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Form **990**Department of the Treasury  
Internal Revenue Service**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2011****Open to Public Inspection**

<b>A</b> For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 2012	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Sovereign Military Order of Malta, Western Association - U.S.A.</b> Doing Business As <b>Order of Malta, Western Association</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>465 California St. 818</b> City or town, state or country, and ZIP + 4 <b>San Francisco, CA 94104</b> <b>D</b> Employer identification number <b>23-7450840</b> <b>E</b> Telephone number <b>415 788 4550</b> <b>G</b> Gross receipts \$ <b>3,105,134</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer <b>Joe Contadino</b> <b>465 California St. STE 818, San Francisco, CA 94104</b> <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>www.orderofmaltausawestern.org</b> <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation <b>1953</b> <b>M</b> State of legal domicile <b>CA</b>	

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PAGE 2 PART III, LINE 1</b>																																																							
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																							
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 18</b>																																																						
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 18</b>																																																						
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5 9</b>																																																						
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 475</b>																																																						
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>																																																						
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0</b>																																																						
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**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>ANGELO PIERI, TREASURER</b>	<b>5-13-13</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MONNIE SMITH</b>	<b>MS</b>	<b>5/12/13</b>		
	Firm's name ▶ <b>ORDER OF MALTA</b>	Firm's EIN ▶	Phone no.		
	Firm's address ▶				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2011)

SCANNED JUN 18 2013

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒

- 1** Briefly describe the organization's mission:  
To promote the glory of God, through assisting with the spiritual development of its members and carrying out its charitable works for the sick, the needy, and the refugees, without distinction of religion, race, creed, or age.
- 
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,010,000 including grants of \$ 1,010,000 ) (Revenue \$ )  
Hospitaller Program: the Hospitaller committee consists of about 25 members and is responsible for recommending the amount of each Hospitaller grant according to the following process: Each charity submits a grant request for a specific amount and purpose. The request includes a description of the organization's activities and their latest financial statements. All requests are reviewed by the committee in accordance with the guidelines approved by the Board of Directors, which reviews and approves all grants. The purpose of the Hospitaller Program is to aid organization directly serving the various needs of the sick and the poor.

**4b** (Code: ) (Expenses \$ 297,378 including grants of \$ ) (Revenue \$ )  
Lourdes Pilgrimage: The annual pilgrimage to the Shrine of Our Lady in Lourdes, France involves about 320 people. The members and a few volunteers serve approximately 50 sick individuals and their companions for 8 days. The goal of the pilgrimage is to provide an experience that will result in the very sick (perhaps terminally) finding spiritual relief and peace.

**4c** (Code: ) (Expenses \$ 61,452 including grants of \$ ) (Revenue \$ )  
The Parish Nurse Program provides medical and spiritual support to the homebound sick - those unable to attend regular church services.

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 708,848 including grants of \$ 442,249 ) (Revenue \$ 38,500 )

**4e** Total program service expenses **▶** 2,077,678

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <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? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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 . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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 . . . . .	<b>11f</b>	✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b> ✓	
<b>b</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 . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b> ✓	
<b>15</b> 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 . . . . .	<b>15</b> ✓	
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> 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) . . . . .	<b>17</b> ✓	
<b>18</b> 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 . . . . .	<b>18</b> ✓	
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b> ✓	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	✓
<b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	✓
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	✓
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	✓
<b>b</b> 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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	✓
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b> ✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	✓
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	✓
<b>38</b> 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 . . . . .	<b>38</b> ✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

Yes No

<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	0			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>				
<b>2a</b>	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 . . . . .	<b>2a</b>	9			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>		✓		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .						
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>				
<b>4a</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)? . . . . .	<b>4a</b>			✓	
<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. . . . .					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>			✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>			✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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? . . . . .	<b>7a</b>		✓		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		✓		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			✓	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>				
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.						
<b>b</b>	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 . . . . .	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>				

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <b>18</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> <b>18</b>		
<b>2</b> 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? . . . . . <b>2</b>		<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . <b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>	<input checked="" type="checkbox"/>	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b> 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 . . . . . <b>9</b>		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10b</b>	<input checked="" type="checkbox"/>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	<input checked="" type="checkbox"/>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **CA**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Angelo Pirri, Treasurer, 415 788 4550 - 465 CALIFORNIA ST STE818, SAN FRANCISCO, CA 94104**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH F. CONTADINO PRESIDENT	25	✓		✓				0	0	0
(2) JEROME CROWLEY CHANCELLOR	18	✓		✓				0	0	0
(3) GARY R. WEST TREASURER	10	✓		✓				0	0	0
(4) PAT A. WILSON SECRETARY	7	✓		✓				0	0	0
(5) JOHN P. CHRISTIAN DIRECTOR	5	✓						0	0	0
(6) MARLENE DEVOTO DIRECTOR	5	✓						0	0	0
(7) GEORGEANN R. FANNON DIRECTOR	5	✓						0	0	0
(8) JANET M. FEELEY DIRECTOR	5	✓						0	0	0
(9) RICHARD A. FERRY DIRECTOR	5	✓						0	0	0
(10) RICHARD A. GRANT DIRECTOR	5	✓						0	0	0
(11) E. CHASE ISRAELSON DIRECTOR	5	✓						0	0	0
(12) RALPH B. LINZMEIER DIRECTOR	5	✓						0	0	0
(13) EDWARD J. MCANIFF DIRECTOR	5	✓						0	0	0
(14) JEANNE M. LYONS O'BRIEN DIRECTOR	5	✓						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KEN R. OLSEN, JR DIRECTOR	5	✓						0	0	0
(16) PATRICK D. POWERS DIRECTOR	5	✓						0	0	0
(17) FREDRICK J. RUOPP DIRECTOR	5	✓						0	0	0
(18) CHRISTOPHER A. ADLERS DIRECTOR	5	✓						0	0	0
(19)	5									
(20)	5									
(21)	5									
(22)	5									
(23)	5									
(24)	5									
(25)	5									
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								0	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **0**

- |   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       |     | ✓  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | ✓  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | ✓  |

