

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)

2005

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 2005 calendar year, or tax year beginning JULY 01, 2005, and ending JUNE 30, 2006

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: Cash.

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

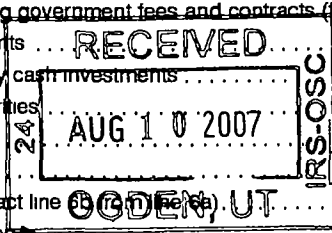
J Organization type (check only one): 501(c)(8). K Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 138668. I Group Exemption Number: 18.

M Check 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 the 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 other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 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.



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24

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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule)#3 (cash \$ <u>26161</u> noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22	26161	26161		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)#4	24	14818	14818		
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	50		50	
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	1267	1267		
34	Telephone	34				
35	Postage and shipping	35	1247	1247		
36	Occupancy	36	33000	16500	16500	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	946	946		
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize).					
a	See attachment #5	43a	32513	21513	11000	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	110002	82452	0	27550

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) 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 the instructions.)

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.

What is the organization's primary exempt purpose? ▶	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a See attachment #6	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	82452
b	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	82452

Part IV Balance Sheets (See the 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
A S S E T S	45 Cash -- non-interest-bearing	1106	45	2764
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	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)		51a	
	b Less: allowance for doubtful accounts		51b	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		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c
	56 Investments -- other (attach schedule)		56	
57a Land, buildings, and equipment, basis		57a		
b Less: accumulated depreciation (attach schedule)		57b	57c	
58 Other assets (describe ► _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	1106	59	2764	
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 #7</u>)		65	
66 Total liabilities. Add lines 60 through 65	0	66	0	
N E T A S S E T S O R 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	1106	72	2764
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)	1106	73	2764	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1106	74	2764	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12). Add lines c and d		e	

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

a Total expenses and losses per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 compensation plans	(E) Expense account and other allowances
See attachment #8				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	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.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	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 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

Part VI Other Information (continued)		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		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.		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 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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, 2005 (See instructions.)	90b	N/A
91a	The books are in care of ▶ See attachment #9 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)? 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.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	X
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 the 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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue.					
a See attachment #10					20898
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					6430
95 Interest on savings and temporary cash investments					
96 Dividends and 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	85405	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		85405	27328
105 Total (add line 104, columns (B), (D), and (E))					112733

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 the 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).
▼	See attachment #11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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, if any, and I believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *Peter Sylvester*
 Type or print name and title: Peter Sylvester, President

Preparer's signature: *Em Restina CPA*

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4: HUNT & RESTINA, CPAs
 310 CHENEY HWY
 TITUSVILLE FL 32781

SCHEDULE OF PAYMENTS TO AFFILIATES

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

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.		
Name of Organization	KNIGHTS OF COLUMBUS #5667	Employer Identification Number	23-7107527

Name, Address, and Purpose of Payment for Affiliate	Amount of Payment
DUES PAID TO SUPREME AND STATE COUNCILS	1073
Total	1073

SCHEDULE CASH GRANTS AND ALLOCATIONS

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

Open to Public Inspection	For Calendar year 2005, or tax year period beginning 07-01-2005	and ending
Name of Organization KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527	

Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
CHARITY BALL		10371	
HANDICAPPED CITIZEN'S DRIVE		7829	
SEMINARIAN SUPPORT		500	
STATE VOCATIONS		1410	
CAMPUS MINISTRIES		1100	
B.E.T.A.		1100	
PRO-LIFE RUN		250	
HOSPICE		1100	
ST. TERESA'S SCHOOL ASSISTANCE		2501	
Total		26161	

SCHEDULE OF BENEFITS PAID TO OR FOR MEMBERS

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

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.	
Name of Organization	KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527

Benefit Paid	Amount
SPECIAL CHARITY DONATIONS	4902
EASTER EGG HUNT	400
THIRD DEGREE EXEMPLIFICATION	339
MOTHER'S DAY BREAKFAST	655
FAMILY PICNIC	1061
COUNCIL PHOTOGRAPHY	20
FRATERNAL REMBERANCE	953
CLERGY NIGHT GIFTS	700
NEW YEARS EVE PARTY	2398
ENTERTAINMENT COUNCIL AFFAIRS	461
AWARDS NIGHT	1285
CLERGY NIGHT DINNER EXPENSES	800
MEETING ATTEND/BINGO AWARDS	300
GRAND KNIGHT FUND	544
Total	14818

SCHEDULE OF OTHER EXPENSES

Attachment 5: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.		
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
BUILDING IMPROVEMENTS	22000	11000		11000
ADVERTISING & PROMOTION	1260	1260		
STATE CONVENTION EXP	1383	1383		
FINANCIAL SEC FEE	790	790		
CONTINGENCY FUND - R&M	186	186		
CAPITAL IMP FUND - R&M	6494	6494		
HIGH SCHOOL BOOSTER PROG	400	400		
Total	32513	21513		11000

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending .	
Name of Organization	Employer Identification Number	
KNIGHTS OF COLUMBUS #5667	23-7107527	
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 82,452
	Exempt Purpose Achievements	
FRATERNAL, PATRIOTIC, CATHOLIC ORGANIZATION		

SCHEDULE OF OTHER LIABILITIES

Attachment 7: page 1 - 990 Page 4, Part IV, Line 65

Not Open to Pub Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.	
Name of Organization	KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527

Description of Liability	Beginning of Year	End of Year
ADVANCED DUES PAID		
Totals		

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 - 990 Page 5, Part V-A

Open to Public Inspection For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.

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

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
MITCH D. BAKER 3164 BARNA AVENUE	GRAND KNIGHT	0	0	0
JACK F. EHRIG 1418 LITTLER DRIVE	DEPUTY G.N.	0	0	0
CHARLES WILLIAMS 1325 DOZIER AVENUE	TREASURER	0	0	0
HARLEY E. LIPPHART 4450 LONDON TOWN ROAD	FINANCIAL SEC.	0	0	0

BOOKS ARE IN CARE OF

Attachment 9 - 990 Page 7, Part VI, Line 91a

For calendar year 2005 or tax period beginning 07-01, and ending 06-30-2006.

Name of Organization KNIGHTS OF COLUMBUS #5667 Part VI - Line 91a	Employer Identification Number 23-7107527
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Individual Name CHARLES WILLIAMS
or
Business Name.

Street Address 3450 KILMARNOCH LANE, TITUSVILLE

U.S. Address:

Zip code 32780 City _____ State ____
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (321) 268-2764

PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES

Attachment 10: page 1 - 990 Page 8, Part VII, Line 93

Open to Pu Inspection	For calendar year 2005 or tax period beginning 07-01-2005 , and ending 06-30-2006.
Name of Organization KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
a	MISCELLANEOUS					20898
		Totals				20898

**SCHEDULE OF RELATIONSHIP OF ACTIVITIES
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

Attachment 11: page 1 990 Page 8, Part VIII

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.
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Name of Organization KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527
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Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
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93 A	CATHOLIC, CHARITABLE, FRATERNAL ORGANIZATION
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