

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

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.

A For the 2007 calendar year, or tax year beginning JULY 01, 2007, and ending JUNE 30, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, 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. J Organization type: 501(c)(8). K Check here if the organization is not a 509(a)(3) supporting organization. H & I are not applicable to sec. 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. I Group Exemption Number: 0018. M Check 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. 101,679

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; 3-5 Interest on savings and temporary cash investments; 6 Dividends and interest from securities; 7 Other investment income; 8a-8c Gross amount from sales of assets other than inventory; 9 Special events and activities; 10a-10c Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13-17 Program services, management and general, fundraising, and payments to affiliates; 18 Excess or (deficit) for the year; 19-21 Net assets or fund balances.

SCANNED DEC 23 2008

MCMZM<M

EMMSZMS

TEMSZMS

138

**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	
22a	Grants paid from donor advised funds (attach sch.) (cash \$ <u>15,112</u> noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	#3				
22a		15,112	15,112			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule) . . . . .	23				
24	Benefits paid to or for members (attach schedule) #4	24	8,490	8,490		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A. . . . .	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B. . . . .	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c . . . . .	26				
27	Pension plan contributions not included on lines 25a, b, and c . . . . .	27				
28	Employee benefits not included on lines 25a - 27. . . . .	28				
29	Payroll taxes . . . . .	29				
30	Professional fundraising fees . . . . .	30	50		50	
31	Accounting fees . . . . .	31	1,350	1,350		
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33	957	957		
34	Telephone . . . . .	34				
35	Postage and shipping . . . . .	35	1,003	1,003		
36	Occupancy . . . . .	36	36,000	18,000	18,000	
37	Equipment rental and maintenance . . . . .	37				
38	Printing and publications . . . . .	38	1,950	1,950		
39	Travel . . . . .	39	720	720		
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	8,361	1,410		
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	73,993	48,992	0	18,050

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? ► See attachment #6

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) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

**a** See attachment #7

---

---

---

---

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here . . . . . ►

48,992

**b**

---

---

---

---

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here . . . . . ►

**c**

---

---

---

---

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here . . . . . ►

**d**

---

---

---

---

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here . . . . . ►

**e** Other program services (attach schedule)  
(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here . . . . . ►

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . ►

48,992

**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
<b>A S S E T S</b>	45 Cash -- non-interest-bearing .....	195	45	3,464
	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	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b	
	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	
	54a Investments -- publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments -- other securities (attach schedule) ..	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	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, including program-related investments (describe ► _____ )		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	195	59	3,464	
<b>L I A B I L I T I E S</b>	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 ► _____ )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	0	66	0	
<b>N E T A S S E T B A L A N C E S</b>	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 .....	195	72	3,464
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	195	73	3,464	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	195	74	3,464	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**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				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .		
<b>b</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) . . . . .	<b>75b</b>	X
<b>c</b>	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 the organization? See the instructions for the definition of "related organization." . . . . . If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	X
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

<b>Part VI Other Information</b> (See the instructions.)		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	<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>See attachment #9</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<b>81a</b>	N/A
<b>81a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .	<b>81a</b>	N/A
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	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
85a	501(c)(4), (5), or (6). 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		N/A
d	Section 162(e) lobbying and political expenditures		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		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?		X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		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.)		N/A
88a	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		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		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
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
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, 2007 (See instructions.)	90b	N/A
91a	The books are in care of See attachment #10 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		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶

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

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue					
a See attachment #11					17,537
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					6,141
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	53,935	
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		53,935	23,678
105 Total (add line 104, columns (B), (D), and (E))					77,613

**Note:** Line 105 plus line 1e, 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).
▼	

**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, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI. Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A

**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, this return 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: *[Handwritten Signature]* Date: *Nov 17 - 2008*

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *[Handwritten Signature] CPA*

Firm's name (or yours if self-employed), address, and ZIP + 4: **HUNT & RESTINA, 310 CHENEY HWY Titusville FL 32**



# SCHEDULE OF PAYMENTS TO AFFILIATES

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

Open to Public Inspection For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.

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 COUNCIL	351
Total	351

**CASH GRANTS FROM DONOR ADVISED FUNDS**

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

Open to Public Inspection For Calendar year 2007, or tax year period beginning 07-01-2007 and ending 06-30-2008.