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

**Part VIII 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	8,000			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,702,322			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$		171,796			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		2,710,322			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	Events . . . . .	999999	90,961			90,961
	<b>b</b>	Other Revenue . . . . .	999999	150,534			150,534
	<b>c</b>	. . . . .					
	<b>d</b>	. . . . .					
	<b>e</b>	. . . . .					
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		241,495			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		107,660			107,660
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			1,110,075				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		893,379			
	<b>c</b>	Gain or (loss) . . . . .		216,696			
	<b>d</b>	Net gain or (loss) . . . . .		216,696			216,696
	<b>8a</b>	Gross income from fundraising events (not including \$ 8,000 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	10,225			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	10,225			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	Misc . . . . .		38,500	38,500			
<b>b</b>	. . . . .						
<b>c</b>	. . . . .						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		38,500				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		3,314,673	38,500	0	565,851	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,152,047	1,152,047		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	300,202	300,202		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	334,569	49,074	138,558	146,937
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,998	135	5,206	2,657
<b>9</b> Other employee benefits	80,691	363	69,699	10,629
<b>10</b> Payroll taxes	28,707	4,860	18,533	5,314
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	30,000		30,000	
<b>c</b> Accounting	39,820		39,820	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	50,000			50,000
<b>f</b> Investment management fees	15,000		15,000	
<b>g</b> Other	24,139	21,061	3,078	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	164,306	74,781	74,567	14,958
<b>14</b> Information technology	20,707	1,430	17,777	1,500
<b>15</b> Royalties				
<b>16</b> Occupancy	79,029		79,029	
<b>17</b> Travel	266,790	253,844	12,946	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	39,043	12,411	26,632	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	5,498		5,498	
<b>23</b> Insurance	25,640	5,723	19,917	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ROBES, CAPES, MEDALS	55,262	48,209	7,053	
<b>b</b> SUBSCRIPTIONS	15,607	15,607		
<b>c</b> LUNCHESES & DINNERS	82,257	79,529	2,728	
<b>d</b> MISCELLANEOUS	36,381	31,554	4,827	
<b>e</b> All other expenses	26,849	26,848		
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,880,542	2,077,678	570,868	231,995
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	446,726	<b>1</b>	605,979
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	665	<b>4</b>	67,637
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	19,476	<b>8</b>	14,500
	<b>9</b> Prepaid expenses and deferred charges . . . . .	77,715	<b>9</b>	190,990
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 40,468		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 31,461	10,067	<b>10c</b> 9,007
	<b>11</b> Investments—publicly traded securities . . . . .	5,426,936	<b>11</b>	5,214,111
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,981,585	<b>16</b>	6,102,224	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	154,412	<b>17</b>	137,166
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	154,412	<b>26</b>	137,166
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	950,135	<b>27</b>	1,197,743
	<b>28</b> Temporarily restricted net assets . . . . .	815,177	<b>28</b>	709,815
	<b>29</b> Permanently restricted net assets . . . . .	4,061,861	<b>29</b>	4,057,500
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	5,827,173	<b>33</b>	5,965,058
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	5,981,585	<b>34</b>	6,102,224

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>3,314,673</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>2,880,541</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>434,132</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>5,827,173</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	<b>(296,249)</b>
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	<b>5,965,056</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
<b>d</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .		✓
<b>b</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		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat. No 11285F

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,503,140	2,449,566	2,574,403	3,168,456	2,717,822	13,413,387
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	2,503,140	2,449,566	2,574,403	3,168,456	2,717,822	13,413,387
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						180,377
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						13,233,010

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,503,140	2,449,566	2,574,403	3,168,456	2,717,822	13,413,387
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	383,061	282,490	148,163	144,214	107,660	1,065,588
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						14,478,975
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	38,500
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	91.39 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	90.68 %
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part I, Prior Year and Beginning of Current year numbers are the numbers for the period ending 6/30/2011, the short fiscal year.

The Order of Malta, Western Association completed its last Calendar Year in 2010 and filed the first fiscal year as a short period

from January 1, 2011 to June 30, 2011 with Form 990 in November 2011. Section A Column (e) above covers the period from

July 1, 2011 to June 30, 2012 which represents the Order's first full Fiscal Year. Section A column (d) 2010 above is the calendar year 2010.

Period 7/1/2011 to 6/30/2012

Period 1/1/2011 to 6/30/2011

Line 1 2,717,822

Line 1 846,473

Line 4 2,717,822

Line 4 846,473

Line 7 2,717,822

Line 7 846,473

Line 8 107,660

Line 8 41,918

Form 990, Part X, Balance Sheet (B) Short year Fiscal Year (ending period) vs. Full Fiscal Year 2011 (ending Period)

Period 1/1/2011 to 6/30/2011

Period 7/1/2011 to 6/30/2012

Line 1 446,726

605,979

Line 4 665

67,637

Line 8 19,476

14,500

Line 9 77,715

190,990

Line 10a 10,067

9,007

Line 11 5,426,939

5,214,111

Line 16 5,981,585

6,102,224

Line 17 154,412

137,166

Line 26 154,412

137,166

Line 27 950,135

1,197,743

Line 28 815,177

709,815

Line 29 4,061,861

4,057,500

Line 33 5,827,173

5,965,058

Line 34 5,981,585

6,102,224

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	4,668,520	4,621,406	4,471,722	3,898,538	
<b>b</b> Contributions	0	3,100	201	2,582	
<b>c</b> Net investment earnings, gains, and losses	15,743	240,655	344,483	751,362	
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	190,300	196,641	195,000	180,760	
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	4,493,963	4,668,520	4,621,406	4,471,722	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		40,468	31,461	9,007
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Misc.Vendors Payable	137,166
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

137,166

**2. FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	3,314,673
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	2,880,542
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	434,131
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	(296,249)
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	(296,249)
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	137,882

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,279,173
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	(296,249)
<b>b</b>	Donated services and use of facilities	<b>2b</b>	275,750
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	(20,500)
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,299,673
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	15,000
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	15,000
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,314,673

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,141,292
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	275,750
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	275,750
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,865,542
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	15,000
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	15,000
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,880,542

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: ENDOWMENT FUNDS ARE USED TO SUPPORT PROGRAMS OFFERED BY THE ORDER. THESE PROGRAMS ARE**

**DESIGNED TO ASSIST THE SICK AND THE POOR AND TO FEED THE HUNGRY.**

**PART X, LINE 2: THE ORDER HAD VARIOUS MISCELLANEOUS VENDOR PAYABLES DUE AT THE END OF ITS FIRST FULL FISCAL YEAR.**

**Part XIV**   **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

23-7450840

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	LOURDES PILGRIMAGE	RELIGIOUS, HEALING	297,378
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					297,378
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					297,378

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐ **Part II** can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			ITALY(HEAD QTRS)	DAILY OPERATIONS	225,466		0		
(2)			MIDDLE EAST	BETHLEHEM HOSPITAL	56,833		0		
(3)			CARIBBEAN	HAITI HOSPITAL	15,000		0		
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3**

3 Enter total number of other organizations or entities **0**



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . . ☐ Yes ☒ No

**Part V** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE F, PART 1, LINE 2: THESE PROGRAMS ARE RUN BY THE ORDER OF MALTA INTERNATIONAL GROUPS.**

**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

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.**

Employer identification number

**23-7450840**

**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.
- |   |   |
|---|---|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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			
<b>1</b> CCS CONSULTANTS, 300 MONTGOMERY ST., SUITE 925, SA	ADVISOR		✓		50,000	50,000
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> . . . . . ▶					50,000	50,000

- 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.

