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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.* 11 06

OMB No 1545-1150

2010

Open to Public Inspection

SEP 2 8 2011

A For the 2010 calendar year, or tax year beginning July 1 **, 2010, and ending** June 30 **, 20** 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Knights Of Columbus, Council 6884 51-0229285

Number and street (or P O box, if mail is not delivered to street address): P.O Box 725 | Room/suite

City or town, state or country, and ZIP + 4: Seneca, SC 29679-0725

D Employer identification number 51-029285

E Telephone number 864-647-4418

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: ▶

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 114,343.36

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 ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	$55,519.99
	2	Program service revenue including government fees and contracts			2	.00
	3	Membership dues and assessments			3	.00
	4	Investment income			4	$514.85
	5a	Gross amount from sale of assets other than inventory	5a	.00		
	b	Less: cost or other basis and sales expenses	5b	.00		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	00
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	.00		
	b	Gross income from fundraising events (not including $ 18,027.70 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	$52,097.42		
	c	Less: direct expenses from gaming and fundraising events	6c	$26,205.29		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	$25,892.13
	7a	Gross sales of inventory, less returns and allowances	7a	.00		
	b	Less: cost of goods sold	7b	.00		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	.00
	8	Other revenue (describe in Schedule O)			8	$6,211 10
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	$88,138.07
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	$51,275.65
	11	Benefits paid to or for members			11	.00
	12	Salaries, other compensation, and employee benefits			12	$400.00
	13	Professional fees and other payments to independent contractors			13	00
	14	Occupancy, rent, utilities, and maintenance			14	$5,750.00
	15	Printing, publications, postage, and shipping			15	$1,133.48
	16	Other expenses (describe in Schedule O)			16	$6,699 54
	17	**Total expenses.** Add lines 10 through 16 ▶			17	$65,258.67
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	$22,879.40
	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	$22,233.35
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	$45,012.75

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10

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	$22,233.35	22	$45,012.75
23	Land and buildings	.00	23	.00
24	Other assets (describe in Schedule O)	.00	24	.00
25	**Total assets**	$22,233.35	25	$45,012.75
26	**Total liabilities** (describe in Schedule O)	.00	26	.00
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	$22,233.35	27	$45,012.75

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

28	We assist the mentally handicapped benefitting several hundred people, mostly at our local schools "Special Needs" programs, and the SC Area 13 Special Olympics. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	Our local proceeds from the SC K of C Charity Raffle were given to the K of C State Council for their state-wide charity work, numbers of persons benefitting unknown. (Grants $ 2,433.00) If this amount includes foreign grants, check here ▶ ☐	29a	
30	We awarded three scholarship assistance gifts to these seminarians studying for the Catholic Priesthood. (Grants $ 1,500.00) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $ 9,709.65) 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.)
Check if the organization used Schedule O to respond to any question in this 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
Charles G. Lupinski, Jr. 216 W Harper Ridge Rd, Seneca, SC 29676	Grand Knight/20 hours	.00	00	00
Reed P. Thibodeaux 531 theo Martin Rd, Westminster, SC 29693	Fin. Secretary/30 hours	$400 00	.00	.00
Daniel C. English 604 Northampton Rd, Seneca, SC 29672	Treasurer/5 hours	.00	00	00
Donald A. Fuller, Jr. 6 Spy Glass Ln, Salem, SC 29691	Trustee/1 hour	.00	.00	.00
Raymond R. Stimart 100 deerfield Ln, Seneca, SC 29678	Trustee/1 hour	.00	.00	00
Raymond C. Zeimet 302 Stratford Dr, Seneca, SC 29678	Trustee/1 hour	.00	.00	.00

Part V **Other Information** (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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		✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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) and 501(c)(4) 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		✓
41	List the states with which a copy of this return is filed. ▶ _____			
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		✓
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			

			Yes	No
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		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		✓

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	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)	45a		✓
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	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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 address of each independent contractor paid more than $100,000	(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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ 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

Sign Here

▶ Charles G. Lupinski Jr. | Date

Signature of officer

▶ Charles G. Lupinski, Jr. Grand Knight

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

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

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: Knights of Columbus, Council 6884, P.O. Box 725, Seneca, SC 29679-0725

Employer identification number: 51-0229285

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Tournement (event type)	(b) Event #2 Oktoberfest (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	$25,827.70	$9,365.00	.00	$35,192.70
	2 Less: Charitable contributions	$18,027.70	.00	.00	$18,027.70
	3 Gross income (line 1 minus line 2)	$7,800.00	$9,365.00	.00	$17,165.00
Direct Expenses	4 Cash prizes	.00	.00	.00	.00
	5 Noncash prizes	$15,002.70	.00	.00	$15,002.70
	6 Rent/facility costs	$2,392.00	$475.00	.00	$2,867.00
	7 Food and beverages	$740.94	$3,913.55	.00	$4,654.49
	8 Entertainment	.00	.00	.00	.00
	9 Other direct expenses	$666.48	$104.10	.00	$770.58
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				($23,294.77)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				$68,440 65

