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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ 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) Room/suite

2139 Knoll Lane

City or town, state or province, country, and ZIP or foreign postal code

Germantown, TN 38138

D Employer identification number

62-1260642

E Telephone number

(865) 573-2876

F Group Exemption Number ▶ 0188

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

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

I Website: ▶ www.kofc-tn.org

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 181,569

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 31,091
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 150,225
	4 Investment income	4 28
	5a Gross amount from sale of assets other than inventory	5c
	5b Less cost or other basis and sales expenses	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	6d
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
Expenses	6c Less direct expenses from gaming and fundraising events	
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a Gross sales of inventory, less returns and allowances	7c
	7b Less cost of goods sold	
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe in Schedule O)	8 225
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9 181,569
	10 Grants and similar amounts paid (list in Schedule O)	10 40,234
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
Net Assets	13 Professional fees and other payments to independent contractors	13 3,354
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 143,693
	17 Total expenses. Add lines 10 through 16 ▶	17 187,281
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -5,712
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 142,419
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 136,707

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	142,419	22	136,707
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	142,419	25	136,707
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . .	142,419	27	136,707

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
Fraternal & Charitable Activities

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	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)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN F PARK JR Immediate Past State Deput	0 00	0	0	0
Stephen Comm State Deputy	0 00	0	0	0
Tracy Staller STATE SECRETARY	0 00	0	0	0
Michael R McCusker STATE TREASURER	0 00	0	0	0
Fred M Laufenberg State Advocate	0 00	0	0	0
WILLIAM J MARKIEWICZ State Warden	0 00	0	0	0

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0			
37a	0					
b	Did the organization file Form 1120-POL for this year?	37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <table><tr><td>38b</td><td></td></tr></table>	38b				
38b						
39	Section 501(c)(7) organizations Enter					
a	Initiation fees and capital contributions included on line 9	39a				
b	Gross receipts, included on line 9, for public use of club facilities	39b				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b				
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____					
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
41	List the states with which a copy of this return is filed ▶ TN					
42a	The organization's books are in care of ▶ Michael McCusker Telephone no ▶ (901) 222-1486 Located at ▶ 2139 Knoll Lane Germantown, TN ZIP + 4 ▶ 38138					
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		Yes	No		
42b		42b		No		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43				
43						
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b				

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization 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?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****		2016-12-06	
	Signature of officer		Date	
Paid Preparer Use Only	Michael McCusker, Treasurer			
	Type or print name and title			
	Print/Type preparer's name		Preparer's signature	
	John B Hoover		Date 2016-12-06	
Firm's name		Check <input checked="" type="checkbox"/> if self-employed		PTIN
Baker Sullivan Hoover PLC				P00117158
Firm's address		Firm's EIN		
35 Peabody St Ste 310		62-1110389		
Nashville, TN 37210		Phone no. (615) 255-6143		
May the IRS discuss this return with the preparer shown above? See instructions				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 62-1260642

Name: Knights of Columbus Tennessee State Coun

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.

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

Assist community charities by raising funds for mentally handicapped citizens, supporting pro-life
28 activities, assisting local parishes, and supporting Boy Scout and Cub Scout Troops and Packs
(Grants \$ 0)

If this amount includes foreign grants, check here . . . ☐

28a

0

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
29 Support the Catholic Diocesan Bishops of Tennessee through grants for the Bishops' Burse Funds (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>30</div> <div>Support the American Wheelchair Foundation in their efforts to 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</div> <div>(Grants \$ 0)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	30a	0

TY 2015 Reasonable Cause Explanation

Name: Knights of Columbus Tennessee State Coun

EIN: 62-1260642

Explanation: This return is being considered late because the taxpayer's timely filed electronically submitted extension request was rejected. The extension request and subsequently submitted return were both rejected due to an inadvertent change in the IRS database regarding the taxpayer's filing year. While the taxpayer has always been a June 30, year end, a change was made in the database to reflect a calendar year end. After discussing with an agent at the IRS Help Desk, the agent has corrected the Database error and instructed us to refile with this explanation of cause for late filing.

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: Knights of Columbus Tennessee State Coun

EIN: 62-1260642

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
Knights of Columbus Tennessee State Coun**Employer identification number**

62-1260642

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description CD Interest Income Amount 28
Form 990-EZ, Part I, Line 8 - Other Revenue	Description Voided Transactions from P/Y Amount 225

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Grant Grantee Name Diocese of Knoxville Grantee Address 805 S Northshore Dr Knoxville, TN 37919 Property Description cash Amount Given 14,126
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Grant Grantee Name Diocese of Nashville Grantee Address 2400 Tw enty-First Ave S Nashville, TN 37212 Property Description Cash Amount Given 7,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification grant Grantee Name Diocese of Memphis Grantee Address 5825 Shelby Oaks Drive Memphis, TN 38134 Property Description cash Amount Given 7,000
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Grant Grantee Name American Wheelchair Mission Grantee Address 2505 Anthem Village Dr #E-602 Henderson, NV 89052 Property Description cash Amount Given 11,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification grant Grantee Name Knights of Columbus Charities Grantee Address One Columbus Plaza New Haven, CT 06510 Property Description cash Amount Given 1,108 Total included on Form 990-EZ, line 10 40,234
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Operating Expense Amount 3,575 Description General Program Expenses Amount 8,789 Description State Meetings Amount 14,646 Description State Conventions Amount 89,696 Description State Deputy Discretionary Amount 12,062 Description Ceremonials Amount 2,319 Description Diocesan Ads and Sponsorships Amount 10,579 Description Computer Repairs Amount 828 Description Clergy Expense Amount 765 Description District Deputy Expense Amount 434 Total to Form 990-EZ, line 16 143,693