CALIFORNIA

**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 <b>AUCTION</b> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	18,225			18,225
	<b>2</b> Less: Charitable contributions . . . . .	8,000			8,000
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	10,225			10,225
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	10,225			10,225
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 10,225 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				0	

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 G, PART 1, LINE 2b, LIST OF THE HIGHEST PAID FUNDRAISERS:**

(1) NAME OF FUNDRAISER: CCS CONSULTANTS

(1) ADDRESS OF FUNDRAISERS:

300 MONTGOMERY ST., SUITE 925, SAN FRANCISCO, CA 94104

(2) ACTIVITIES: ADVISED MANAGEMENT ON EFFECTIVE FUNDRAISING CAMPAIGNS

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Casa Teresa PO Box 429 Orange CA 92856	95-3251986	501(C)(3)	20,000				AID SICK AND POOR
(2) Bishop Gallegos Maternity Home 6423 Lang Ave Sacramento CA 9582	68-0315971	501(C)(3)	10,000				AID SICK AND POOR
(3) Cathedral Outreach Hygiene Kit 555 W Temple St Los Angeles CA 90	91-2090717	501(C)(3)	12,000				AID SICK AND POOR
(4) Catholic Charities of Monterey - 922 Hilby Ave, Ste C Seaside CA 939	72-0042961	501(C)(3)	15,000				AID SICK AND POOR
(5) Catholic Charities of Orange Co 1820 E. 16th Street Santa Ana CA 92	95-3031389	501(C)(3)	22,500				AID SICK AND POOR
(6) Catholic Charities of Phoenix - D 1825 W Northern Ave Phoenix AZ 85	53-0196617	501(C)(3)	13,000				AID SICK AND POOR
(7) Catholic Charities of Santa Clara 195 E San Fernando St San Jose CA	94-2762269	501(C)(3)	12,000				AID SICK AND POOR
(8) Christ Child Society of Phoenix 4633 N 54th St Phoenix AZ 85018	86-0725374	501(C)(3)	\$9,000				AID SICK AND POOR
(9) Handicapables of Marin P.O. Box 89 Ross CA 94957	91-1789609	501(C)(3)	\$1,500				AID SICK AND POOR
(10) Holy Family Day Home 299 Dolores St San Francisco CA 94	94-1156492	501(C)(3)	\$9,000				AID SICK AND POOR
(11) Little Sisters of the Poor, Jeanne 2100 S Western Ave San Pedro CA 9	95-1972847	501(C)(3)	25,000				AID SICK AND POOR
(12) Little Sisters of the Poor, St. Ann 300 Lake St San Francisco CA 94118	94-1156552	501(C)(3)	25,000				AID SICK AND POOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

74

0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2011)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORDER PERFORMS DUE DILIGENCE TO ENSURE THAT THEIR RECIPIENTS ARE U.S. REGISTERED CHARITIES (REQUIRED TO BE A 501(C)(3)

ENTITY, HAVE AN EIN#, FILE A 990 RETURN, ETC.) GRANT REQUESTS MUST BE SENT TO THE ORDER BEFORE GRANTS ARE AUTHORIZED AND APPROVED. THE MEMBERS

OF THE HOSPITALER COMMITTEE WILL GO TO EACH CHARITY TO INSPECT THEIR QUALIFICATIONS AND HOW THE GRANTS ARE BEING USED. ALSO, THE RECIPIENTS MUST

ACCEPT MEMBERS OF THE ORDER AS VOLUNTEERS WHO WORK WITH THEM IN CARRYING OUT THEIR MISSION OF HELPING THE SICK AND THE POOR



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Martha's Kitchen 311 Willow St San Jose CA 95110	91-2091094	501(C)(3)	\$14,000				AID TO THE SICK & POOR
(2) Mary, Health of the Sick 2929 Theresa Dr Newbury Park CA 9	95-2299398	501(C)(3)	16,000				AID TO THE SICK & POOR
(3) Mary's Kitchen PO Box 4247 Orange CA 92863	33-0592109	501(C)(3)	21,000				AID TO THE SICK & POOR
(4) Matt Talbot Center 2313 Third Ave Seattle WA 98121	91-1585652	501(C)(3)	\$20,000				AID TO THE SICK & POOR
(5) Mercy House PO Box 1905 Santa Ana CA 92702	33-0315864	501(C)(3)	22,000				AID TO THE SICK & POOR
(6) Mercy Retirement & Care Center 3431 Foothill Blvd Oakland CA 9460	94-1156579	501(C)(3)	25,000				AID TO THE SICK & POOR
(7) Mission of Mercy 1741 E. Morten Ave, Ste C2 Phoenix	86-0704883	501(C)(3)	25,000				AID TO THE SICK & POOR
(8) Most Holy Redeemer AIDS Supp 100 Diamond St San Francisco CA 9	94-1156774	501(C)(3)	9,000				AID TO THE SICK & POOR
(9) Order of Malta Direct Assistance 200 Magee Avenue Mill Valley CA 94	23-7450840	501(C)(3)	10,000				AID TO THE SICK & POOR
(10) Order of Malta Los Angeles Clini 2222 W Ocean View Ave, Ste. 112 Lo	95-3532418	501(C)(3)	130,000				AID TO THE SICK & POOR
(11) Order of Malta Oakland Clinic 2121 Harrison St, Ste. 110 Oakland C	20-5969389	501(C)(3)	155,000				AID TO THE SICK & POOR
(12) Our Lady of Mt. Carmel Catholic 9 El Caminito Road Monterey CA 93	94-1658203	501(C)(3)	3,500				AID TO THE SICK & POOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

74  
0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2011)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  
Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Poverello House, Tucson P.O. Box 50782 Tucson AZ 85703	27-3500868	501(C)(3)	7,500				TO AID THE SICK & POOR
(2) Providence Mount St. Vincent Fo 4831 35th Ave SW Seattle WA 98126	91-1188119	501(C)(3)	15,000				TO AID THE SICK & POOR
(3) Sacred Heart Community Serv 1381 S 1st St San Jose CA 95110	23-7179787	501(C)(3)	15,000				TO AID THE SICK & POOR
(4) Sacred Heart Shelter 232 Warren Ave North Seattle WA 98	91-1585652	501(C)(3)	15,000				TO AID THE SICK & POOR
(5) San Damiano Retreat Center 710 Highland Dr, PO Box 767 Danvill	94-1674666	501(C)(3)	7,500				TO AID THE SICK & POOR
(6) Santa Teresita Manor 819 Buena Vista St Duarte CA 91010	95-1878859	501(C)(3)	14,000				TO AID THE SICK & POOR
(7) Shelter Network 1450 Chapin Ave, 2nd Fl. Burlingam	77-0160469	501(C)(3)	15,000				TO AID THE SICK & POOR
(8) Sojourner Center P.O. Box 20156 Phoenix AZ 85036	94-2465081	501(C)(3)	20,000				TO AID THE SICK & POOR
(9) St. Anne's Maternity Home, Los 155 N. Occidental Blvd Los Angeles	95-1691306	501(C)(3)	5,000				TO AID THE SICK & POOR
(10) St. Felix Pantry 4020 Barbara Loop, SE Rio Rancho	85-0407376	501(C)(3)	15,000				TO AID THE SICK & POOR
(11) St. Francis Center - Los Angeles 1835 Hope St Los Angeles CA 90015	95-4479271	501(C)(3)	25,000				TO AID THE SICK & POOR
(12) St. Francis Center - Redwood Cit 151 Buckingham Ave Redwood City	94-3052056	501(C)(3)	7,500				TO AID THE SICK & POOR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **74**
- 3 Enter total number of other organizations listed in the line 1 table **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2011)



