

Form 990-EZ

## 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)

2017

- 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/form990ez](http://www.irs.gov/form990ez).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service**A For the 2017 calendar year, or tax year beginning 07-01-2017**

, and ending 06-30-2018

**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**D** Employer identification number  
62-1260642Number and street (or P. O. box, if mail is not delivered to street address) Room/suite  
140 WALDEN RIDGE LANE**E** Telephone number  
(865) 573-2876City or town, state or province, country, and ZIP or foreign postal code  
CROSSVILLE, TN 38558**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](http://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 ► \$ 187,040

**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	<table border="0"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received . . . . .</td><td style="text-align: right;">1</td><td>32,758</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts . . . . .</td><td style="text-align: right;">2</td><td></td></tr> <tr><td>3</td><td>Membership dues and assessments . . . . .</td><td style="text-align: right;">3</td><td>154,282</td></tr> <tr><td>4</td><td>Investment income . . . . .</td><td style="text-align: right;">4</td><td></td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory . . . . .</td><td style="text-align: right;">5a</td><td></td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses . . . . .</td><td style="text-align: right;">5b</td><td></td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .</td><td style="text-align: right;">5c</td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td style="text-align: right;">6a</td><td></td></tr> <tr><td>b</td><td>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) . . . . .</td><td style="text-align: right;">6b</td><td></td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events . . . . .</td><td style="text-align: right;">6c</td><td></td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td style="text-align: right;">6d</td><td></td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances . . . . .</td><td style="text-align: right;">7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold . . . . .</td><td style="text-align: right;">7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .</td><td style="text-align: right;">7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O) . . . . .</td><td style="text-align: right;">8</td><td></td></tr> <tr><td>9</td><td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►</td><td style="text-align: right;">9</td><td>187,040</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	32,758	2	Program service revenue including government fees and contracts . . . . .	2		3	Membership dues and assessments . . . . .	3	154,282	4	Investment income . . . . .	4		5a	Gross amount from sale of assets other than inventory . . . . .	5a		b	Less cost or other basis and sales expenses . . . . .	5b		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c		6	Gaming and fundraising events			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b	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) . . . . .	6b		c	Less direct expenses from gaming and fundraising events . . . . .	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		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 in Schedule O) . . . . .	8		9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	187,040	Expenses
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	32,758																																																																			
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9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	187,040																																																																			
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	47,333																																																																			
11	Benefits paid to or for members . . . . .	11																																																																				
12	Salaries, other compensation, and employee benefits . . . . .	12																																																																				
13	Professional fees and other payments to independent contractors . . . . .	13	3,455																																																																			
14	Occupancy, rent, utilities, and maintenance . . . . .	14																																																																				
15	Printing, publications, postage, and shipping . . . . .	15																																																																				
16	Other expenses (describe in Schedule O) . . . . .	16	138,996																																																																			
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	189,784																																																																			
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-2,744																																																																			
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	155,127																																																																			
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	152,383																																																																			

Part II Balance Sheets (see the instructions for 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

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22 Cash, savings, and investments</b> . . . . .	155,127	<b>22</b> 152,383
<b>23 Land and buildings</b> . . . . .		<b>23</b>
<b>24 Other assets (describe in Schedule O)</b> . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	155,127	<b>25</b> 152,383
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	155,127	<b>27</b> 152,383

**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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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.

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28

### See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here  ►

28

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**29** See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

1

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**30** See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

1

Grants \$

31 Other program services (describe in Schedule O) . . . . .

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

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
	0 00	0	0	0
SKER	0 00	0	0	0
RY				
FENBERG	0 00	0	0	0
ER				
EWICZ	0 00	0	0	0
TE				
	0 00	0	0	0
N	0 00	0	0	0
T STATE DEPUT	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

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  Yes  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  Yes  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  Yes  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  Yes  No

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  Yes  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  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  Yes  No

b Did the organization file **Form 1120-POL** for this year? 37b  Yes  No

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  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a  Yes  No

