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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

		nue Service			se a copy of this re	um to satisf	y state repo	orting require	ements.	Inspection	n
<u>A</u>	For the	2010 cale	ndar year, or tax year		OCTOBER 1	, 2010, a	nd ending	SEPTEN	IBER 30	, 20 11	
В	Check if	applicable	C Name of organization	JFK ACCOKEE	K CORPORATION				D Employ	er identification nur	mber
	Address	change	Doing Business As							52-1327726	
	Name cl	hange	Number and street (or P.	O box if mail is not	delivered to street addr	ess)	Room/surte		E Telepho	ne number	
	Initial ref	turn	PO BOX 560					i		301-283-4444	
	Termina	ted	City or town, state or co	ountry, and ZIP + 4							
$\bar{\Box}$		ed return	ACCOKEEK MAEYL	AND 20607-056	i0				G Gross n	ecepts \$	60,466
$\overline{\sqcap}$		on pending	F Name and address of		<del>-</del>			_		for affiliates?  Yes	
	, фр.,оц.	son ponding	ROBERT STRIEGEL					H(b) Are all			_
_	Tay ava	mpt status	501(c)(3)	☐ 501(c) ( 2	) ◀ (insert no.)	4947(a)(1) or	527			list (see instructions	
÷	Websit				) 4 (iibartiib.)	(α)(1) Οι	<u> </u>	4		number	•
K		· <del>· · · · · · · · · · · · · · · · · · ·</del>	✓ Corporation ☐ Trust	Association	Other ▶	T. V.			<del></del>		MD
	art	Summ		ASSOCIATION	☐ Otner ►	L Ye	ear of formation	on: 1964	M State	of legal domicile	MD
	1		<del>-</del>	inn's mississ s							
	•	-	escribe the organizat		•	activities:					
8		IIILE HU	DLDING FOR KNIGHTS	OF COLUMBI	IS COUNCIL	••••••					
Ě											
Activities & Governance	_										
õ	2		is box ▶ ☐ if the orga		•		e than 25% of	its net assets.			
ಷ	3		of voting members o						3		160
98	4		of independent votin						4		
풀	5	Total nun	nber of individuals er	nployed in cal	endar year 2010 (	Part V, line	2a) .		5		0
Ş	6	Total nun	nber of volunteers (e	stimate if nece	ssary)				6		168
	7a	Total unr	elated business reve	nue from Part	VIII, column (C), li	ne 12			7a		0
	Ь	Net unrel	ated business taxab	le income from	n Form 990-T, line	34			7b		0
					•			Prior Yea	er i	Current Year	<del></del>
•	8	Contribut	tions and grants (Par	t VIII, line 1h).			$ abla$		Ī		
5	9	Program	service revenue (Par	t VIII, line 2g)							
. 8	10	Investme	nt income (Part VIII,	column (A), lin	es 3, 4, and 7d)		🗀		20,555		27,195
Č.	11		renue (Part VIII, colur		•		🗀		32,803		33,357
$\mathbf{Y}$	12		enue-add lines 8 thr				ne 12)		53,358		60,552
enuevel CANNE	13		nd similar amounts p						11,247		10,739
2	14		paid to or for member			•	`				
Υ"	15		other compensation,	=			5-10)	<del></del>	495		1,323
≥ ši	16a		onal fundraising fees		•		· · · · · ·				-1,020
Expenses	ь		draising expenses (P				· ·			<del> </del>	
Ä	17		penses (Part IX, colu			<u> </u>	<del>,</del>		41,113		47.535
	18		enses. Add lines 13-				( ի–		-		
	19		less expenses. Subt			(A), III le 23	" ⊢		52,855		59,597
		nevenue	less expenses. Subi	ractime ro-jic		<del>ரு :   9</del>	Po-	ginning of Cur	503	End of Year	955
ts or	20	Total aco	ets (Part X, line 16)	1 1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<del></del>			
888 Balis	20		·		0000	<u></u> :'≝	· · ⊢	<u>''</u>	376,152	1,3	73,577
Net Assets Fund Balan	21		ilities (Part X, line 26)	· *	OGDEN	UT · 1	· ·		0		
_			ts or fund balances.	Subtract line 2	1 from line 20-			1,	376,152	1,3	73,577
_	art II		ture Block								
Un	der pena	ulties of perju	ry, I declare that I have ex etc. Declaration of prepare	amined this return	, including accompany	ing schedules	and stateme	ents, and to th	e best of π	ty knowledge and be	elief, it is
	-, 001100	1	7	10	7/13/03/03/03/03/03/03/03/03/03/03/03/03/03	7 - D	/#	as any knowle	<del>'/ //</del>	1-1-11	
<b>C</b> :-		<u> </u>	oney a.	July	y P.C.	viere,	ul		181	12/2011	
Sig		Sign	ature of officer	07:4	/	<i>(</i> )	D+ .	Date	9 /	,	
Не	re	<b> </b>	oberi L.	STrie	401	11651	deni				
			or print name and title		1	1	<del></del>	••			
Pa	id	Print/Tyl	pe preparer's name	Prep	ate 9 signature	1 //	Date	1.1	Check [		
	epare	r الصالح	NN L. WIN	IEN X	scend U	um	/ /2/	16/11	self-emp		7/1/
	e Onl		ame ► D&GASSC	CIATES					sEIN▶	74-3084944	
		Firm's a			THORPE, MD 212			Phon	e no	443-575-6445	,
Ma	y the If	RS discuss	s this return with the	preparer show	n above? (see ins	structions)				· · Ves	No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Cat. No. 11282Y

