

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2006

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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 2006 calendar year, or tax year beg , 2006, & end. , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KNIGHTS COLUMBUS, 7408	D Employer identification number 59-1967458
		No & street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 060778	E Telephone number (321) 727-1722
		City or town, state or country, and ZIP + 4 PALM BAY FL 32906-0778	F Group Exemption Number... ▶ 0188

• 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. Cash Accrual Other (specify) ▶

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

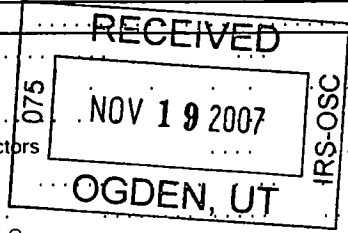
J Organization type (check only one) -- 501(c)(8) (insert no) | 4947(a)(1) or | 527

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 \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 36,405

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	10,346
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4,961
	4	Investment income	4	118
	5a	Gross amount from sale of assets other than inventory	5a	
		b Less cost or other basis and sales expenses	5b	
		c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
		a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	20,980
	b Less direct expenses other than fundraising expenses	6b	10,587	
	c Net income or (loss) from special events and activities (line 6a less line 6b) ... #1	6c	10,393	
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
	8 Other revenue (describe ▶ _____)	8		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	25,818	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	15,883
	15	Printing, publications, postage, and shipping	15	2,724
	16	Other expenses (describe ▶ SEE ATTACHMENT #2)	16	5,612
	17 Total expenses (add lines 10 through 16)	17	24,219	
NET ASSETS	18	Excess or (deficit) for the year (line 9 less line 17)	18	1,599
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,026
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	16,625



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.

(See instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	15,026	16,625
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	15,026	16,625
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,026	16,625

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2006)

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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) <input type="checkbox"/>	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 statement 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 <input type="checkbox"/> 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

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

- 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 . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d 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?

	Yes	No
40b		X
40e		X

- 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 over a financial account in a foreign country (such as a bank account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for Foreign
- c At any time during the calendar year, did the organization maintain
 If "Yes," enter the name of the foreign country: ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or accrued

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Signature of officer: *Michael F. Finna*

Type or print name and title: MICHAEL F. FINNA

Paid Preparer's Use Only

Preparer's signature: *Marian D. Nally* 11/15/07 employed P00083500

Firm's name (or yours if self-employed), address, and ZIP + 4: MIMI HANLEY CPA
700 NORTH WICKHAM RD STE 208
MELBOURNE FL 32935

EIN: 59-3605372
 Phone no: 321-242-1906

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 2006, 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 REVENUE	26	8,589		8,589	7,320	1,269
SPECIAL DINNER	6	12,391		12,391	3,267	9,124
Total		20,980		20,980	10,587	10,393

SCHEDULE OF OTHER EXPENSES

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

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
KNIGHTS COLUMBUS, 7408	59-1967458	

Description of Other Expenses	Amount
ADVERTISING	1,214
BANK CHARGES	9
COUNCIL FEE	2,038
CONTRIBUTION	500
DUES & SUBSCRIPTION	369
LICENSE	375
OFFICE SUPPLIES	109
STATIONERY	170
TRAVEL	789
MISC	39
Total	5,612

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

OPEN TO PUBLIC INSPECTION For calendar year 2006 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
ROBERT S BURGESS 2115 ATZ RD MALABAR, FL 32950	GRAND KNIGHT	0	0	0
WESLEY A HENDERSON 434 SEDGEWOOD CIRCLE MELBOURNE, FL 32904	TRESURER	0	0	0

BOOKS ARE IN CARE OF

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

For calendar year 2006 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

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number