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O | Supplemental Information to Form 990 of 990-EZ | 2010

(Form 990 or 990-EZ)

Name of the Organization: Knights of Columbus, Council 6884, P.O. Box725, Seneca, SC 29679

Employer ID Number: 51-0229285

Amount	Purpose and Recipients					
	From the "Operation Hope" (Tootsie Roll Drive)					
	For the Benefit of the Mentally Handicapped/School's "Special Needs" Program					
	$800.00	Blue Ridge Elem. School	995 S. Oak Street	Seneca	SC	29678
	$900.00	Northside Elem. School	710 N. Townville Street	Seneca	SC	29678
	$900.00	Seneca High School	100 Bobcat Ridge	Seneca	SC	29678
	$650.00	Orchard Park Elem. School	600 Toccoa Hwy	Westminster	SC	29693
	$650.00	James M. Brown Elem. School	225 Coffee Road	Wahalla	SC	29691
	$650.00	Pendleton Elem. School	902 E. Queen Street	Pendleton	SC	29670
	$650.00	Seneca Middle School	810 W. South 4th Street	Seneca	SC	29672
	$650.00	Pendleton High School	7324 Highway 187	Anderson	SC	29625
	$650.00	Liberty High School	310 Summit Drive	Liberty	SC	29657
	$650.00	West Oak High School	130 Warrior Lane	Westminster	SC	29693
	$500.00	Walhalla Middle School	157 Razorback Lane	Walhalla	SC	29691
	$500.00	Fair Oak Elem. School	1964 Oakway Road	Seneca	SC	29678
	$500.00	La France Elem. School	17 Main Street	La France	SC	29656
	$500.00	West Oak Middle School	501 Westminster Highway	Westminster	SC	29693
	$500.00	Walhalla High School	151 Razorback Lane	Walhalla	SC	29691
	$500.00	Clemson Elem. School	581 Berkeley Drive	Clemson	SC	29631
	$450.00	Edwards Middle School	1157 Madden Bridge Road	Central	SC	29630
$21,133.00	$10,533.00	Tribble Center	116 South Cove Rd	Seneca	SC	29672
	SpecialOlympics(Sponsor)					
	For the Benefit of the Mentally Handicapped					
$16,500.00	To Area 13 Special Olympics, Seneca, SC					
	South Carolina state Council Charity Fund					
	For the Benefit of the Mentally Handicapped					
	To Knights Of Columbus SC State Council Charity Fund, C/O Angelo J. DiMaria, Chairman,					
$2,433.00	P.O. Box 9935, Columbia, SC 29290					
	Scholarship Awards					
$500.00	**William Fleming Scholarship, awarded to a Seminarian (1 of 3)**					
	Mathew Gray	Mt. Saint Mary Seminary	16300 Old Emmitsburg Road	Emmitsburg	MD	21727
$500.00	**William Fleming Scholarship, awarded to a Seminarian (2 of 3)**					
	David Nerbun	Collegio Americano del Nord	00120 Vatican City State	Europe		
$500.00	**William Fleming Scholarship, awarded to a Seminarian (3 of 3)**					
	William Hearne	Blessed John XXIII Nat'l Seminary	558 South Avenue	Weston	MA	02493
	***Church Related Donations**					
$125.00	Rosaries for First Communion children					
$5,000.00	Renovation of Church Rectory					
$4,584.65	Miscellaneous other donations (non-church related) for victims of diaster, National Right to Life Committee, food purchases for funeral receptions, kids' basketball sponsorship, Food Banks, Habitat for Humanity, Catholic Student Assocoation, Clemson Commnity Care, etc					
$51,275.65	**TOTAL, Line 10**					
$9,709.65	**(* = NOTE: These are also LINE 31 items)**					

Name of the Organization

Knights of Columbus, Council 6884, P.O. Box725, Seneca, SC 29679

Employer ID Number

51-0229285

Amount		Other Revenue
	$595.00	50-50 Raffle
	$4,532.10	Dinner Charges
	$1,084 00	Misc.(Installation Fees, Hat Pins, etc.)
$6,211.10		**Total, Line 8**

		Other Expenses
$2,440.25	Organizational Assessments	
$855.16	Conferences fees	
$3,404.13	Office Supplies	
$6,699.54		**Total, Line 16**