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  
Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) St. Ignatius Loyola Parish Social 3235 Arden Wy Sacramento CA 9582	94-1294946	501(C)(3)	5,000				TO AID THE SICK & POOR
(2) St. James Cathedral - Mental He 804 Ninth Ave Seattle WA 98104	91-0567738	501(C)(3)	25,000				TO AID THE SICK & POOR
(3) St. James Cathedral - Solanus C 804 Ninth Ave Seattle WA 98104	91-0567738	501(C)(3)	7,500				TO AID THE SICK & POOR
(4) St. John of God Retirement and 2468 S. St. Andrews Place Los Ange	95-3299706	501(C)(3)	7,500				TO AID THE SICK & POOR
(5) St. Joseph Hospital - La Amistad 1100 W. Stewart Dr Orange CA 9286	95-1643359	501(C)(3)	12,500				TO AID THE SICK & POOR
(6) St. Joseph the Worker P.O. Box 13503 Phoenix AZ 85007	86-0600437	501(C)(3)	6,000				TO AID THE SICK & POOR
(7) St. Jude Memorial Foundation - P.O. Box 4138 Fullerton CA 92834-41	95-1643325	501(C)(3)	12,500				TO AID THE SICK & POOR
(8) St. Mary's Center - Senior Outrea 925 Brockhurst St Oakland CA 9460	68-0172229	501(C)(3)	13,000				TO AID THE SICK & POOR
(9) St. Mary's Medical Center Found 450 Stanyan St San Francisco CA 94	94-3336143	501(C)(3)	5,000				TO AID THE SICK & POOR
(10) SVDP - Alameda 9235 San Leandro Street Oakland C	94-1156493	501(C)(3)	2,500				TO AID THE SICK & POOR
(11) SVDP - Marin, Free Dining Room P.O. Box 150527 San Rafael CA 9491	94-1207701	501(C)(3)	12,500				TO AID THE SICK & POOR
(12) SVDP - Monterey, Bitten Falge F P.O. Box V Carmel CA 03921-0646	77-0520525	501(C)(3)	12,500				TO AID THE SICK & POOR
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							74
3 Enter total number of other organizations listed in the line 1 table							0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2011)



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SVDP - Orange County, Second 8014 Marine Wy Irvine CA 92618	32-0362611	501(C)(3)	15,000				TO AID THE SICK & POOR
(2) SVDP - Phoenix, Ozanam Manor 420 W. Watkins St. Phoenix AZ 8500	86-0096789	501(C)(3)	17,000				TO AID THE SICK & POOR
(3) SVDP - San Mateo County, Cathie 50 North B St San Mateo CA 94401	94-1375833	501(C)(3)	8,000				TO AID THE SICK & POOR
(4) SVDP - San Mateo County, Penin 50 North B St San Mateo CA 94401-3	94-1375833	501(C)(3)	15,000				TO AID THE SICK & POOR
(5) SVDP. San Francisco - Vincentia 1237 Van Ness Ave, Ste 200 San Fra	94-1571017	501(C)(3)	15,000				TO AID THE SICK & POOR
(6) Taller San Jose 801 N. Broadway Santa Ana CA 9270	59-3816355	501(C)(3)	12,500				TO AID THE SICK & POOR
(7) Wellspring Women's Center P.O. Box 5728 Sacramento CA 95817	91-1752615	501(C)(3)	20,000				TO AID THE SICK & POOR
(8) .....							
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(11) .....							
(12) .....							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

74

3 Enter total number of other organizations listed in the line 1 table

0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2011)





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) St. Columbkille School 3216 Club Dr. Los Angeles, CA 90064	95-1661061		1,470				Supplies
(2) St. Elizabeth Elementary School 1516 33rd Ave Oakland, CA 94601	94-1156752		1,925				Supplies
(3) St. Elizabeth Seton School 1095 Channing Ave Palo Alto, CA	13-5266470		1,358				Supplies
(4) St. Agnes School 2311 E Palm Ln Phoenix AZ	86-0225627		980				Supplies
(5) St. Martin de Porres 675 41st St Oakland CA 94609	20-2697126		1,218				Supplies
(6) St. Matthew Elementary School 2038 W Van Buren St. Phoenix AZ	86-0150440		994				Supplies
(7) St. Peter's School 1266 Florida St. San Francisco CA	94-1156687		1,575				Supplies
(8) St. Philomena Catholic School 21832 S Main St Carson CA 90745	95-2234810		1,470				Supplies
(9) St. Raphael School 1100 5th Ave San Rafael CA 94901	95-1156814		742				Supplies
(10) School of Our Lady 2204 W. McFadden Santa Ana CA	20-2591415		1,148				Supplies
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	74
3	Enter total number of other organizations listed in the line 1 table	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2011)



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.**

Employer identification number

**23-7450840**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes ☒ No ☐
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Order of Malta N.C. Clinic 2121 Harrison St Oakland CA	20-5969389		24,167				program support
(2) Our Lady's Rosary Crusade 1462 Bongate Ct San Jose CA 95130	94-2851448		20,000				supplies
(3) St James Mental Health Clinic 804 Ninth Ave Seattle WA 98104	91-0567738		25,000				program support
(4) IntCatholicBioethicsColloquium 6399 Drexel Rd Philadelphia PA	04-2871526		10,000				program support
(5) Malteser Intl - Americas 1011 First Ave. Rm 1500 NY, NY	23-7095245		50,000				operations support
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

<b>2</b> Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	74
<b>3</b> Enter total number of other organizations listed in the line 1 table	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2011)



# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

Employer identification number

23-7450840

## Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Holy Family Hospital, Bethlehem 1730 M St. NW Washington DC	52-2050117		56,833				operations support
(2) CRUDEM Foundation / Hospital PO Box 11221 St Louis MO 03105	43-1660199		15,000				operations support
(3) Malteser International Von Werth Str 25-27 Cologne, Germ	26-3701623		2,903				operations support
(4) Order of Malta Grand Magistry Palao de Malta Via Condotti, Rome	49-1660199		225,465				operations support
(5) .....							
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(8) .....							
(9) .....							
(10) .....							
(11) .....							
(12) .....							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **74**

3 Enter total number of other organizations listed in the line 1 table **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2011)

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

**Part III can be duplicated if additional space is needed.**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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7					

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
<p><b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.</p>	

[illegible]

