<18,163. >

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a _____
b _____
c _____
d _____
e _____

104 Subtotal (add columns (B), (D), and (E))

0. **0.** **123,025.**

105 Total (add line 104, columns (B), (D), and (E))

► 123,025.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. ▼ Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

N/A

Yes	No
-----	----

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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

Please
Sign
Here

► Michael L. Wills
Signature of officer

10-5-10
Date

► Michael L. Wills, State Secretary
Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature ► JOHN B. HOOVER	Date 10/04/10	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) EIN ►
Firm's name (or yours if self-employed), address, and ZIP + 4 ► BAKER SULLIVAN HOOVER PLC 144 SECOND AVENUE NORTH, SUITE 400 NASHVILLE, TN 37201-1935	Phone no. ► (615) 255-6143		

Form 990 (2007)

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
2007 SUPREME CONVENTION	236,750.		236,750.	254913.	<18,163.>
TO FM 990, PART I, LINE 9	236,750.		236,750.	254913.	<18,163.>

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FLOWERS, GIFTS, MEMORIALS	2,086.	2,086.		
DISTRICT DEPUTY EXPENSE	226.	226.		
OPERATING EXPENSE	26,653.	26,653.		
GENERAL PROGRAM EXPENSES	7,575.	7,575.		
STATE MEETINGS	35,547.	35,547.		
STATE CONVENTIONS	39,020.	39,020.		
STATE DEPUTY DISCRETIONARY	8,844.	8,844.		
CLERGY EXPENSE	450.	450.		
CEREMONIALS	5,354.	5,354.		
BISHOPS BURSE EXPENSES	129.	129.		
TOTAL TO FM 990, LN 43	125,884.	125,884.		

FORM 990

**CASH GRANTS AND ALLOCATIONS
TO OTHERS
FROM DONOR ADVISED FUNDS**

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

GRANT 1,500.
REV J. VANN JOHNSTON

TOTAL INCLUDED ON FORM 990, PART II, LINE 22A 1,500.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

ALL THE GOOD WORKS WE DO ARE INFORMED BY OUR FOUR CORE PRINCIPLES:
CHARITY - OUR CATHOLIC FAITH TEACHES US TO LOVE THY NEIGHBOR AS THYSELF.
MEMBERS OF THE KNIGHTS OF COLUMBUS SHOW LOVE FOR THEIR NEIGHBORS BY
CONDUCTING FOOD DRIVES AND DONATING THE FOOD TO LOCAL SOUP KITCHENS AND
FOOD PANTRIES, BY VOLUNTEERING AT SPECIAL OLYMPICS, AND BY SUPPORTING, BOTH

SPIRITUALLY AND MATERIALLY, MOTHERS WHO CHOOSE LIFE FOR THEIR BABIES. KNIGHTS RECOGNIZE THAT OUR MISSION, AND OUR FAITH IN GOD, COMPELS US TO ACTION. THERE IS NO BETTER WAY TO EXPERIENCE LOVE AND COMPASSION THAN BY HELPING THOSE IN NEED. A CALL WE ANSWER EVERY DAY.

UNITY ØNONE OF US IS AS GOOD AS ALL OF US. MEMBERS OF THE KNIGHTS OF COLUMBUS ALL KNOW THAT ØTOGETHER ØWE CAN ACCOMPLISH FAR MORE THAN ANY OF US COULD INDIVIDUALLY. SO WE STICK TOGETHERØE SUPPORT ONE ANOTHER. THAT DOESNØ MEAN THAT WE ALWAYS AGREE OR THAT THERE IS NEVER A DIFFERENCE OF OPINION. IT DOES MEAN THAT ØAS A KNIGHT OF COLUMBUS ØYOU CAN COUNT ON THE SUPPORT AND ENCOURAGEMENT OF YOUR BROTHER KNIGHTS AS YOU WORK TO MAKE LIFE BETTER IN YOUR PARISH AND COMMUNITY.

FRATERNITY @THE VENERABLE MICHAEL J. MCGIVNEY FOUNDED THE KNIGHTS OF COLUMBUS, IN LARGE PART, TO PROVIDE ASSISTANCE TO THE WIDOWS AND CHILDREN LEFT BEHIND WHEN THE FAMILY BREADWINNER DIED @OFTEN PREMATURELY. THE ORDER@ TOP-RATED INSURANCE PROGRAM CONTINUES TO DO THIS TODAY, AS DO INDIVIDUAL KNIGHTS, WHO LAST YEAR GAVE MORE THAN 10 MILLION HOURS OF THEIR TIME TO ASSIST SICK AND/OR DISABLED MEMBERS AND THEIR FAMILIES. IN THE KNIGHTS OF COLUMBUS, WE WATCH OUT FOR AND TAKE CARE OF ONE ANOTHER.

PATRIOTISM MEMBERS OF THE KNIGHTS OF COLUMBUS, BE THEY AMERICANS, CANADIANS, MEXICANS, CUBANS, FILIPINOS, POLES, OR DOMINICANS, ARE PATRIOTIC CITIZENS. WE ARE PROUD OF OUR DEVOTION TO GOD AND COUNTRY, AND BELIEVE IN STANDING UP FOR BOTH. WHETHER IT'S IN PUBLIC OR PRIVATE, THE KNIGHTS REMIND THE WORLD THAT CATHOLICS SUPPORT THEIR NATIONS AND ARE AMONGST THE GREATEST CITIZENS.

FORM 990

OTHER INVESTMENTS

STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN 2007 CONVENTION	COST	9,137.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		9,137.