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Short Form
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 1545-1150

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable <input 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 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
	Room/suite	E Telephone number 865-632-7778
		F Group Exemption Number ► 0188

• 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.KOFC-TN.ORG**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) 501(c)(08) (insert no.) 4947(a)(1) or 527K 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 ► **\$ 247,091.****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	37,568.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	148,505.
	4 Investment income	4	1,018.
	5a Gross amount from sale of assets other than inventory	5a	60,000.
	b Less: cost or other basis and sales expenses	5b	60,000.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses and net fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► OGDEN, UT)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	187,091.	
Expenses	10 Grants and similar amounts paid (attach schedule)	STMT 3	
	11 Benefits paid to or for members	10	52,500.
	12 Salaries, other compensation, and employee benefits	11	
	13 Professional fees and other payments to independent contractors	12	
	14 Occupancy, rent, utilities, and maintenance	13	
	15 Printing, publications, postage, and shipping	14	
	16 Other expenses (describe ► SEE STATEMENT 1)	15	
	17 Total expenses. Add lines 10 through 16	16	130,824.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17	183,324.
	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)	18	3,767.
	20 Other changes in net assets or fund balances (attach explanation)	19	107,677.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20	
		21	111,444.

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	107,677.	22	111,444.
23 Land and buildings		23	
24 Other assets (describe ► SEE STATEMENT 1)		24	
25 Total assets	107,677.	25	111,444.
26 Total liabilities (describe ► SEE STATEMENT 1)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,677.	27	111,444.

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

Expenses

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

What is the organization's primary exempt purpose? FRATERNAL & CHARITABLE ACTIVITIES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 SEE STATEMENT 5

(Grants \$ _____) If this amount includes foreign grants, check here

28a

29 SUPPORT THE CATHOLIC DIOCESAN BISHOPS OF TENNESSEE THROUGH
GRANTS FOR THE BISHOPS' BURSE FUNDS.

(Grants \$) If this amount includes foreign grants, check here

29a

30 SEE STATEMENT 6

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(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	(e) Expense account and other allowances
MICHAEL J. PORTER, SR., 4229	STATE DEPUTY	0.	0.	0.
BRACKENWOOD DRIVE, OLD HICKORY, TN	0.00	0.	0.	0.
ROBERT H ROUNSEFELL, 1321 WINTER	STATE SECRETARY	0.	0.	0.
SPRINGS LANE, CORDOVA, TN 38016	0.00	0.	0.	0.
MICHAEL L WILLS	STATE TREASURER	0.	0.	0.
905 RUFFIAN LANE, KNOXVILLE, TN 37923	0.00	0.	0.	0.
WILLIAM L WICKE	IMMEDIATE PAST STATE DEPUTY	0.	0.	0.
600 HARWICKE DR, KNOXVILLE, TN 37923	0.00	0.	0.	0.
JOHN F PARK JR	STATE ADVOCATE	0.	0.	0.
613 HOLT RUN CT, NASHVILLE, TN 37211	0.00	0.	0.	0.
JAMES R BRUUN, 701 EAST MEADECREST	STATE WARDEN	0.	0.	0.
DR, KNOXVILLE, TN 37923	0.00	0.	0.	0.
WILLIAM G GUNTER, 4448 ANDREW	DISTRICT MASTER	0.	0.	0.
JACKSON PKWY, HERMITAGE, TN 37076	0.00	0.	0.	0.
MICHAEL ANDERJACK, 104 MAZMANIAN LN,	MR FOUNDATION BOARD	PRESIDENT	0.	0.
MANCHESTER, TN 37355	0.00	0.	0.	0.
FATHER JOEY KAUMP, 5825 SHELBY OAKS	STATE CHAPLAIN	0.	0.	0.
DRIVE, MEMPHIS, TN 38134	0.00	0.	0.	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	33	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	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
40 a Section 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		
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	40b	N/A
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	40c	0.
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	40e	X
41 List the states with which a copy of this return is filed. ► TN		
42 a The books are in care of ► MICHAEL L WILLS Located at ► 905 RUFFIAN LANE, KNOXVILLE, TN	Telephone no. ► 865-632-7778 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: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►	42c	X
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 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

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.

	Yes	No
46	46	
47	47	
48	48	
49a	49a	
49b	49b	

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization(s) a section 527 organization?

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 N/A	(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."

N/A	(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 each receiving over \$100,000 ►			

Sign Here <input type="checkbox"/> <i>Michael L. Wills</i> Signature of officer <input type="checkbox"/> <i>Michael L. Wills</i> Type or print name and title	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		
	Date	12-30-09	

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instr.)
	JOHN B. HOOVER	11/16/09	► <input checked="" type="checkbox"/>	EIN ►

Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	Phone no. ►
	BAKER SULLIVAN HOOVER PLC 144 SECOND AVENUE NORTH, SUITE 400 NASHVILLE, TN 37201-1935	(615) 255-6143

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No
Form 990-EZ (2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
FLOWERS, GIFTS, MEMORIALS		350.
DISTRICT DEPUTY EXPENSE		456.
OPERATING EXPENSE		12,835.
GENERAL PROGRAM EXPENSES		7,321.
STATE MEETINGS		39,067.
STATE CONVENTIONS		52,310.
STATE DEPUTY DISCRETIONARY		5,581.
CLERGY EXPENSE		2,990.
CEREMONIALS		9,139.
DIOCESAN ADS AND SPONSORSHIPS		775.
TOTAL TO FORM 990-EZ, LINE 16		130,824.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT 2		
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CD	30,000.	30,000.	0.	0.
CD	30,000.	30,000.	0.	0.
TO FORM 990-EZ, LINE 5	60,000.	60,000.	0.	0.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT BISHOP D. CHOBY, DIOCESE OF NASHVILLE 2400 21ST AVE. SOUTH NASHVILLE, TN 37212	NONE	12,500.
GRANT BISHOP J.T. STEIB, DIOCESE OF MEMPHIS 5825 SHELBY OAKS DRIVE MEMPHIS, TN 38134	NONE	12,500.
GRANT BISHOP R. STIKA, DIOCESE OF KNOXVILLE 805 NORTHSORE DRIVE KNOXVILLE, TN 37919	NONE	12,500.
GRANT AMERICAN WHEELCHAIR MISSION 2510 LAS POSAS ROAD CAMARILLO, CA 93010	NONE	15,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>52,500.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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.

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.

Application for Extension of Time To File an
Exempt Organization Return

► 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 X
- 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 TENNESSEE STATE COUN	Employer identification number 62-1260642
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. 905 RUFFIAN LN	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE, TN 37923-2052	

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

MICHAEL L WILLS

- The books are in the care of ► **905 RUFFIAN LANE - KNOXVILLE, TN 37923**
Telephone No. ► **865-632-7778** FAX No. ► **865-632-3195**
- 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, 2010**, 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 **JUL 1, 2008**, and ending **JUN 30, 2009**
- 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 \$**
- 3b 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 \$**
- 3c 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 \$ N/A**

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

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

Form 8868 (Rev. 4-2009)