

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)

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning JULY 01, 2004, and ending JUNE 30, 2005

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: KNIGHTS OF COLUMBUS #5667
Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 861
City or town, state or country, and ZIP + 4: TITUSVILLE FL 32781

D Employer identification number: 23-7107527
E Telephone number: (321) 268-2764
F Acctg. method: [X] Cash [ ] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: N/A

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.

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
I Group Exemption Number: 18
M Check [X] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 113,290

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions.)

mcz SCANNED AUG 27 2007

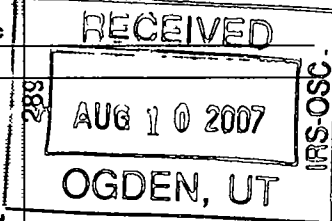


Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for public support, special events, and inventory.

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**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 \$ 19,120 noncash \$ )	19,120	19,120		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule) #4	9,805	9,805		
25	Compensation of officers, directors, etc				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees	75			75
31	Accounting fees				
32	Legal fees				
33	Supplies	492	492		
34	Telephone				
35	Postage and shipping	1,752	1,752		
36	Occupancy	36,000	18,000		18,000
37	Equipment rental and maintenance				
38	Printing and publications	1,878	1,878		
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize): a BUILDING IMP	24,000	12,000		12,000
	b ADVERTISING & PROMOTION	284	284		
	c STATE CONVENTION PROG	400	400		
	d BUILDING R & M	8,382	8,382		
	e See attachment 6	6,414	6,414		
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D),</b> <b>carry these totals to lines 13-15</b>	108,602	78,527	0	30,075

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? . . . . .	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 \$ )	78,527
b   (Grants and allocations \$ )	
c   (Grants and allocations \$ )	
d   (Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	78,527

**Part IV Balance Sheets** (See Specific Instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	<b>45</b> Cash -- non-interest-bearing .....	5,286	<b>45</b>	1,106
	<b>46</b> Savings and temporary cash investments .....	7,390	<b>46</b>	
	<b>47a</b> Accounts receivable .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>47c</b>	
	<b>48a</b> Pledges receivable .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>48c</b>	
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>51c</b>	
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>	
	<b>54</b> Investments -- securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55a</b> Investments -- land, buildings, and equipment: basis .....			
	<b>b</b> Less: accumulated depreciation (attach schedule) .....		<b>55c</b>	
	<b>56</b> Investments -- other (attach schedule) .....		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis .....			
	<b>b</b> Less: accumulated depreciation (attach schedule) .....		<b>57c</b>	
<b>58</b> Other assets (describe .....		<b>58</b>		
<b>59</b> Total assets (add lines 45 through 58) (must equal line 74) .....	12,676	<b>59</b>	1,106	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....		<b>60</b>	
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64b</b>	
	<b>65</b> Other liabilities (describe .....	160	<b>65</b>	
<b>66</b> Total liabilities (add lines 60 through 65) .....	160	<b>66</b>	0	
<b>N E T A S S E T S  F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....		<b>67</b>	
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....	12,516	<b>72</b>	1,106
<b>73</b> 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) .....	12,516	<b>73</b>	1,106	
<b>74</b> Total liabilities and net assets / fund balances (add lines 66 and 73) .....	12,676	<b>74</b>	1,106	

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
MITCH D. BAKER 3164 BARNA AVENUE	GRAND KNIGHT	0		
JACK F. EHRIG 1418 LITTLER DRIVE	DEPUTY G.N.	0		
CHARLES WILLIAMS 1325 DOZIER AVENUE	TREASURER	0		
HARLEY E. LIPPHART 4450 LONDON TOWN ROAD	FINANCIAL SEC.	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.

<b>Part VI Other Information</b> (See Specific Instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b>	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.	<b>77</b>	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	<b>79</b>	X
<b>80a</b>	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? . . . . .	<b>80a</b>	X
<b>b</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 type="checkbox"/> nonexempt.		
<b>81a</b>	Enter direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b> <u>N/A</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	X
<b>82a</b>	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? . . . . .	<b>82a</b>	X
<b>b</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.) . . . . . <b>82b</b> <u>N/A</u>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	X
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	X
<b>b</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 <b>not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	X
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85c</b> <u>N/A</u>		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b> <u>N/A</u>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b> <u>N/A</u>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b> <u>N/A</u>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	X
<b>h</b>	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? . . .	<b>85h</b>	X
<b>86</b>	<b>501(c)(7) orgs.</b> Enter. <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b> <u>N/A</u>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b> <u>N/A</u>		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter. <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b> <u>N/A</u>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b> <u>N/A</u>		
<b>88</b>	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 . . . . .	<b>88</b>	X
<b>89a</b>	<b>501(c)(3) organizations.</b> 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>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .	<b>89b</b>	X
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>N/A</u>		
<b>d</b>	Enter. Amount of tax on line 89c, above, reimbursed by the organization. . . . . ▶ <u>N/A</u>		
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>N/A</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) . . . . . <b>90b</b> <u>N/A</u>		
<b>91</b>	The books are in care of ▶ <u>CHARLES WILLIAMS</u> Telephone no. ▶ <u>(321) 268-2764</u> Located at ▶ <u>3450 KILMARNOCH LANE, TITUSVILLE</u> ZIP + 4 ▶ <u>32780</u>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> -- Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b> <u>N/A</u>		