Briefly describe the organization's mission: THIS CORPORATION HOLDS TITLE TO TWO BUILDING: COLUMBUS. THE CORPORATION GENERATES FUNDS ALL FUNDS ARE USED TO DEFRAY THE COST OF MAI  Did the organization undertake any significant prographor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make services?  If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each 501(c)(3) and 501(c)(4) organizations and section 494 others, the total expenses, and revenue, if any, for each	any question in this Part III	
Briefly describe the organization's mission: THIS CORPORATION HOLDS TITLE TO TWO BUILDING: COLUMBUS. THE CORPORATION GENERATES FUNDS ALL FUNDS ARE USED TO DEFRAY THE COST OF MAI  Did the organization undertake any significant progration proof form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make services?  If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each 501(c)(3) and 501(c)(4) organizations and section 494 others, the total expenses, and revenue, if any, for each 44 (Code:  (Code:  ) (Expenses \$ Includes)	S FOR JOHN F KENNEDY COUNCIL # 5482 OF THE KNIGHTS OF THROUGH RENTAL OF THE BUILDINGD AND A CLUB HOUSE.	
pnor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make services?  If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each 501(c)(3) and 501(c)(4) organizations and section 494 others, the total expenses, and revenue, if any, for each (Code: (Co		
<ul> <li>Did the organization cease conducting, or make services?</li></ul>		No
Describe the exempt purpose achievements for each 501(c)(3) and 501(c)(4) organizations and section 494 others, the total expenses, and revenue, if any, for each 4a (Code: ) (Expenses \$ Included)	significant changes in how it conducts, any program	No
4a (Code: ) (Expenses \$ Inclu THE HOLDING OF TITLE AND LEASING OR RENTAL OF	of the organization's three largest program services by expenses. Sec 17(a)(1) trusts are required to report the amount of grants and allocation ach program service reported.	
	uding grants of \$ ) (Revenue \$ 32,800,00 ) F REAL PROPERTY, PRIMARY INCOME FROM RENTAL	
THE SECOND LARGENST ACTIVITY IS THE HOLDING A	uding grants of \$) (Revenue \$27,195_) AND INVESTING OF EXCESS FUNDS, THE EARNINGS OF WHICH GOES TO S OF COLUMBUS OF JOHN F KENNEDY COUNCIL # 5482.	
4c (Code:) (Expenses \$inclu	uding grants of \$) (Revenue \$)	
<ul> <li>4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$</li> <li>4e Total program service expenses ▶</li> </ul>		

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Form 990 (2010)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	<u> </u>	<b>✓</b>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>√</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		1

7

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<i>'</i>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<b>✓</b>	1
а	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," complete Schedule R,	32		•
	Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		For	n <b>990</b>	(2010)