A	B	C	D	E	F	G	H	I	J	K
#	Charity	Address	City	State	Zip		Ein#	Grant	Contact	
1										
2	Bishop Gallegos Maternity Home	6423 Lang Ave	Sacramento	CA	95823		68-0315971	\$10,000	Mr Richard E. White	
3	Casa Teresa	PO Box 429	Orange	CA	92856		95-3251986	\$20,000	Ms Stacey Proctor	
4	Cathedral Outreach Hygiene Kit Program	555 W Temple St	Los Angeles	CA	90012		91-2090717	\$12,000	Deacon Gus Callipan	
5	Catholic Charities of Monterey - Order of Malta Tallooo Removal Prog	922 Hilby Ave, Ste C	Seaside	CA	93955		72-0042961	\$15,000	Ms Linda Byrne	
6	Catholic Charities of Orange County - Dots Canlay Ctr	1820 E 16th Street	Sanita Ana	CA	92701		95-3031389	\$22,500	Ms Tila Smith	
7	Catholic Charities of Phoenix - Dignity Program	1825 N Northern Ave	Phoenix	AZ	85021		53-0196617	\$13,000	Ms Tamara Hartman	
8	Catholic Charities of Santa Clara County, John XXIII Multi-Service Ctr	195 E San Fernando St	San Jose	CA	95112		94-2762269	\$12,000	Ms Maribou Cristina	
9	Christ Child Society of Phoenix	4633 N 54th St	Phoenix	AZ	85018		86-0725374	\$9,000	Ms Julie Berkel	
10	Handicapped of Marin	P.O. Box 89	Ross	CA	94957		91-1789409	\$1,500	Mr Mack Miller	
11	Holy Family Day Home	299 Dolores St	San Francisco	CA	94103		94-1156492	\$9,000	Ms Kathleen Hayden	
12	Little Sisters of the Poor, Jeanne Jugan Residence	2100 S Western Ave	San Pedro	CA	90732-4399		95-1972847	\$25,000	Sr Paul Magyar, lsp	
13	Little Sisters of the Poor, St. Anne's Home	300 Lake St	San Francisco	CA	94118		94-1156552	\$25,000	Sr Margaret Patricia Lennon, lsp	
14	Martha's Kitchen	311 Willow St	San Jose	CA	95110		91-2091094	\$14,000	Ms Edita Cruz	
15	Mary, Health of the Sick	2929 Theresa Dr	Newbury Park	CA	91320		95-2299398	\$16,000	Ms Kathy Tomashro	
16	Mary's Kitchen	PO Box 4247	Orange	CA	92863		33-0592109	\$21,000	Ms Gloria Suess	
17	Matt Talbot Center	2313 Third Ave	Seattle	WA	98121		91-1585652	\$20,000	Mr Gregory K. Alex	
18	Mercy House	PO Box 1905	Santa Ana	CA	92702		33-0315864	\$22,000	Mr Timothy Huynh	
19	Mercy Retirement & Care Center	3431 Foothill Blvd	Oakland	CA	94601		94-1156579	\$25,000	Sr Patricia Creedon, RSM	
20	Mission of Mercy	1741 E. Marlen Ave, Ste C2	Phoenix	AZ	85020		86-0704883	\$25,000	Ms Catherine Amial	
21	Most Holy Redeemer AIDS Support Group	200 Diamond St	San Francisco	CA	94114		94-1156774	\$9,000	Mr Ronald E. Pacheco	
22	Order of Malta Direct Assistance Program	200 Moggie Avenue	Mill Valley	CA	94941		23-7450840	\$10,000	Mr Dick Spolswood	
23	Order of Malta Los Angeles Clinic	2222 W Ocean View Ave, Ste 112	Los Angeles	CA	90057		95-3332418	\$130,000	Dr Daniel Sanchez, M.D.	
24	Order of Malta Oakland Clinic	2121 Hanson St, Ste 110	Oakland	CA	94612		20-5969389	\$155,000	William McInerney, KM	
25	Our Lady of Mt. Carmel Catholic Church	9 El Caminito Road	Monterey	CA	93924		94-1658203	\$3,500	Rev. Emil Robu	
26	Poverello House, Tucson	P.O. Box 50782	Tucson	AZ	85703		27-3500868	\$7,500	Mr David Buer	
27	Providence Mount St. Vincent Foundation	4831 35th Ave SW	Seattle	WA	98126		91-1188119	\$15,000	Ms Molly Swain	
28	Sacred Heart Community Service	1381 S 1st St	San Jose	CA	95110		23-7179787	\$15,000	Mr Pancho Guevara	
29	Sacred Heart Shelter	232 Warren Ave North	Seattle	WA	98109		91-1585652	\$15,000	Ms Gillian Parke	
30	San Damiano Retreat Center	710 Highland Dr, PO Box 767	Danville	CA	94526		94-1674666	\$7,500	Fr Raymond J. Bucher	
31	Santa Teresa Manor	819 Buena Vista St	Duarte	CA	91010		95-1879859	\$14,000	Mother Regina Marie, O.C.D.	
32	Shelter Network	1450 Chapin Ave, 2nd Fl	Burlingame	CA	94010		77-0160469	\$15,000	Karole Lale	
33	Soljourner Center	P.O. Box 20156	Phoenix	AZ	85036		94-2485081	\$20,000	Ms Connie Phillips	
34	St. Anne's Maternity Home, Los Angeles	155 N. Occidental Blvd	Los Angeles	CA	90026-4641		95-1691306	\$5,000	Mr Tony Walker	
35	St. Felix Parity	4020 Barbara Loop, SE	Rio Rancho	NM	87124-1021		85-0407376	\$15,000	Ms Margaret A. Haas	
36	St. Francis Center - Los Angeles	1835 Hope St	Los Angeles	CA	90015		95-4479271	\$25,000	Ms Jill Remelski	
37	St. Francis Center - Redwood City	151 Buckingham Ave	Redwood City	CA	94063		94-3052056	\$7,500	Sr Christina Helisley	
38	St. Ignatius Loyola Parish Social Ministries	3235 Arden Wy	Sacramento	CA	95825		94-1294946	\$5,000	Ms Jeanne Anderson-West	
39	St. James Cathedral - Mental Health Clinic	804 Ninth Ave	Seattle	WA	98104		91-0567738	\$25,000	Mr Lawrence Brouse	
40	St. James Cathedral - Solanus Casey Center	804 Ninth Ave	Seattle	WA	98104		91-0567738	\$7,500	Mr Lawrence Brouse	
41	St. John of God Retirement and Care Center	2468 S St Andrews Place	Los Angeles	CA	90018		95-3299706	\$7,500	Brother Stephen de la Rosa	
42	St. Joseph Hospital - La Amistad de San Jose Family Health Ctr, Dental Clinic	1100 W Stewart Dr	Orange	CA	92668		95-1643359	\$12,500	Mr Stephen Hollister	
43	St. Joseph The Worker	P.O. Box 13503	Phoenix	AZ	85007		86-0600437	\$6,000	Ms Amy Caffarello	
44	St. Jude Memorial Foundation - Healthy Beginnings Program	P.O. Box 4138	Fullerton	CA	92834-4138		95-1643325	\$12,500	Mr Barry Ross, MBA, MPH	
45	St. Mary's Center - Senior Outreach & Advocacy Program	925 Brookhurst St	Oakland	CA	94608		68-0172229	\$13,000	Ms Carol Johnson	
46	St. Mary's Medical Center Foundation, San Francisco	9305 Stryan St	San Francisco	CA	94117-1079		94-3336143	\$5,000	Ms Andrea D. Whitaker	
47	SVDP - Alameda	9235 San Leandro Street	Oakland	CA	94603		94-1156493	\$2,500	Mr Philip Arca	
48	SVDP - Marin, Free Dining Room	P.O. Box 150527	San Rafael	CA	94915		94-1207701	\$12,500	Ms Christine Paquette	
49	SVDP - Monterey, Bitten Folge Farm Workers Project	P.O. Box V	Carmel	CA	03921-0646		77-0520525	\$12,500	Mr Bob Condry	
50	SVDP - Orange County, Second Harvest Food Bank	8014 Marine Wy	Irvine	CA	92618		32-0362611	\$15,000	Mr Joe Schoenring	
51	SVDP - Phoenix, Ozanam Manor	420 W. Watkins St	Phoenix	AZ	85003		86-0096789	\$17,000	Mr Mike Bell	
52	SVDP - San Mateo County, Catherine's Center	50 North B St	San Mateo	CA	94401		94-1375833	\$8,000	Sr Marguerite Buchanan RSM	
53	SVDP - San Mateo County, Peninsula Family Resource Center	50 North B St	San Mateo	CA	94401-3917		94-1375833	\$15,000	Ms Lorraine Marley	
54	SVDP - San Francisco, Vincentian Family Resource Center	1237 Van Ness Ave, Ste 200	San Francisco	CA	94109		94-1571017	\$15,000	Mr Christopher Cody	
55	Teller San Jose	801 N Broadway	Santa Ana	CA	92701		59-3816355	\$12,500	Ms Shawna Smith	
56	Walispriing Women's Center	P.O. Box 5728	Sacramento	CA	95817		91-1752615	\$20,000	Sr Judy Illig, IBVM	
57								\$1,010,000		

