

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

2010

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JULY 01, 2010, and ending JUNE 30, 2011

B Check if applicable: Address change, Name change, Initial return, Terminated, 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.

G Accounting Method: [X] Cash. H Check [X] if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

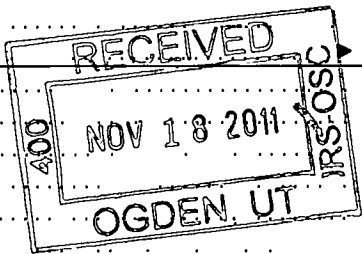
I Website: N/A. J Tax-exempt status (check only one): 501(c)(3) [X] 501(c)(8) (insert no.) 4947(a)(1) or 527.

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 122,235

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [ ]

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (9,996); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (5,872); 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming (61,000); 6b Gross income from fundraising events (45,367); 6c Less direct expenses from gaming and fundraising events (47,005); 6d Net income or (loss) from gaming and fundraising events (59,362); 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue (describe in Schedule O); 9 Total revenue (75,230); 10 Grants and similar amounts paid (list in Schedule O); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors (600); 14 Occupancy, rent, utilities, and maintenance (24,000); 15 Printing, publications, postage, and shipping (1,988); 16 Other expenses (describe in Schedule O) (30,357); 17 Total expenses (64,684); 18 Excess or (deficit) for the year (10,546); 19 Net assets or fund balances at beginning of year (1,848); 20 Other changes in net assets or fund balances (explain in Schedule O); 21 Net assets or fund balances at end of year (12,394).



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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title

28 See attachment #2

(Grants \$ ) If this amount includes foreign grants, check here

Table row for 28a with amount 47,005

(Grants \$ ) If this amount includes foreign grants, check here

Table row for 29a

(Grants \$ ) If this amount includes foreign grants, check here

Table row for 30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here

Table row for 31a

Table row for 32 Total program service expenses (add lines 28a through 31a) with amount 47,005

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (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, (e) Expense account and other allowances. Row 1 contains 'See attachment #3'.

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	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 outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	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		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ See attachment #4 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.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	<b>45a</b>	X
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's 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

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's 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

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Peter Sylvester Finio*  
 Type or print name and title: Peter Sylvester Finio

**Paid Preparer Use Only**  
 Print/Type preparer's name: ERNEST RESTINA CPA  
 Preparer's signature: *Ernest Restina*  
 Firm's name: HUNT & RESTINA CPAS  
 Firm's address: 1309 GARDEN STREET, TITUSVILLE FL 32796

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

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if  
the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization  
**KNIGHTS OF COLUMBUS #5667**

Employer identification number  
**23-7107527**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHRISTMAS TR (event type)	CHARITY BALL (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts . . . . .	20,448	24,919		45,367
2	Less Charitable contributions . . . . .				
3	Gross income (line 1 minus line 2) . . . . .	20,448	24,919		45,367
DIRECT EXPENSES	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .		6,000	6,000
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	13,003	5,829	
10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 24,832 )
11	Net income summary. Combine line 3, column (d), and line 10 . . . . .				20,535

**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))
		1	Gross revenue . . . . .	61,000	
DIRECT EXPENSES	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .	21,000		21,000
	5	Other direct expenses . . . . .	1,173		1,173
	6	Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 22,173 )
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				38,827

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? . . .  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . .  Yes  No

b If "Yes," explain \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 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

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**990 PRIMARY EXEMPT PURPOSE**

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011.	
Name of Organization	KNIGHTS OF COLUMBUS #5667			Employer Identification Number	23-7107527

Primary Purpose

FRATERNAL, PATRIOTIC, CATHOLIC ORGANIZATION



## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011
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	47,005
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Exempt Purpose Achievements

CHRISTMAS TREE SALES, DINNER DANCES AND REGULAR BINGO NIGHTS WERE HELD DURING THE FISCAL YEAR AND ALL PROFITS OVER EXPENSES WERE USED TO CARRYOUT THE CHARITABLE PURPOSES OF THE ORGANIZATIN. FINANCIAL SUPPORT WAS GIVEN TO SEVERAL YOUTH ORGANIZATIONS FOR ACTIVITIES AND ACEDEMIC SCHOLARSHIPS. DECEASED MEMBERS WERE PUBICLY HONORED AND REMEMBERED.

**990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011
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Name of Organization KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527
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(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
JOSEPH R. ROTHENBURG 2820 DIAMOND ROAD Titusville, FL 32796	GRAND KNIGHT	0	0	0
TERRY TESDALL 5801 HUMMINGBIRD CT 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

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011
Name of Organization				Employer Identification Number
KNIGHTS OF COLUMBUS #5667				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 . . . . .

2010 DETAIL STATEMENTS

KNIGHTS OF COLUMBUS #5667  
23-7107527

STATEMENT #1 - Grants and similar amt paid (990-EZ PG 1 Line 10)

SEMINARIAN SUPPORT.....	1,200
B.E.T.A.....	1,000
SHOES FOR THE NEEDY.....	200
SPECIAL CHARITY DONATIONS.....	539
HOSPICE.....	1,000
CHRISTIAN AID MINISTRY.....	1,000
ST. TERESA SCHOOL SUPPORT.....	2,800

TOTAL CARRIED TO 990-EZ PG 1 Line 10..... 7,739

STATEMENT #2 - Professional Fees (990-EZ PG 1 Line 13)

ACCOUNTING FEES.....	600
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TOTAL CARRIED TO 990-EZ PG 1 Line 13..... 600

STATEMENT #3 - Other expenses (EOEZ Pg 1 Line 16)

CHURCH BULLITENS.....	2,607
CHRISTMAS PARADE EXPENSE.....	250
THIRD DEGREE EXEMPLIFICATION.....	66
FRATERNAL REMEMBERANCE.....	1,026
CLERGY NIGHT GIFTS.....	750
DISTRICT PICNIC.....	600
AWARDS NIGHT.....	1,000
CLERGY NIGHT DINNER EXPENSE.....	1,852
BOOSTER PROGRAM.....	58
COUNCIL SUPPLIES.....	2,972
GRAND KNIGHT FUND.....	800
BUILDING IMPROVEMENTS.....	4,800
STATE PER CAPITA.....	1,891
SUPREME PER CAPITA.....	676
ADVERTISING.....	475
CAPITAL IMPROVEMENTS.....	3,602
CONTINGENCY FUND.....	6,932

TOTAL CARRIED TO EOEZ Pg 1 Line 16..... 30,357

STATEMENT #4 - Other direct expenses bingo (SCH G, PG 2 Line 5)

BINGO AWARDS.....	300
LICENSE.....	50
BINGO KITCHEN.....	823

TOTAL CARRIED TO SCH G, PG 2 Line 5..... 1,173

2010 DETAIL STATEMENTS

KNIGHTS OF COLUMBUS #5667  
23-7107527

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STATEMENT #5 - Other Direct expenses (Sch G, Part II Line A-7a)

TREES..... 13,003

TOTAL CARRIED TO Sch G, Part II Line A-7a..... 13,003

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STATEMENT #6 - Other Direct expenses (Sch G, Part II Line B-7a)

ENTERTAINMENT EXPENSES..... 60

CHARITY BALL EXPENSES..... 5,769

TOTAL CARRIED TO Sch G, Part II Line B-7a..... 5,829

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