Part				_
	Check if Schedule O contains a response to any question in this Part V	$\dot{-}\dot{-}$	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		163	NO
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	10		_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2ь		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_	1
4a	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)?	4a		<b>*</b>
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,
b	organization solicit any contributions that were not tax deductible?	6a		<b>✓</b>
_	gifts were not tax deductible?	6b		<u> </u>
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		$\vdash$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	'''		$\vdash$
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ł
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]		
11	Section 501(c)(12) organizations. Enter:			1
a b	Gross income from members or shareholders			
12a	against amounts due or received from them.)	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	igsqcut		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>.</b>
b	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
	the organization is licensed to issue qualified health plans		•	1
C	Enter the amount of reserves on hand			<del> </del>
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		✓_

Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang	es ın	Scne	edule
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
<del>C= -4</del> :		<u>· · · </u>	•	<u>. Ц</u>
Secti	on A. Governing Body and Management		Yes	1
<b>a</b> -	Established to the control of the co		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1		Ì
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   1b  Did any officer director trustee or key employee have a femily relationship or a hypiness relationship with	4	ł	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		ŀ	,
3	Did the organization delegate control over management duties customanly performed by or under the direct	2		✓_
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		<b>V</b>
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<b>–</b>		-
	of the governing body?	7a	/	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	7	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u> </u>	<b>-</b>	
	the year by the following:			ŀ
а	The governing body?	8a	<b>/</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
· ·			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			İ
	form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		١.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		١,	
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.		١,	
40		12c	✓_	
13	Does the organization have a written whistleblower policy?	13		V
14 15	Does the organization have a written document retention and destruction policy?	14	-	<b>V</b>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ł		
•		45-		,
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130	<del> </del>	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		/
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100	-	<b>├</b>
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure		·	L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	s only	v) ava	ilable
	for public inspection. Indicate how you make these available. Check all that apply.	•	.,	
	☐ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	f inte	rest c	olicy.
	and financial statements available to the public.		•	•
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	)	
	organization: ► VICTOR LEE, TREASURER - 16403 LIVINGSTON RD - ACCOKEEK, MD 20607 - 301-283-4444			

		_
Pan	6	7

Form	$\alpha \alpha \alpha$	1001	a

Part VII	Compensation of Officers,	Directors,	Trustees,	Key En	nployees,	Highest (	Compensated E	mployees,
	and Independent Contract	ors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Posit	on (d	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ROBERT STRIEGEL				,				-0-	-0-	-0-
PRESIDENT	· · · · · · · · · · · · · · · · · · ·			<b>✓</b>	L		_			·
(2) ROBERT PITCHER VICE PRESIDENT	-			,				-0-	-0-	<b>-</b> 0-
			-	~	-	<del>                                     </del>	$\vdash$			
(3) MICHAEL GRISSER SECRETARY	1			/				-0-	-0-	-0-
(4) VICTOR LEE				Ť						
TREEASUREER	1			✓				-0-	-0-	-0-
(5)										
(6)										
(7)										
(8)										
(9)										
(10)	-									
(11)										
(12)										
(13)										
(14)									-	·· · · · · · · · · · · · · · · · · · ·
(15)									<del></del>	
(16)										

Part	Section A. Officers, Directors, Trus (A)	(B)	Emple	уес		anu C)	right	35L	(D)	(E)	COHUIR		F)	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensation related organization (W-2/1099-N	n from	amor oti compe fron organ and r	nated unt of her ensation in the ization elated zations	
(17) N	ONE					-						***		
(18)													_	
(19)					<u>-</u>			-						
(20)														
(21)				-		-								
(22)														
(23)					-									
(24)						_	<u> </u>			<u> </u>			-	
(25)		-	<del></del>			-		-						
(26)														
(27)														
(28)								-						
1b	Sub-total			· .	·	L	!	<b>&gt;</b>						
C	Total from continuation sheets to Part	•						<b>•</b>						
d	Total number of individuals (including but							<u>►</u> e) w	ho received m	ore than \$1	00,000	in		
	reportable compensation from the organi	zation >											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete						-	emp	oloyee, or high	est compe	ensated	$\rightarrow$		<u></u>
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble (	con	npe	nsatio							•
_	individual	· · · ·					-					4		✓_
5	Did any person listed on line 1a receive of for services rendered to the organization									· · · ·		5		✓
Section 1	on B. Independent Contractors  Complete this table for your five highest	compensat	ed in	ton	and	ont	contr	act	ore that recen	ad more tha	n \$100	nnn of		
	compensation from the organization.		ea iik	Tebe	enu	ent	COTIL	acı	ors that receive	ed more ma	111 D 100	,000 61		
	(A) Name and business add	ress							(B) Description of s	ervices	(	(C) Compensa	ation	
NONE								_						
								$\vdash$						
														_
2	Total number of independent contractor received more than \$100,000 in compens							th	nose listed ab	ove) who				