Order of Malta, American Association		EIN	Telephone	Contact
1011 1st Ave. Rm 1500		23-7095245	212 371 1522	Dr. J. Trexler
New York NY 10022-4134				
Holy Family Hospital Foundation, Bethlehem		52-2050117	202 331 2494	Colleen Martta
1730 M St NW, Ste 403				
Washington DC 20036				
Order of Malta, Lebanese Association (properly: "Malte--Liban")				
C/o S.S.A. Française de Bourbon de Lobkowicz, Presidente				
30, avenue de New York				
75116 PARIS				
France				
CRUDEM Foundation--Hôpital Sacré Cœur		43-1660199		
PO Box 11221				
St Louis MO 03105				
Grand Magistry--Order of Malta		49-11150587		
Palazzo di Malta				
Via Condotti, 68				
00187 ROMA				
Italy				
Malfeser International		26-3701623	212 371 1522	Dr. J. Trexler
Pax Bank Koln				
Van-Werth Str 25-27				
50670 Cologne, Germany				



**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization

Employer identification number

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.**

**23-7450840**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	14	171,796	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( ) . . . . .				
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for  
which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	31	✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a	✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.**

Employer identification number

**23-7450840**

FORM 990, PART III 4d, OTHER PROGRAM SERVICES: GRANTS TO ORGANIZATIONS AIDING THE AGED, THE DISABLED, THE  
DISADVANTAGED, THE SICK AND THE POOR, AND DIRECT ASSISTANCE TO THOSE IN THESE CATEGORIES.

EXPENSES \$708,848. GRANTS OF 442,249. REVENUE OF \$38,500

FORM 990, PART VI, SECTION A, LINE 6: THE ORDER HAS MEMBERS

FORM 990, PART VI, SECTION A, LINE 7a: MEMBERS VOTE FOR ELECTED OFFICERS WHO HOLD OFFICE FOR THREE YEARS.

FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER, PRESIDENT AND CHANCELLOR ALL REVIEW THE 990 BEFORE IT IS FILED.  
THE RESULTS ARE DISCUSSED AT THE BOARD MEETING AND AUDIT COMMITTEE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 12c: THE ORDER HAS FOUR BOARD OF DIRECTOR MEETINGS PER YEAR AND REGULARLY  
DISCUSSES AND REVIEWS ALL RELATIONS FOR POTENTIAL CONFLICTING INTERESTS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORDER PERFORMS IN-DEPTH SEARCH AND COMPARISONS OF COMPENSATION FOR  
KEY EMPLOYEES. OFFICERS ARE ALL VOLUNTEERS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORDER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL  
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS (\$296,249).

Name of the organization

Employer identification number

SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION U.S.A.

23-7450840

**Part X, Column A Beginning of the Year:** The Order changed from a calendar year to a fiscal year at the end of 2010. Beginning of the year numbers are the ending numbers at the ending of the 1/1/2011 to 6/30/2011 fiscal year; a short six month period the was filed with the IRS in November 2011. See notes on Schedule A.

**SOVEREIGN MILITARY ORDER OF MALTA,  
WESTERN ASSOCIATION -  
UNITED STATES OF AMERICA**



**FINANCIAL STATEMENTS WITH  
INDEPENDENT AUDITORS' REPORT**

**Year Ended June 30, 2012**



LAUTZE & LAUTZE  
CPAs & FINANCIAL ADVISORS

**INDEPENDENT AUDITORS' REPORT**

Board of Directors  
SOVEREIGN MILITARY ORDER OF MALTA,  
WESTERN ASSOCIATION - UNITED  
STATES OF AMERICA  
San Francisco, California

We have audited the accompanying statement of financial position of SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION - UNITED STATES OF AMERICA (the ORDER) as of June 30, 2012, and the related statement of activities and cash flows for the year then ended. These financial statements are the responsibility of the ORDER's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION - UNITED STATES OF AMERICA as of June 30, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

*Lautze & Lautze*

San Francisco, California  
November 16, 2012

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION -**  
**UNITED STATES OF AMERICA**  
**STATEMENT OF ACTIVITIES**  
Year Ended June 30, 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Support, revenue, and gains (loss):				
Membership support:				
Annual contributions	\$ 990,215	\$ 4,950	\$ -	\$ 995,165
Initial contributions	83,790	101,814	-	185,604
Investiture	67,707	-	-	67,707
Other events	24,145	-	-	24,145
Annual appeal:				
General	1,165,934	153,063	-	1,318,997
Lourdes pilgrimage	150,185	675	-	150,860
Other	67,196	-	-	67,196
Other revenue and gains:				
Contributed services	275,750	-	-	275,750
Investment revenue (loss), net	(2,586)	20,053	(4,361)	13,106
Miscellaneous	180,643	-	-	180,643
Net assets released from restrictions	387,705	(387,705)	-	-
Total support, revenue, and gains (loss)	3,390,684	(107,150)	(4,361)	3,279,173
Expenses:				
Program expenses:				
Investiture	111,475	-	-	111,475
Other events	22,442	-	-	22,442
Lourdes pilgrimage	224,077	-	-	224,077
Grants and charitable contributions	1,592,399	-	-	1,592,399
Membership services	126,951	-	-	126,951
Support services:				
General and administration	556,202	-	-	556,202
Contributed services	275,750	-	-	275,750
Fundraising	231,995	-	-	231,995
Total expenses	3,141,291	-	-	3,141,291
Increase (decrease) in net assets	249,393	(107,150)	(4,361)	137,882
Net assets:				
Beginning	948,350	816,965	4,061,861	5,827,176
Ending	\$ 1,197,743	\$ 709,815	\$ 4,057,500	\$ 5,965,058

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION -  
UNITED STATES OF AMERICA  
NOTES TO FINANCIAL STATEMENTS  
June 30, 2012**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Purpose and Organization**

The Sovereign Military Hospitaller of St. John of Jerusalem of Rhodes and of Malta, often called the Order of Malta, the Knights of Malta, or simply the Order, is a lay religious order of the Roman Catholic Church dating back to the Middle of the eleventh century and is currently based in Rome. There are many associations worldwide and the Order of Malta, Western Association is one of them.

The SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION - THE UNITED STATES OF AMERICA (the ORDER) was organized to promote the spiritual and physical welfare of the sick and disabled, the poor, and the elderly, to aid and protect them and contribute to their material and moral support and to establish institutions of Christian charity to attend to their needs.

The ORDER's mission statement is as follows:

To promote the glory of God, through assisting with the spiritual development of its members and carrying out its charitable works for the sick, the needy, and refugees, without distinction of religion, race, origin, and age.

The ORDER's programs include the Hospitaller grants and the Lourdes Pilgrimage. The Hospitaller grants are provided to other not-for-profit organizations who offer programs to assist the sick and disabled, the poor, and the elderly. The Lourdes Pilgrimage program is a pilgrimage to Lourdes, France and it is held every year.