**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) Excl. code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> MISCELLANEOUS					20,271
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from govt. agencies					
<b>94</b> Membership dues & assessments					6,600
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	71,427	
<b>102</b> Gross profit/(loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		71,427	26,871
<b>105</b> Total (add line 104, columns (B), (D), and (E))					98,298

**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 8870 and Form 4720 (see instructions).

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including attachments, and it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Signature of officer: *Peter Sylvester*

Type or print name and title: Peter Sylvester FI

**Paid Preparer's Use Only**

Preparer's signature: *Emm R...* CPA

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

## SCHEDULE OF SPECIAL EVENTS AND ACTIVITIES

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

<b>Open to Public Inspection</b>	<b>For calendar year 2004 or tax period beginning</b> 07-01-2004, <b>and ending</b> 06-30-2005.		
<b>Name of Organization</b>	KNIGHTS OF COLUMBUS #5667	<b>Employer Identification Number</b> 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	58,500	22,740	5,179		86,419
Less. Contributions	_____	_____	_____	_____	_____
Gross Revenue	58,500	22,740	5,179		86,419
Less. Direct Expenses	_____	14,992	_____	_____	14,992
Net Income or (loss)	58,500	7,748	5,179		71,427

## SCHEDULE OF PAYMENTS TO AFFILIATES

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

<b>Open to Public Inspection</b>	<b>For calendar year 2004 or tax period beginning</b> 07-01-2004, <b>and ending</b> 06-30-2005.
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<b>Name of Organization</b> KNIGHTS OF COLUMBUS #5667	<b>Employer Identification Number</b> 23-7107527
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Name, Address, and Purpose of Payment for Affiliate	Amount of Payment
DUES PAID TO SUPREME AND STATE COUNCIL	1,106

<b>Page Total</b>	1,106
<b>Total</b>	1,106



**SCHEDULE OF GRANTS AND ALLOCATIONS**

Attachment 3: page 1 - 990 Page 2, Part II, Line 22

Open to Public

Inspection

For Calendar year 2004, or tax year period beginning 07-01-2004

and ending 06-30-2005

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			8,172	
2	HANDICAPED/ RETARDED			4,229	
3	SEMINARIAN SUPPORT			1,200	
4	CHURCH BULLETIN SUPP			250	
5	CAMPUS MINISTRIES			1,200	
6	B.E.T.A. IF TITUSVIL			1,200	
7	PRO-LIFE RUN			250	
8	ST TERESA'S SCH ASSI			1,910	
9	DRUG FREE GRADUATION			200	
10	SHOES FOR THE NEEDY			100	
11	FREE THROW CONTEST			174	
12	HOSPICE			35	
13	CHRISTIAN AID MINIST			200	

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						
11						
12						
13						

Total Amount Given

19,120

## SCHEDULE OF BENEFITS PAID TO AND FOR MEMBERS

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

<b>Open to Public</b>			
<b>Inspection</b>	For calendar year 2004 or tax period beginning	07-01-2004, and ending	06-30-2005.
<b>Name of Organization</b>	KNIGHTS OF COLUMBUS #5667		<b>Employer Identification Number</b> 23-7107527

Benefit Paid	Amount
GRAND KNIGHT FUND	450
	618
	542
	200
	1,457
	600
	350
	1,600
	2,495
	1,300
	193
<b>Page Total</b>	<b>9,805</b>
<b>Total</b>	<b>9,805</b>

**SCHEDULE OF OTHER EXPENSES**

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

<b>Open to Public Inspection</b>	For calendar year 2004 or tax period beginning 07-01-2004, and ending 06-30-2005.		
<b>Name of Organization</b> KNIGHTS OF COLUMBUS #5667			<b>Employer Identification Number</b> 23-7107527

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
FINANCIAL SEC FEES	463	463		
CAPITAL IMP/INS	5,951	5,951		
<b>Page Total</b>	<b>6,414</b>	<b>6,414</b>		
<b>Total</b>	<b>6,414</b>	<b>6,414</b>		

**SCHEDULE OF OTHER LIABILITIES**

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

<b>Open to Public Inspection</b>	<b>For calendar year 2004 or tax period beginning</b> 07-01-2004, <b>and ending</b> 06-30-2005.
<b>Name of Organization</b> KNIGHTS OF COLUMBUS #5667	<b>Employer Identification Number</b> 23-7107527

Description of Property	End of Year
ADVANCED DUES PAID	

Page Totals  
Totals