

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

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year The organization may have to use a copy of this return to satisfy state reporting requirements

A For 2005 calendar year, or tax year beg. 2005, & end 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: KNIGHTS COLUMBUS, 7408. D Employer identification number: 59-1967458. E Telephone number: (321) 727-1722. F Group Exemption Number: 188.

G Accounting method: [X] Cash [] Accrual Other (specify) H Check [] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

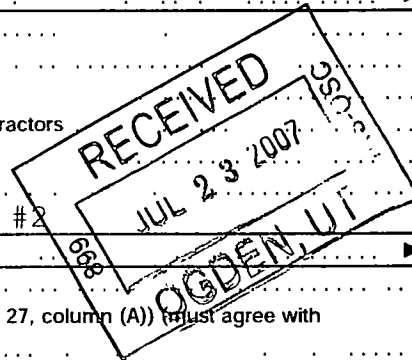
I Website: N/A J Organization type (check only one) [X] 501(c)(8) () (insert no) 4947(a)(1) or 527

K Check [] if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 56911

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

Table with 21 rows for Revenue, Expenses, and Assets. Revenue total: 40841. Expenses total: 37193. Net assets at end of year: 15026.



Part II Balance Sheets -- If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 11378 at beginning, 15026 at end.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2005)

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Part III Statement of Program Service Accomplishments (See instructions)		Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? 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, or other relevant information for each program title.			
28	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See instructions)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
SEE ATTACHMENT #3				

Part V Other Information (Note the attachment requirement in General Instruction V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		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?	37b		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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b		N/A
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	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," attach an explanation	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			

Part V Other Information (Note the attachment requirement in General Instruction V.) (Continued)

- 41 List the states with which a copy of this return is filed ▶ _____
- 42a The 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
- 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: ▶ _____
- 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: \$ _____

	YES	NO
42b		X
42c		X

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer after reasonable inquiry.

Please Sign Here

▶ Thomas Garmia
Signature of officer

▶ Grand Knight Thomas
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ MARIANN HANLEY

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MIMI HANLEY CPA
700 NORTH WICKHAM
MELBOURNE FL 329

SCHEDULE OF SPECIAL EVENTS AND ACTIVITIES

ATTACHMENT 1: PAGE 1 - 990-EZ, PAGE 1, PART I, LINE 6

OPEN TO PUBLIC

INSPECTION

For Calendar year 2005, or tax year period beginning

and ending

Name of Organization

KNIGHTS COLUMBUS, 7408

Employer Identification Number

59-1967458

Event Name or Description	Nbr. of Occasions	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
BINGO	0	46076	8166	37910	16070	21840
Total		46076	8166	37910	16070	21840

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC

INSPECTION

For calendar year 2005 or tax period beginning , and ending

Name of Organization

KNIGHTS COLUMBUS, 7408

Employer Identification Number

59-1967458

Description of Other Expenses	Amount
ADVERTISING	5688
BANK CHARGES	21
COUNCIL FEES	611
LICENSES	225
ENTERTAINMENT	250
MISCELLANEOUS EXPENSE	131
Total	6926

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2005 or tax period beginning _____, and ending _____

Name of Organization: **KNIGHTS COLUMBUS, 7408** Employer Identification Number: **59-1967458**

(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
ED DUFFY 462 JUPITER BLVD NW PALM BAY, FL 32907	GRAND KNIGHT 10.00	0	0	0
SAMUEL OLIVER 2005 MARLBERRY CT NE PALM BAY, FL 32905	TRESURER 10.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

For calendar year 2005 or tax period beginning , and ending

Name of Organization
KNIGHTS COLUMBUS, 7408

Employer Identification Number
59-1967458

Part V - Line 42a

Individual Name BILL LANSING

or
Business Name:

Street Address 1328 BRANDWINE AV SE

U.S. Address.

Zip code 32909 City PALM BAY State FL

Foreign Address

City

Province or State

Country

Postal code

Phone Number