

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Open to Public Inspection

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

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

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 Group Exemption Number: 0018.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: [X] Cash [ ] Accrual Other (specify) .

I Website: N/A. H Check [X] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) -- [X] 501(c)(8) (insert no.) 4947(a)(1) or 527. K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . \$ 113,660

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

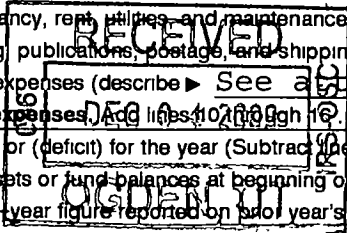
Table with columns for Revenue (1-9), Expenses (10-17), and Assets (18-21). Includes sub-rows for 5a-5c, 6a-6c, 7a-7c. Total revenue: 41,942. Total expenses: 41,406. Net assets at end of year: 4,000.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with columns (A) Beginning of year and (B) End of year. Rows 22-27: Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form 990-EZ (2008)

SCANNED DEC 28 2009



Handwritten signature or initials.



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?		X
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
<b>b</b>	Did the organization file Form 1120-POL for this year?	37b	X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9	39a	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	39b	
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
<b>b</b>	Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I	40b	X
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
<b>41</b>	List the states with which a copy of this return is filed	NONE	
<b>42a</b>	The books are in care of	See attachment #5	
	Located at	Telephone no. ZIP + 4	
<b>b</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)?	42b	X
	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.		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
<b>45</b>	Is any related organization a controlled entry of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |                                                                                                                                                                                                      | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ..... |     | X  |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....                                                                                           |     | X  |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....                                                                       |     | X  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....                                                                                           |     | X  |
| <b>49b</b> If "Yes," was the related organization(s) a section 527 organization? .....                                                                                                               |     | X  |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				


**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

Total number of other independent contractors each receiving over \$100,000 ▶

**Sign Here**

Under penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, and information of which preparer has any knowledge.

▶   
Signature of officer

▶ Paul T. Abate SR. G  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ 

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HUNT & RESTINA, CP  
310 CHENEY HWY

May the IRS discuss this return with the preparer shown above? See instructions



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	CHRISTMAS (event type)	CHARITY BA (event type)	(total number)	(Add col. (a) through col. (c))
<b>1</b> Gross receipts .....	39,640	13,723		53,363
<b>2</b> Less. Charitable contributions .....				
<b>3</b> Gross revenue (line 1 minus line 2) .....	39,640	13,723		53,363
DIRECT EXPENSES	<b>4</b> Cash prizes .....			
	<b>5</b> Non-cash prizes .....			
	<b>6</b> Rent/facility costs .....		6,000	6,000
	<b>7</b> Other direct expenses .....	35,769	10,908	46,677
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) .....			
<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) .....				686

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col (c))
	<b>1</b> Gross revenue .....	42,000		
DIRECT EXPENSES	<b>2</b> Cash prizes .....			
	<b>3</b> Non-cash prizes .....			
	<b>4</b> Rent/facility costs .....	18,000		18,000
	<b>5</b> Other direct expenses .....	1,041		1,041
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( 19,041 )
<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) .....				22,959

**9** Enter the state(s) in which the organization operates gaming activities. FL

**a** Is the organization licensed to operate gaming activities in each of these states? .....

**b** If "No," Explain:

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

**b** If "Yes," Explain.

**11** Does the organization operate gaming activities with nonmembers? .....

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
<b>9a</b>	X	
<b>10a</b>		X
<b>11</b>		X
<b>12</b>		X

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in.		
<b>a</b>	The organization's facility .....	<b>13a</b>	%
<b>b</b>	An outside facility .....	<b>13b</b>	%
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶ _____		
	Address ▶ _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....	<b>15a</b>	X
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address.		
	Name ▶ _____		
	Address ▶ _____		
<b>16</b>	Gaming manager information.		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions.		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	<b>17a</b>	X
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization		Employer Identification Number	
KNIGHTS OF COLUMBUS #5667		23-7107527	

Description of Other Expenses	Amount
TAXES AND LICENSES	100
COUNCIL SUPPLIES	946
DONATIONS	4,250
YOUTH ACTIVITIES SUPPORT	1,625
COUNCIL ACTIVITIES	2,388
BRIDGES HOME EXPENSE	5,141
GRAND KNIGHT FUND	148
STATE CONVENTION	500
STATE PER CAPITA	1,909
SUPREME PER CAPITA	633
ADVERTISING	416
<b>Total</b>	<b>18,056</b>



**PRIMARY EXEMPT PURPOSE**

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01	, and ending	06-30-2009.
Name of Organization				Employer Identification Number
KNIGHTS OF COLUMBUS #5667				23-7107527

Primary Purpose

FATERNAL, PATRIOTIC, CATHOLIC ORGANIZATION

## PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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<b>Name of Organization</b> KNIGHTS OF COLUMBUS #5667	<b>Employer Identification Number</b> 23-7107527
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Part III - Statement of Program Service Accomplishments

<b>Grants and allocations</b>	<b>Amount includes foreign grants</b>	<b>Program service expenses</b>	71,719
<b>Exempt Purpose Achievements</b>			

CHRISTMAS TREE SALES, DINNER DANCES, AND REGULAR BINGO NIGHTS WERE HELD AND ALL PROFITS OVER EXPENSES WERE USED TO CARRYOUT THE CHAIRITABLE PURPOSES OF THE ORGANIZATION. DONATIONS OF \$750 WERE USED TO PURCHASE WHEEL CHAIRS WHICH WERE DISTRIBUTED. DONATIONS OF \$5141 WERE DONATED TO THE BRIDGES HOME FOR MOTHERS IN NEED. \$1543 WAS DONATED TO SUPPORT SEMINARIAN. FINANCIAL SUPPORT WAS GIVEN TO SEVERAL YOUTH ORGANIZATIONS AND ACTIVITIES. DECEASED MEMBERS WERE PUBLICLY HONORED AND REMEMBERED.

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

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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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

**BOOKS ARE IN CARE OF**

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01	, and ending	06-30-2009.
Name of Organization KNIGHTS OF COLUMBUS #5667			Employer Identification Number 23-7107527	
Part V - Line 42a				

Individual Name ..... CHARLES WILLIAMS  
or  
Business Name.

Street Address ..... 1325 DOZIER AVENUE

U.S. Address.

Zip code 32780 City TITUSVILLE State FL  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

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

Fax Number .....