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  Yes  No

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 ► 40c  Yes  No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 40d  Yes  No

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  Yes  No

41 List the states with which a copy of this return is filed ► 41  Yes  No

42a The organization's books are in care of ► 42a  Yes  No

FRED M LAUFENBERG Telephone no ► (931) 484-2486

Located at ► 42b  Yes  No

140 WALDEN RIDGE DRIVE CROSSVILLE, TN ZIP + 4 ► 38558

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)? 42c  Yes  No

If "Yes," enter the name of the foreign country ► 42d  Yes  No

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42e  Yes  No

If "Yes," enter the name of the foreign country ► 42f  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here 43  Yes  No

and enter the amount of tax-exempt interest received or accrued during the tax year

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  Yes  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  Yes  No

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  Yes  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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	46		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 . . . . .

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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	48		
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49a		
b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	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 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 . . . . . ►  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

<b>Sign Here</b>	*****	2018-11-09
	Signature of officer	Date
FRED M LAUFENBERG TREASURER		
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN B HOOVER	Preparer's signature	Date 2018-11-09	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00117158
	Firm's name ► BAKER SULLIVAN HOOVER PLC				Firm's EIN ► 62-1110389
	Firm's address ► 35 PEABODY ST STE310 NASHVILLE, TN 37210				Phone no (615) 255-6143

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  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 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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p><b>28</b> 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 \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b> 0</p>

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>29</b> SUPPORT THE CATHOLIC DIOCESAN BISHOPS OF TENNESSEE THROUGH GRANTS FOR THE BISHOPS' BURSE FUNDS (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>29a</b> 0</p>

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>30</b> 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 (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>30a</b> 0</p>

# TY 2017 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

Name of the organization

KNIGHTS OF COLUMBUS TENNESSEE STATE COUN

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection****Employer identification number**

62-1260642

**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 DATE OF GIFT VARIOUS AMOUNT GIVEN 1,000

**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 NASHVILLE GRANTEE ADDRESS 2400 TWENTY-FIRST AVE S NASHVILLE, TN 37212 PROPERTY DESCRIPTION CASH DATE OF GIFT 08/24/17 AMOUNT GIVEN 10,600

**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 SH ELBY OAKS DRIVE MEMPHIS, TN 38134 PROPERTY DESCRIPTION CASH DATE OF GIFT VARIOUS AMOU NT GIVEN 10,600

**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 NORTHSORE DR KNOXVILLE, TN 37919 PROPERTY DESCRIPTION CASH DATE OF GIFT VARIOUS AMOUNTS GIVEN 10,600

**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 CATHOLIC SCHOOLS CALENDAR FUND GRANTEE ADDR ESS 7200 BRICKEY LANE KNOXVILLE, TN 37918 PROPERTY DESCRIPTION CASH DATE OF GIFT 12/0 3/17 AMOUNT GIVEN 3,533

# 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 AMERICAN WHEELCHAIR MISSION GRANTEE ADDRESS 2505 ANTHEM VILLAGE DR #E-602 HENDERSON, NV 89052 PROPERTY DESCRIPTION CASH DATE OF GIFT 12/04/17 AMOUNT GIVEN 11,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 47,333

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OPERATING EXPENSE AMOUNT 2,119 DESCRIPTION GENERAL PROGRAM EXPENSES AMOUNT 8,086 DESCRIPTION STATE MEETINGS AMOUNT 18,588 DESCRIPTION STATE CONVENTIONS AMOUNT 97,917 DESCRIPTION STATE DEPUTY DISCRETIONARY AMOUNT 7,513 DESCRIPTION CEREMONIALS AMOUNT 1,005 DESCRIPTION COMPUTER REPAIRS AMOUNT 33 DESCRIPTION DISTRICT DEPUTY EXPENSE AMOUNT 450 DESCRIPTION DIOCESAN ADS AND SPONSORSHIPS AMOUNT 3,285 TOTAL TO FORM 990-EZ, LINE 16 138,996