Part	<b>VIII</b>	Statement of Revenue					
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 9	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
₽.E	c	Fundraising events 1c					1
Ta I		Related organizations 1d					
e il	d						
Str.	e	Government grants (contributions) 1e					
or s	f	All other contributions, gifts, grants,					
현환	Ì	and similar amounts not included above 1f					
ž ž	g	Noncash contributions included in lines 1a-1f: \$					
Q g	h	Total. Add lines 1a-1f	🕨				
en en			Business Code			•	
Ven	2a						
æ	ь						
<u>8</u>	c				,	<del></del>	<del> </del>
5	d						
u S	e						<del></del>
ā	f	All other program service revenue.					
Program Service Revenue	j						ļ
-	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f					T
	3						
	_	and other similar amounts)		27,195	27,195		
	4	Income from investment of tax-exempt bo	nd proceeds ►	*			
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross Rents 32,800	_				
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	🕨	32,800	32,800		
	7a	Gross amount from sales of (i) Securities	(ii) Other	· ·			
		assets other than inventory					İ
	ь	Less: cost or other basis					
	_	and sales expenses .					
		· • • • • • • • • • • • • • • • • • • •					1
	C	Gain or (loss) .					
	d	Net gain or (loss)	<u> ▶</u>			<b></b>	
r Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Othei	_	See Part IV, line 18 a					1
ō		Less: direct expenses b					
		Net income or (loss) from fundraising	events . ►				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming active	rities 🕨				
	10a	Gross sales of inventory, less	-	· · · · · · · · · · · · · · · · · · ·			·
		returns and allowances a	896				
	b	Less: cost of goods sold b	810				
	G	Net income or (loss) from sales of inve		86	86		
		Miscellaneous Revenue	Business Code				
	11a	REPAYMENT OF EXPENSES		471	471		1
	b	TELEVISION LAFENSES		4/1	4/1		-
							1
	0 1	All albar annual			<u> </u>		<del> </del>
	d	All other revenue					
	e	Total. Add lines 11a-11d			·		
	12	Total revenue. See instructions	🕨	60552	60552		<u> </u>

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete solumn (A) but are not required to complete columns (B) (C) are

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . 10,739 10,739 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 1,323 1,323 7 Other salaries and wages . . . . 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . Other employee benefits . . . . 9 10 Payroll taxes . . . . . . . . Fees for services (non-employees): 11 Management . . . . . . . а Legal . . . . . . . . . . . . b 1,100 1,100 C Accounting . . . . . . . . . . d Lobbying . . . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 e f Investment management fees . . . . g Other . . . . . . . . . 12 Advertising and promotion . 570 570 13 Office expenses . . . . . 14 Information technology . . . . Royalties . . . . . . . . . . . . 15 16 Occupancy . . . . . . . . . . . . . 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Payments to affiliates . . . . . . . . 21 22 Depreciation, depletion, and amortization . 26,541 26,541 23 6,507 6.507 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) RE TAXES, HLP, PHONE, SECURITY 10,026 10,026 а CABLE TV 1,665 1,665 ь **REP M& MAIN** 881 881 С **SALES TAX** 44 44 d LIC PERMITS 195 195 e All other expenses Total functional expenses. Add lines 1 through 24f 59,597 59,597 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) **(B)** End of year Beginning of year 45.934 1 46.889 2 2 Savings and temporary cash investments . . . . . Pledges and grants receivable, net . . . . . . 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . Assets 7 7 8 Prepaid expenses and deferred charges . . 9 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 885.959 10b Less: accumulated depreciation . . . . 150.037 755,164 10c 735,922 617,210 11 11 Investments—publicly traded securities 590,766 12 Investments-other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11. 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 1,376,152 16 1,373,577 17 Accounts payable and accrued expenses . . . . . . . . . . . . . . . 17 18 18 Deferred revenue . . . . . . . . . . . . . . . . . 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Liabilitles 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities. Complete Part X of Schedule D . . . . . . . . . . 25 25 Total liabilities. Add lines 17 through 25 . . . . . 26 26 Organizations that follow SFAS 117, check here ▶ □ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . . . . . 27 27 Temporarily restricted net assets . . . . . . . . . . . . . . . . . . 28 28 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 1,376,152 32 1,373,577 33 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 1,376,152 1,373,577

