



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENSION GRANTED TO 8/15/11

Form **990-EZ**Department of the Treasury
Internal Revenue Service

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)

▶ 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. 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.

OMB No 1545-1150

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organizationKNIGHTS OF COLUMBUS
COUNCIL #664

Number and street (or P O box, if mail is not delivered to street address)

795 FOND DU LAC AVE

City or town, state or country, and ZIP + 4

FOND DU LAC, WI 54935-6408

D Employer identification number

39-0399846

E Telephone number

920-907-2157

F Group Exemption

Number ▶

G Accounting Method☒ Cash☐ Accrual

Other (specify) ▶

I Website: ▶

N/A

H Check ☒ if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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.

▶ \$ 80,455.

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

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,937.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	19,759.
	4	Investment income	4	87.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	2,643.
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 11, attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	55,544.
6c	Less: direct expenses from gaming and fundraising events	6c	46,765.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	11,422.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	485.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	33,690.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	20,875.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,400.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	197.
	16	Other expenses (describe in Schedule O)	16	15,169.
	17	Total expenses. Add lines 10 through 16	17	38,641.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,951.
	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	30,149.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,198.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

X

☒

28a

29a

30a

31a

7

**KNIGHTS OF COLUMBUS
COUNCIL #664**

Form 990-EZ (2010)

39-0399846 Page 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	33		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)	34		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?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
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	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
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 outstanding at the end of the tax year covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 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 Section 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 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	40b	N/A	
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 ▶ N/A			
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed ▶ NONE			
42a The organization's books are in care of ▶ GREG BRUNETTE Telephone no ▶ 920-907-2157 Located at ▶ W5049 TAKODAH DRIVE, FOND DU LAC, WI ZIP + 4 ▶ 54935			
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.	42b		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 ▶	42c		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 N/A			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		

Form 990-EZ (2010)

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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 may need to be completed instead of Form 990-EZ		X
46 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		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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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
N/A				

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

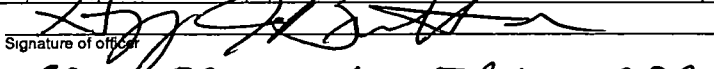
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(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) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. **►** ☐ Yes ☐ No

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** **Date** **8/11/11**
GREG BRUNETE, TREASURER
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ► SELF PREPARED			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions **►** ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

**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
COUNCIL #664**

Employer identification number
39-0399846

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

- 2 a** 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			
Total						

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.

[illegible]

KNIGHTS OF COLUMBUS

Schedule G (Form 990 or 990-EZ) 2010

COUNCIL #664

39-0399846 Page 2

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.

		(a) Event #1 CLUB HOUSE EVENTS (event type)	(b) Event #2 OUTSIDE CLUB HOUSE EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	29,173.	26,371.		55,544.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	29,173.	26,371.		55,544.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,971.	18,550.		45,521.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(45,521)
	11 Net income summary. Combine line 3, column (d), and line 10				10,023.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue		155.	2,488.	2,643.
Direct Expenses	2 Cash prizes			1,244.	1,244.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No _____ %	☒ Yes 100 % ☐ No _____ %	☒ Yes 100 % ☐ No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(1,244)
	8 Net gaming income summary. Combine line 1, column d, and line 7				1,399.

9 Enter the state(s) in which the organization operates gaming activities: WI

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:

KNIGHTS OF COLUMBUS

Schedule G (Form 990 or 990-EZ) 2010 **COUNCIL #664**

39-0399846 Page **3**

- 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).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS
COUNCIL #664

Employer identification number
39-0399846

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

87.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

NEWS LETTER AD REVENUE, MISCELLANEOUS

485.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: HEALTH CARE

GRANTEE NAME: ST AGNES HOSPITAL FOUNDATION

GRANTEE ADDRESS: 430 E DIVISION STREET FOND DU LAC, WI 54935

DATE OF GIFT: 12/14/10

AMOUNT GIVEN:

200.

ACTIVITY CLASSIFICATION: FOOD PANTRY

GRANTEE NAME: BROKEN BREAD

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 99/99/99

AMOUNT GIVEN:

1,158.