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
CHURCH BULLETINS		425	
SEMINARIAN SUPPORT		1,200	
CAMPUS MINISTRIES		1,100	
HOLY SPIRIT ENDOWMENT		1,800	
B.E.T.A.		1,000	
SHOES FOR THE NEEDY		100	
RUN FOR LIFE		250	
SPECIAL CHARITY DONATIONS		300	
HOSPICE		400	
CHRISTIAN MINISTRIES		400	
HANDICAPPED CITIZEN'S DRIVE		4,094	
BOY SCOUTS			
<b>Total</b>		<b>11,069</b>	

**CASH GRANTS FROM DONOR ADVISED FUNDS**

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

Open to Public Inspection For Calendar year 2007, or tax year period beginning 07-01-2007 and ending 06-30-2008.

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
ST. TERESA'S SCHOOL ASSISTANCE		248	
STATE GOLF TOURNEMENT		3,645	
		150	
		Total 4,043	

## 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 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.		
Name of Organization KNIGHTS OF COLUMBUS #5667		Employer Identification Number 23-7107527	

Benefit Paid	Amount
EASTER EGG HUNT	400
THIRD DEGREE EXEMPLIFICATION	160
MOTHER'S DAY BREAKFAST	577
FRATERNAL REMEMBERANCE	1,082
CLERGY NIGHT GIFTS	650
NEW YEARS EVE PARTY	2,674
ENTERTAINMENT COUNCIL AFFAIRS	2,468
DISTRICT PICNIC	244
AWARDS NIGHT	166
CLERGY NIGHT DINNER EXPENSE	69
<b>Total</b>	<b>8,490</b>

## SCHEDULE OF OTHER EXPENSES

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

Open to Public Inspection	For calendar year 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.
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
SUPREME CATHOLIC ADVERTISING	142	142		
STATE CONVENTION DELEGATE EXPENSE	500	500		
FINANCIAL SECRETARY FEE	619	619		
CONTINGENCY FUND - R&M	149	149		
CAPITAL IMPROVEMENT FUND -	6,951			
<b>Total</b>	<b>8,361</b>	<b>1,410</b>		

**PRIMARY EXEMPT PURPOSE**

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

Open to Public Inspection	For calendar year 2007 or tax period beginning	07-01	, and ending	06-30-2008.
Name of Organization KNIGHTS OF COLUMBUS #5667				Employer Identification Number 23-7107527

Primary Purpose

FRATERNAL, PATRIOTIC, CATHOLIC ORGANIZATION



# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	07-01-2007, and ending	06-30-2008.
Name of Organization KNIGHTS OF COLUMBUS #5667			Employer Identification Number 23-7107527
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	48,992
Exempt Purpose Achievements			
FRATERNAL, PATRIOTIC, CATHOLIC ORGANIZATION			

## CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.
---------------------------	--

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
ROBERT R. KETCHAM 1959 SQUIRES COURT Titusville, FL 32796-1045	GRAND KNIGHT	0	0	0
DAN CHYCOTA 3439 ROYAL OAK Titusville, FL 32780	DEPUTY G.N.	0	0	0
BOB J. BROWN 281 PLANTATION DRIVE Titusville, FL 32780	CHANCELLOR	0	0	0
MIKE H. OLKA 3318 VIRGINIA DRIVE Titusville, FL 32796-1227	RECORDER	0	0	0
CHARLES H. WILLIAMS 1325 DOZIER AVENUE Titusville, FL 32780-3936	TREASURER	0	0	0

## RELATED ORGANIZATION

Attachment 9: page 1 - 990 Page 6, Part VI, Line 80

Open to Pu

Inspection For calendar year 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.

Name of Organization

KNIGHTS OF COLUMBUS #5667

Employer Identification Number

23-7107527

Business Name of Organization

OLS HOME ASSOCIATION

Exempt

**BOOKS ARE IN CARE OF**

Attachment 10 - 990 Page 7, Part VI, Line 91a

For calendar year 2007 or tax period beginning 07-01, and ending 06-30-2008.

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

Part VI - Line 91a

Individual Name ..... CHARLES WILLIAMS

or  
Business Name.

Street Address ..... 1325 DOZIER AVENUE

U S Address

Zip code 32780 City TITUSVILLE State FL

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (321) 268-2764

Fax Number .....

**PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES**

Attachment 11: page 1 - 990 Page 8, Part VII, Line 93

Open to Public Inspection	For calendar year 2007, or tax period beginning 07-01-2007 , and ending 06-30-2008.
---------------------------	---

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					17,537
<b>Totals</b>						17,537