**Basis of Accounting**

The ORDER prepares its financial statements in accordance with accounting principles generally accepted in the United States of America, which involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

**Basis of Presentation**

**Classification of Net Assets**

Accounting principles generally accepted in the United States of America require that the ORDER report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Accordingly, the net assets of the ORDER are classified and reported as described below:

*Unrestricted:* Those net assets and activities which represent the portion of expendable funds that are available to support the ORDER's operations. A portion of these net assets may be designated by the Board of Directors for specific purposes.



**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION -  
UNITED STATES OF AMERICA**  
**NOTES TO FINANCIAL STATEMENTS**  
June 30, 2012

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Basis of Presentation** (continued)

**Classification of Net Assets** (continued)

*Temporarily Restricted:* Those net assets and activities which are donor-restricted for (a) support of specific operating activities; (b) investment for a specified term; (c) use in a specified future period; or (d) acquisition of long-lived assets.

*Permanently Restricted:* Those net assets and activities which are permanently donor-restricted for holdings of (a) assets donated with stipulations that they be used for a specified purpose, be preserved, and not be sold; or (b) assets donated with stipulations that they be invested to provide a permanent source of income.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Estimates subject to change are the depreciable lives of property and equipment, and the estimated fair values of certain investments.

**Cash and Cash Equivalents**

The ORDER considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. Cash and cash equivalents restricted as to their use are not included as cash equivalents, regardless of liquidity. Cash and cash equivalents held in money market funds are intended for investment purposes and are classified separately under investments.

**Investments**

Marketable investments in equity and debt securities are carried at fair value based upon quoted market prices.

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION -  
UNITED STATES OF AMERICA  
NOTES TO FINANCIAL STATEMENTS  
June 30, 2012**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Revenue Recognition (continued)**

**Contributed Services**

Contributed services are recorded as contributions at their estimated value on the date of receipt. The contributed services are for the overall management of the ORDER.

The ORDER records contribution revenue for certain services received at the fair value of those services, if the services (a) create or enhance nonfinancial assets, or (b) require specialized skills, are provided by individuals possessing those skills, and would be purchased if not donated.

For the year ended June 30, 2012, the ORDER received donated services totaling \$275,750.

**Investment Income**

Realized and unrealized gains and losses and investment income (losses) derived from investment transactions are included as income in the year earned.

**Miscellaneous Income**

Miscellaneous income includes \$142,622 in net assets of Locations.

**Income Taxes**

The ORDER is a qualified organization exempt from federal income taxes under §501(c)(3) of the Internal Revenue Code and California franchise taxes under §23701d of the California Revenue and Taxation Code.

The ORDER has adopted the accounting standard on accounting for uncertainty in income taxes, which prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken, in a tax return and requires the affirmative evaluation that is more-likely-than-not, based on the technical merits of a tax position, that an enterprise is entitled to economic benefits resulting from tax positions taken in income tax returns.

If a tax position does not meet the more-likely-than-not recognition threshold, the benefit of that position is not recognized in the financial statements. This standard also requires organizations to disclose additional quantitative and qualitative information in their financial statements about uncertain tax positions.

The ORDER's evaluation on June 30, 2012 revealed no tax positions that would have a material impact on the financial statements. The 2009 through 2011 tax years remain subject to examination by the Internal Revenue Service. In addition, the 2008 through 2011 tax years remain subject to examination by the California Franchise Tax Board. The ORDER does not believe that any reasonably possible changes will occur within the next twelve months that will have a material impact on the financial statements.

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION -  
UNITED STATES OF AMERICA  
NOTES TO FINANCIAL STATEMENTS  
June 30, 2012**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Grants**

Grant expense is recorded when the Hospitaller Committee approves the grant disbursement.

**Concentrations of Risk**

Financial instruments which potentially subject the ORDER to concentrations of credit risk consist principally of cash, cash equivalents and investments. The ORDER maintains its cash in various bank deposit accounts which, at times, may exceed federally insured limits. The ORDER has not experienced any losses in such accounts. The ORDER attempts to limit its credit risk associated with cash equivalents and investments by utilizing outside investment managers to place the ORDER's investments with highly rated corporate and financial institutions. Management believes that the ORDER is not exposed to any significant credit risk related to these concentrations.

**Recent Accounting Pronouncements**

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-04, Fair Value Measurement (Topic 820): *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*. ASU 2011-04 provides guidance which is expected to result in common fair value measurement and disclosure requirements between U.S. GAAP and International Financial Reporting Standards (IFRS). It changes the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. For many of the requirements, the FASB does not intend for ASU 2011-04 to result in a change in the application of the requirements in Topic 820. Some of the amendments clarify the FASB's intent about the application of existing fair value measurement requirements. Other amendments change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. ASU No. 2011-04 is to be applied prospectively and is effective for annual periods beginning after December 15, 2011. The adoption of this guidance is not expected to have a material impact on the ORDER's financial statements.

In January 2010, the FASB issued guidance that clarifies existing disclosures and requires new disclosures about fair value measurements. The clarifications and the requirement to disclose the amounts and reasons for significant transfers between Level 1 and Level 2 and significant transfers into and out of Level 3 of the fair value hierarchy are effective for periods beginning after December 15, 2009. The new requirement that purchases, sales, issuances, and settlements be presented gross in the Level 3 reconciliation is effective for fiscal years beginning after December 15, 2010 and for interim periods within those years, with early adoption permitted. Since this new guidance only amends the disclosure requirements, the adoption of this pronouncement did not have any impact on the ORDER's financial statements or disclosures.

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION -  
UNITED STATES OF AMERICA  
NOTES TO FINANCIAL STATEMENTS  
June 30, 2012**

**2. FAIR VALUE MEASUREMENTS AND INVESTMENTS (CONTINUED)**

*Money Market Mutual Funds:* The funds are held in a money market account and the value is readily available.

*International Equity Mutual Funds:* The funds invest primarily in common stocks and other equity securities of non-U.S. companies (including common stocks, securities convertible into common stocks and warrants to acquire common stocks). Up to 10 percent of the fund can be invested in equity securities of issuers located in emerging markets. The fund is designed to outperform its benchmark, the Morgan Stanley Capital International World ex-U.S. Index, over a full-market cycle, primarily through active stock selection. Portfolio holdings will typically range from 150 to 300 equity securities. Fair values are determined by reference to quoted market prices for similar investments, yield curves, and other relevant information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the ORDER believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measure at the reporting date.

There have been no substantive changes in the valuation methodologies during the year ended June 30, 2012.