ACTIVITY CLASSIFICATION: RELIGIOUS EDUCATION

GRANTEE NAME: VARIOUS PARISH RELIGIOUS EDUCATION PROGRAMS

GRANTEE ADDRESS: VARIOUS LOCATIONS

DATE OF GIFT: 08/28/10

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS
COUNCIL #664

Employer identification number
39-0399846

AMOUNT GIVEN:

4,525.

ACTIVITY CLASSIFICATION: RELIGIOUS ORDERS

GRANTEE NAME: VARIOUS SEMINARIAN SUPPORT

DATE OF GIFT: 99/99/99

AMOUNT GIVEN:

1,600.

ACTIVITY CLASSIFICATION: POLICE & FIRE FIGHTER SUPPORT

GRANTEE NAME: VARIOUS POLICE & FIRE FIGHTER ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS LOCATIONS FOND DU LAC, WI 54935

DATE OF GIFT: 99/99/99

AMOUNT GIVEN:

2,500.

ACTIVITY CLASSIFICATION: RELAY FOR LIFE CANCER FUNDRAISER

GRANTEE NAME: AMERICAN CANCER SOCIETY

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 05/12/10

AMOUNT GIVEN:

200.

ACTIVITY CLASSIFICATION: ASSIST THE POOR

GRANTEE NAME: SALVATION ARMY

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 12/14/10

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: ASSIST THE POOR

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization	KNIGHTS OF COLUMBUS COUNCIL #664	Employer identification number 39-0399846
--------------------------	-------------------------------------	--

GRANTEE NAME: ST VINCENT DE PAUL

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 480.

ACTIVITY CLASSIFICATION: ASSIST THE POOR

GRANTEE NAME: TOYS FOR TOTS

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 12/11/10

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: MENTAL DISABILITIES

GRANTEE NAME: VARIOUS MENTAL DISABILITY ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS LOCATIONS

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 2,163.

ACTIVITY CLASSIFICATION: EDUCATION

GRANTEE NAME: ST MARYS SPRINGS ACADEMY

GRANTEE ADDRESS: 255 COUNTY ROAD K FOND DU LAC, WI 54937

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 4,100.

ACTIVITY CLASSIFICATION: CHARITABLE ORGANIZATION

GRANTEE NAME: WISCONSIN KNIGHTS OF COLUMBUS CHARITIES

GRANTEE ADDRESS: 4297 WEST BELTLINE HWY MADISON, WI 53711

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization	KNIGHTS OF COLUMBUS COUNCIL #664	Employer identification number	39-0399846
--------------------------	-------------------------------------	--------------------------------	------------

GRANTEE RELATIONSHIP: STATE GOVERNING ORGANIZATION

DATE OF GIFT: 06/28/10

AMOUNT GIVEN: 496.

ACTIVITY CLASSIFICATION: DONATIONS SUPPORTING LOCAL GROUPS

GRANTEE NAME: VARIOUS COMMUNITY ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS LOCATIONS

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 2,903.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 20,875.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
--------------------------------	---------

ADVERTISING	493.
-------------	------

MEETING COSTS	1,969.
---------------	--------

CONVENTION COSTS	1,666.
------------------	--------

ATHLETIC ACTIVITIES	1,105.
---------------------	--------

YOUTH ACTIVITIES	53.
------------------	-----

PAYROLL TAXES	191.
---------------	------

MEMBERSHIP AND DEGREE TEAMS	300.
-----------------------------	------

PER CAPITA DUES ASSESSMENTS	8,160.
-----------------------------	--------

MEMORIALS AND GIFTS	600.
---------------------	------

FEES	35.
------	-----

SUPPLIES	597.
----------	------

TOTAL TO FORM 990-EZ, LINE 16	15,169.
-------------------------------	---------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization	KNIGHTS OF COLUMBUS COUNCIL #664	Employer identification number 39-0399846
--------------------------	-------------------------------------	--

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
AMOUNTS DUE TO STATE AND SUPREME COUNCILS	3,155.	4,281.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THIS ORGANIZATION IS
ORGANIZED AS A FRATERNAL BENEFICIARY COUNCIL TO BENEFIT ITS MEMBERS AND
TO PROVIDE CHARITABLE CONTRIBUTIONS FOR RELIGIOUS, CHARITABLE,
SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, OR FOR THE PREVENTION OF
CRUELTY TO CHILDREN OR ANIMALS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.