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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 (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.

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning JULY 01, 2011, and ending JUNE 30, 2012

B Check if applicable

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

C Name of organization

KNIGHTS OF COLUMBUS #5667

Number & street (or P O box, if mail is not delivered to street addr)

Room/
suite

P.O. BOX 861

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

TITUSVILLE FL 32781

D Employer identification number

23-7107527

E Telephone number

(321) 268-2764

F Group Exemption

Number ► 0018

G Accounting Method:

☒ Cash ☐ Accrual Other (specify) ►H Check ☒ if the 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) ☒ 501(c)(8) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ► \$ 148,526

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	16,250
	2	Program service revenue including government fees and contracts.	2	
	3	Membership dues and assessments	3	4,936
	4	Investment income	4	13
	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		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	79,000
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 4) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	48,327
6c	Less: direct expenses from gaming and fundraising events	6c	60,773	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	66,554	
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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	87,753	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	20,292
	11	Benefits paid to or for members	11	153
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,724
	14	Occupancy, rent, utilities, and maintenance	14	24,000
	15	Printing, publications, postage, and shipping	15	2,040
	16	Other expenses (describe in Schedule O)	16	24,367
	17	Total expenses. Add lines 10 through 16	17	72,576
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,177
	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	12,394
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,571

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		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 40a ; section 4912 40a ; section 4955 40a		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 See attachment #3 Telephone no 42a Located at 42a ZIP + 4 42a		
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. 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside the U S ? 42c 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 43 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 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 N/A		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45b 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 (see instructions) 45b		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.

	Yes	No
46		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 ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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."

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."

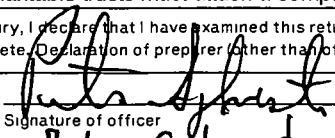
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

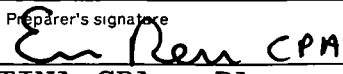
- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ 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 **Peter Sylvester** Financial Secretary Date **Dec 12-2012**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ERNEST RESTINA	Preparer's signature 	Date 12-12-12	Check ☐ if self-employed PTIN P00335560
Firm's name ▶ HUNT & RESTINA CPAS, PA	Firm's EIN ▶		
Firm's address ▶ 1309 GARDEN STREET	Phone no 321-269-9320		

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

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

2011

**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 | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

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 CHRISTMAS TR (event type)	(b) Event #2 CHARITY BALL (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
1	Gross receipts	31,407	16,920		48,327
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	31,407	16,920		48,327
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	16,995	8,579	25,574
	10	Direct expense summary Add lines 4 through 9 in column (d)			(31,574)
	11	Net income summary Combine line 3, column (d), and line 10			16,753

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	79,000			79,000
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs	24,467		24,467
	5	Other direct expenses	4,732		4,732
	6	Volunteer labor	☒ Yes _____ % ☒ No	☒ Yes _____ % ☒ No	☒ Yes _____ % ☒ No
	7	Direct expense summary Add lines 2 through 5 in column (d)			(29,199)
	8	Net gaming income summary Combine line 1, column d, and line 7			49,801

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)

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

2011

**Open to Public
Inspection**

Name of the organization

KNIGHTS OF COLUMBUS #5667

Employer identification number

23-7107527

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 ORGANIZATION. FINANCIAL SUPPORT WAS GIVEN TO SEVERAL YOUTH ORGANIZATIONS FOR ACTIVITIES AND ACADEMIC SCHOLARSHIPS. DECEASED MEMBERS WERE PUBLICLY HONORED AND REMEMBERED.

990 PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01, and ending 06-30-2012.
Name of Organization KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527
Primary Purpose FRATERNAL, PATRIOTIC, CATHOLIC ORGANIZATION	

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01-2011, and ending 06-30-2012			
Name of Organization KNIGHTS OF COLUMBUS #5667			Employer Identification Number 23-7107527	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp	(E) Expense account & other compensation
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 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01, and ending 06-30-2012
Name of Organization KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527

Part V - Line 42a

Individual Name or Business Name: CHARLES WILLIAMS

Street Address 1325 DOZIER AVENUE

U S Address

Zip code 32780 City TITUSVILLE State FL

Foreign Address

City

Province or State

Country

Postal code

Phone Number (321) 268-2764

Fax Number

2011 DETAIL STATEMENTS

KNIGHTS OF COLUMBUS #5667
23-7107527

Page 1

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

SEMINARIAN SUPPORT.....	3,100
B.E.T.A.....	1,200
RUN FOR LIFE.....	250
SPECIAL CHARITY DONATIONS.....	800
HOSPICE.....	1,200
CAMPUS MINISTRY.....	1,200
ST. TERESA SCHOOL SUPPORT.....	1,950
HANDICAPPED CITIZENS DRIVE.....	4,907
BENEFIT FUND RAISERS.....	5,685

TOTAL CARRIED TO 990-EZ PG 1 Line 10..... 20,292

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

ACCOUNTING FEES.....	600
FINANCIAL SECRETARY TRAVEL EXPENSE.....	720
FINANCIAL SECRETARY FEE.....	404

TOTAL CARRIED TO 990-EZ PG 1 Line 13..... 1,724

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

CHURCH BULLITENS.....	950
EASTER EGG HUNT.....	400
MOTHER'S DAY BREAKFAST.....	443
FRATERNAL REMEMBRANCE.....	45
CLERGY NIGHT GIFTS.....	550
FAMILY PICNIC.....	400
AWARDS NIGHT.....	863
CLERGY NIGHT DINNER EXPENSE.....	1,771
MISCELLANEOUS.....	573
COUNCIL SUPPLIES.....	2,246
GRAND KNIGHT FUND.....	209
BUILDING IMPROVEMENTS.....	7,800
STATE PER CAPITA.....	2,967
SUPREME PER CAPITA.....	311
ADVERTISING.....	335
CONTINGENCY FUND.....	4,407
STATE CONVENTION PROGRAM.....	35
4TH OF JULY.....	62

TOTAL CARRIED TO EOEZ Pg 1 Line 16..... 24,367

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

BINGO AWARDS.....	300
LICENSE.....	50
BINGO KITCHEN.....	4,382

2011 DETAIL STATEMENTS

KNIGHTS OF COLUMBUS #5667
23-7107527

Page 2

TOTAL CARRIED TO SCH G, PG 2 Line 5.....	4,732
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STATEMENT #5 - Other Direct expenses (Sch G, Part II Line A-7a)

CHRISTMAS TREE EXPENSES.....	16,995
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TOTAL CARRIED TO Sch G, Part II Line A-7a.....	16,995
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STATEMENT #6 - Other Direct expenses (Sch G, Part II Line B-7a)

ENTERTAINMENT EXPENSES.....	451
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CHARITY BALL EXPENSES.....	8,128
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TOTAL CARRIED TO Sch G, Part II Line B-7a.....	8,579
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