The following table provides information as of June 30, 2012 about the ORDER's financial assets and liabilities measured at fair value on a recurring basis:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	June 30, 2012
Assets at fair value:				
Domestic mutual funds	\$ 2,699,830	\$ -	\$ -	\$ 2,699,830
Bond mutual funds	1,754,140	-	-	1,754,140
Exchange traded gold fund	412,351	-	-	412,351
Money market mutual funds	118,398	-	-	118,398
International equity mutual funds	229,392	-	-	229,392
	<u>\$ 5,214,111</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,214,111</u>

**SOVEREIGN MILITARY ORDER OF MALTA, WESTERN ASSOCIATION -  
UNITED STATES OF AMERICA**  
**NOTES TO FINANCIAL STATEMENTS**  
June 30, 2012

**2. FAIR VALUE MEASUREMENTS AND INVESTMENTS (CONTINUED)**

Investments at June 30, 2012, and the cumulative unrealized gain (loss) for the year then ended, consist of the following:

	<u>Fair Value</u>	<u>Historical Cost</u>	<u>Cumulative Unrealized Gain (Loss)</u>
Domestic mutual funds	\$ 2,699,830	\$ 2,113,977	\$ 585,853
Bond mutual funds	1,754,140	1,634,282	119,858
Exchange traded gold fund	412,351	789,001	(376,650)
Money market mutual funds	118,398	118,398	-
International equity mutual funds	229,392	239,000	(9,608)
	<u>\$ 5,214,111</u>	<u>\$ 4,894,658</u>	<u>\$ 319,453</u>

The following analysis summarizes the investment revenue (loss) and its classification in the statement of activities:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Interest and dividend income	\$ 14,015	\$ 93,644	\$ -	\$ 107,659
Realized and unrealized losses from investments	(14,539)	(60,653)	(4,361)	(79,553)
Less investment management fee	(2,062)	(12,938)	-	(15,000)
	<u>\$ (2,586)</u>	<u>\$ 20,053</u>	<u>\$ (4,361)</u>	<u>\$ 13,106</u>

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**3. TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets at June 30, 2012 are restricted for the following:

Endowment earnings	\$ 436,463
Youth Pilgrimage	126,200
Other	114,664
Charitable works of the ORDER	31,813
Lourdes Pilgrimage	675
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	\$ 709,815
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**4. PERMANENTLY RESTRICTED NET ASSETS**

Permanently restricted net assets include gifts with respect to which donors have stipulated, as a condition in the gift instrument, that the principal is to be held indefinitely. Permanently restricted net assets at June 30, 2012 consist of the following:

Charitable Fund	\$ 2,947,938
Fra Harold and Dame Lillian Harvey Endowment	1,109,562
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	\$ 4,057,500
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**5. NET ASSETS RELEASED FROM RESTRICTIONS**

Net assets were released from restrictions by incurring expenses satisfying the restricted purposes or by the occurrence of other events specified by donors during the year ended June 30, 2012, as follows:

Endowment earnings	\$ 190,300
Membership Support	91,750
Youth Pilgrimage 2011	60,900
Order of Malta Clinic - Oakland	24,167
2011 Annual Appeal	20,588
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	\$ 387,705
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**6. ENDOWMENT**

The ORDER's endowment consists of two individual funds established for a variety of purposes. Its endowment includes donor-restricted endowment funds. As required by generally accepted accounting principles (GAAP), net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

In January 2011, the Board of Directors elected to consolidate four individual endowment funds with the same purpose, to aid the poor, the elderly and the sick, into a single endowment fund, Charitable Fund. The former individual endowment funds were: Endowment Fund for the Aged, Hospitaller Endowment, General Endowment and Defense of Faith.

**Interpretation of Relevant Law**

The Board of Directors of the ORDER has interpreted California's enacted version of Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the ORDER classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the ORDER in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the ORDER considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the ORDER and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the ORDER
- (7) The investment policies of the ORDER

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**6. ENDOWMENT (CONTINUED)**

**Endowment net asset composition by type of fund as of June 30, 2012:**

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds:				
Charitable Fund	\$ -	\$ 389,420	\$ 2,947,938	\$ 3,337,358
Fra Harold and Dame Lillian Harvey Endowment	-	-	1,109,562	1,109,562
Fra Harold and Dame Lillian Harvey Endowment				
Unspent Earnings	-	47,043	-	47,043
Total funds	<u>\$ -</u>	<u>\$ 436,463</u>	<u>\$ 4,057,500</u>	<u>\$ 4,493,963</u>

**Changes in endowment net assets for the year ended June 30, 2012:**

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ -	\$ 606,659	\$ 4,061,861	\$ 4,668,520
Investment return (loss):				
Interest and dividend income	-	80,706	-	80,706
Net depreciation (realized and unrealized)	-	(60,653)	(4,361)	(65,014)
Total investment return (loss)	-	20,053	(4,361)	15,692
Adjustments	-	51	-	51
Appropriation of endowment assets for expenditure	-	(190,300)	-	(190,300)
Net change	-	(170,196)	(4,361)	(174,557)
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ 436,463</u>	<u>\$ 4,057,500</u>	<u>\$ 4,493,963</u>



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**6. ENDOWMENT (CONTINUED)**

**Funds with Deficiencies**

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the ORDER to retain as a fund of perpetual duration. There were no such deficiencies as of June 30, 2012.

**Return Objectives and Risk Parameters**

The ORDER has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment fund assets include those assets of donor-restricted funds that the ORDER must hold in perpetuity or for a donor-specified period. Under this policy, as approved by the Board of Directors, the endowment should be constructed to earn a return (after inflation) of at least 5% to protect and enhance the real purchasing power of the endowment fund assets. Actual returns in any given year may vary from this estimate.

**Strategies Employed for Achieving Objectives**

The endowment fund is managed with a long-term investment horizon under the belief that asset allocation and investment manager expertise are the major determinants of investment performance. The Investment Committee makes portfolio construction decisions in accordance with the investment objectives as described in the ORDER's investment policy. Asset allocations for the purpose of "market timing" are considered inappropriate.

The endowment fund is allocated across a number of investment asset classes with different fundamental characteristics, to provide diversification and reduce risk, in order to achieve the endowment fund's investment objectives. Due to fluctuations in market values, allocations within the specified permitted range constitute compliance with the spending policy below. Depending on the asset class, an extended period of time may be required to fully implement allocation target weightings and potential future target weighting revisions.

**Spending Policy and How the Investment Objectives Relate to Spending Policy**

The endowment fund is used to support the mission of the ORDER. For spending purposes, the maximum annual payout will be no greater than 5% of the average ending net asset balances of the endowment fund over the trailing twelve fiscal quarters. Actual payout is in accordance with amounts determined by the Board of Directors and the Investment Committee. Any change to the annual maximum payout distribution policy of the endowment fund requires a supermajority (75%) approval of the Board.

**7. RETIREMENT PLANS**

The ORDER participates in a SIMPLE IRA covering all full time employees. For each year, the ORDER contributes a matching contribution to each eligible employee's SIMPLE IRA equal to the employee's salary reduction contributions up to a limit of 3% of the employee's compensation for the calendar year. For the year ended June 30, 2012, the ORDER contributed \$7,999 to the plan.

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**8. COMMITMENTS**

The Order leases office space in San Francisco, California. The lease expired on June 30, 2012 and was extended for additional five years through June 30, 2017. The ORDER is required to pay a monthly base rent of \$6,123, subject to annual adjustments based on increases in the Consumer Price Index for the San Francisco Bay Area not to exceed 3.00%. In addition, the ORDER pays for 1.22% of the building's real estate taxes and operating expenses incurred by the landlord. For the year ended June 30, 2012, rent expense amounted to \$79,029.

The ORDER is obligated under non-cancelable leases for certain types of office equipment. The leases are accounted for as operating leases and will expire between 2015 and 2017. Minimum rent is payable at \$4,594 per quarter. For the year ended June 30, 2012, equipment rent amounted to \$25,365.

The following is a schedule of minimum lease commitments for the years ending June 30:

2013	\$ 91,852
2014	91,852
2015	91,852
2016	73,476
2017	73,476
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	\$ 422,508
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**9. SUBSEQUENT EVENTS**

The ORDER has evaluated all subsequent events through November 16, 2012, the date the financial statements were available to be issued and has determined that no other events were required to be disclosed.