

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)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning JULY 01, 2003, and ending JUNE 30, 2004

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: KNIGHTS OF COLUMBUS #5667. D Employer identification number: 23-7107527. E Telephone number: (321) 268-2764. F Acctg. method: [X] Cash [] Accrual [] Other (specify) >

G Website: > H & I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates >. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [X] Yes [] No.

J Organization type (check only one) > [X] 501(c)(8) (insert no.) 4947(a)(1) Or 527

K Check here > [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 > 124,186 M Check > [X] if 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 (See instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis & sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED SEP 27 2007

STATUTE UNIT RECEIVED SEP 05 2007

RECEIVED AUG 10 2007 OGDEN, UT

61 5

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. (See instructions.)

Do not include amounts reported on line 8b, 8b, 9b, 10b, or 18 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) #3. (cash \$ 21,865 noncash \$)	22 21,865	21,865		
23	Specific assistance to individuals (attach schedule) . .	23			
24	Benefits paid to or for members (attach schedule)#4.	24 12,821	12,821		
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages.	26			
27	Pension plan contributions.	27			
28	Other employee benefits	28			
29	Payroll taxes.	29			
30	Professional fundraising fees	30 75			75
31	Accounting fees	31			
32	Legal fees.	32			
33	Supplies.	33 415	415		
34	Telephone	34			
35	Postage and shipping	35 1,368	1,368		
36	Occupancy.	36 30,000	15,000		15,000
37	Equipment rental and maintenance	37			
38	Printing and publications	38 1,561	1,561		
39	Travel	39			
40	Conferences, conventions, and meetings.	40			
41	Interest.	41 500	500		
42	Depreciation, depletion, etc. (attach schedule).	42			
43	Other expenses not covered above (itemize): a BUILDING IMP	43a 18,000	9,000		9,000
	b ADVERTISING & PROMOTION	43b 158	158		
	c STATE CONVENTION PROG	43c 650	650		
	d FINANCIAL SEC FEE	43d 1,174	1,174		
	e See attachment 6	43e 11,990	11,990		
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 100,577	76,502	0	24,075

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) aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

What is the organization's primary exempt purpose? ▶ 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.)	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)
a FRATERNAL, PATRIOTIC, CATHOLIC ORGANIZATION (Grants and allocations \$)	76,502
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	76,502

Part IV Balance Sheets (See Specific Instructions.)

		(A)		(B)
		Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
A S S E T S	45 Cash -- non-interest-bearing	380	45	5,286
	46 Savings and temporary cash investments	4,173	46	7,390
	47a Accounts receivable			
	b Less: allowance for doubtful accounts			
		1,631	47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts			
			48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts			
			51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments -- securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments -- land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)			
			55c	
56 Investments -- other (attach schedule)		56		
57a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)				
		57c		
58 Other assets (describe _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	6,184	59	12,676	
L I A B I L I T I E S	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <u>See attachment #5</u>)	756	65	160
66 Total liabilities (add lines 60 through 65)	756	66	160	
N E T A S S E T S / F U N D B A L A N C E S	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		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	5,428	72	12,516
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	5,428	73	12,516	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,184	74	12,676	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions.)

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

a Total revenue, gains, and other support per audited financial statements ▶ **a** N/A

b Amounts included on line **a** but not on line 12, Form 990:

(1) Net unrealized gains on investments . . \$ _____

(2) Donated services & use of facilities . \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify):
_____ \$ _____

Add amounts on lines (1) through (4) . . ▶ **b**

c Line **a** minus line **b** ▶ **c**

d Amounts included on line 12, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify):
_____ \$ _____

Add amounts on lines (1) and (2) ▶ **d**

e Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶ **e** 0

a Total expenses and losses per audited financial statements ▶ **a** N/A

b Amounts included on line **a** but not on line 17, Form 990:

(1) Donated services & use of facilities . . \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify):
_____ \$ _____

Add amounts on lines (1) through (4) . . ▶ **b**

c Line **a** minus line **b** ▶ **c**

d Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify):
_____ \$ _____

Add amounts on lines (1) and (2) ▶ **d**

e Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶ **e** 0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific 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 comp.	(E) Expense account and other allowances
PAUL ABATE 1245 RANCHERO AVENUE	GRAND KNIGHT 25	0		
FRANK GRIFFO 450 GARDEN STREET	DEPUTY G.N. 20	0		
CHARLES WILLIAMS 1325 DOZIER AVENUE	TREASURER 20	0		
ROY BRONZOVICH 4420 LANCASTER LANE	FINANCIAL SEC. 20	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . ▶ Yes No
If "Yes," attach schedule -- see Specific Instructions.

Part VI Other Information (See Specific Instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity		X
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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . .		X
80a	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?	X	
b	If "Yes," enter the name of the organization ▶ <u>OLS HOME ASSOCIATION</u> and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	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	N/A
83a	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 quid pro quo contributions?	83b	X
84a	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	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	X
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	X
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	X
86	501(c)(7) orgs. 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) orgs. 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	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	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b	501(c)(3) and 501(c)(4) orgs 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.	89b	X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		N/A
90a	List the states with which a copy of this return is filed ▶		N/A
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	N/A
91	The books are in care of ▶ <u>CHARLES WILLIAMS</u> Telephone no. ▶ <u>(321) 268-2764</u> Located at ▶ <u>3450 KILMARNOK LANE, TITUSVILLE</u> ZIP + 4 ▶ <u>32780</u>		
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 Specific Instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a MISCELLANEOUS					30,842
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					6,073
95 Interest on savings and temporary cash investments					
96 Dividends & 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			01	73,009	
102 Gross profit/(loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		73,009	36,915
105 Total (add line 104, columns (B), (D), and (E))					109,924

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific 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).
93A	CATHOLIC, CHARITABLE, FRATERNAL ORGANIZATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions.)