•				
Form 9	90 (2010)		Pa	age <b>12</b>
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		6	0,552
2	Total expenses (must equal Part IX, column (A), line 25)		5	9,597
3	Revenue less expenses. Subtract line 2 from line 1			955
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,37	6,152
5	Other changes in net assets or fund balances (explain in Schedule O)			2,575
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		1.37	3,577
Part				
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		_

Form **990** (2010)

### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number JFK ACCOKEEK CORPORATION 52-1327726 COPIES OF FORM 990 AND GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS. FORMS 990 ARE ATTACHMENTS ARE PROVIDED TO THE BOARD MEMBERS FOR REVIEW ORGANIZATION DOES NOT WHISTLEBLOWER POLICY

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

JFK ACCOKEEK CORPORATION

Partl

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► Complete if the organization answered "Yes" to Form 890, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2010

Open to Public

Inspection
Employer identification number
52-1327726 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	guillig
(1)							
(2)							
(6)							
(4)							
(9)			_				
(9)							
Part II Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	inizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had ns during the tax year.)	nization answere	ed "Yes" to f	-orm 990, Par	t IV, line 34 beca	ause it hac	
(a) Name, address, and EIN of related organization Prin		(c) Legal domicile (state Exemp or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Use Direct controlling entity	g Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
						Yes	Š
(1) JOHN F KENNEDY COUNCIL # 5482 KNIGHTS OF COLUMBUS 52-1658008	NAL		501(C(8)				
(2)							
(3) JOHN F KENNEDY COUNCIL # 5482 CHARITIES INC 45-0528172 CHARITABLE	BLE		501(C)(3)				
(4)		-					
(5)					:		
(9)							<u>.</u>
(i)				:			
·For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No 50135Y	<u>}</u>		Schedule	Schedule R (Form 990) 2010	0) 2010

# JFK ACCOKEEK CORPORATION INC

**DEPRECIATION SCHEDULE** 

					PRIOR						
A/C DISCRIPTION	NOI	IN SERV	COST N	MI YRS YRS		9/30/2008	9/30/2009	9/30/2010	9/30/2008 9/30/2009 9/30/2010 9/30/2011 ACCUM	ACCUM	BOOK VAL
101 BLDG. 102 BLDG.	16403 LIVINGSTON 16405 LIVINGSTON	1/1/2005 5/1/2007	397233.00 SL 334047.24 SL		30 37516.38 30 4639.54	13241.04 11134.91	13241.04 11134.04	13241.04 11134.04	13241.04 11134.04	90480.54 49176.57	90480.54 306752.46 49176.57 284870.67
103 IMPROV SHED PAVIL AIR C	SHED PAVILION AIR CONDITIONER KITCHEN STOVE	1/1/2006 8/1/2006 1/1/2006 10/1/2006	<del></del>		255.09 1039.08 178.59 590.00	94.51 427.28 102.00 590.00	97.50 427.28 102.00 590.00	97.50 427.28 102.00 590.00	97.50 427.28 102.00 590.00	642.10 2748.20 586.59 2950.00	7 7 7
	PARKING LOI HEAT PUMP SEWER HOOKUP CARPET CARPET FURNACE	10/1/2006 10/1/2006 10/1/2006 1/1/2009 2/1/2009 12/31/2010	1500.00 SL 1080.00 SL 3350.00 SL 900.00 SL 2500.00 SL 2400.00 SL	30 30 30 30 30 30 30 30 30 30 30 30 30 3	150.00 108.00 134.00 0.00 0.00	150.00 108.00 134.00 0.00 0.00	150.00 108.00 134.00 135.00 333.00 0.00	150.00 108.00 134.00 135.00 333.00 0.00	150.00 108.00 134.00 135.00 333.00 40.00	750.00 540.00 670.00 405.00 40.00 49.00	750.00 540.00 2680.00 495.00 1501.00 2360.00
104 LAND	16403 LIVINGSTON 16405 LIVINGSTON		49900.00								49900.00
TOTALS			885959.09		44610.68	25981.74	26451.86	26451.86		150037.00	26540.86 150037.00 735922.09