(a) Did organization, during the year, receive any funds, directly or indirectly, from a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 9870 and Form 4720 (see instructions).

Please Sign Here

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.

Signature of officer: *Peter Sylvester Finich*

Type or print name and title: Peter Sylvester Finich

Paid Preparer's Use Only

Preparer's signature: *Emilia* CPA

Firm's name (or yours if self-employed), address, and ZIP + 4: HUNT & RESTINA, CE
310 CHENEY HWY
TITUSVILLE FL 3278

Schedule of Special Events and Activities

Attachment 1: page 1 - 990, Page 1, Part I, line 9

Open to Public Inspection	For calendar year 2003 or tax period beginning 07-01-2003, and ending 06-30-2004.		
Name of Organization KNIGHTS OF COLUMBUS #5667			Employer Identification Number 23-7107527

Description of Largest Three Special Events

(A) BINGO

(B) CHRISTMAS TREE SALES

(C) HANDICAP DRIVE

Type and Number of Other Events

Special Event:	(A)	(B)	(C)	All Other	Total
Gross Receipts	56,500	24,297	6,474		87,271
Less Contributions	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Gross Revenue	56,500	24,297	6,474		87,271
Less. Direct Expenses	<u> </u>	<u>14,262</u>	<u> </u>	<u> </u>	<u>14,262</u>
Net Income or (loss)	56,500	10,035	6,474		73,009

Schedule of Payments to Affiliates

Attachment 2: page 1 - 990 Page 1, Part I, line 16

Open to Public Inspection	For calendar year 2003 or tax period beginning 07-01-2003, and ending 06-30-2004.	
Name of Organization KNIGHTS OF COLUMBUS #5667		Employer Identification Number 23-7107527

Name of Affiliate	Amount of Payment
DUES PAID TO SUPREME AND STATE COUNCIL	2,259

Page Total	
Total	2,259

Schedule of Grants and Allocations

Open to Public Inspection For Calender year 2003, or tax year period beginning 07-01-2003 and ending 06-30-2004

Name of Organization KNIGHTS OF COLUMBUS #5667 Employer Identification Number 23-7107527

Item No.	Class of Activity	Donee's Name	Donee's Address	Amount Given	Relationship/Organizational Status
1	CHARITY BALL			8,916	
2	HANDICAPED/RETARDED			6,474	
3	SEMINARIAN SUPPORT			1,200	
4	CHURCH BULLETIN SUPP			875	
5	CAMPUS MINISTRY			1,150	
6	B.E.T.A. OF TITUSVIL			1,000	
7	PRO-LIFE RUN			300	
8	ST. TERESA SCH. ASSI			1,200	
9	ST. TERESA SCH ACT			300	
10	DRUG FREE GRADUATION			200	
13	SHOES FOR THE NEEDY			100	
14	MORALITY IN MEDIA			150	

Item No.	Description of Property	Book Value	How Book Value Was Determined	Fair Market Value	How Fair Market Value Was Determined	Date of Gift
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
13						
14						

TOTAL AMOUNT GIVEN 21,865

Schedule of Benefits Paid To and For Members

Attachment 4: page 1 - 990 Page 2, Part II, Line 24

Open to Public Inspection	For calendar year 2003 or tax period beginning 07-01-2003, and ending 06-30-2004.
Name of Organization KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527

Benefit Paid	Amount
MUTUAL AID & GRAND KNIGHT'S FUND	600
MOTHER'S DAY BREAKFAST	1,057
FAMILY PICNIC	628
EASTER EGG HUNT	200
FRATERNAL REMEMBRANCES	1,043
RECRUITMENT AND MEETING EXPENSES	275
SPECIAL DONATIONS	200
CLERGY NIGHT DINNER AND GIFTS	1,600
NEW YEARS EVE PARTY	4,315
COUNCIL AFFAIR	1,853
AWARDS NIGHT	1,000
THIRD DEGREE EXEMPLIFICATION	50

Page Total	12,821
Total	12,821

Schedule of Other Expenses

Attachment 6: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection For calendar year 2003 or tax period beginning 07-01-2003, and ending 06-30-2004.

Name of Organization KNIGHTS OF COLUMBUS #5667 **Employer Identification Number** 23-7107527

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
BUILD R&M	7,476	7,476		
CAPTIAL IMP/INS	4,065	4,065		
MISCELLANEOUS	449	449		
Page Total	11,990	11,990		
TOTAL	11,990	11,990		

Schedule of Other Liabilities

Attachment 5: page 1 - 990 Page 3, Part IV, line 65

Open to Public Inspection	For calendar year 2003 or tax period beginning 07-01-2003, and ending 06-30-2004.	
Name of Organization	Employer Identification Number	
KNIGHTS OF COLUMBUS #5667	23-7107527	

Description of Property	End of Year
ADVANCED DUES PAID	160

Page Totals	160
Totals	160