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#### Form 990-PF

#### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

					ax year beginnin		77,01		JII, 8	na enaing (	2/3	, 2012			
	ST.	M.	ARYS	COUNCIL CHARITIE	NO 1470 K	NIGH'	rs of				A	Employer identification no 33-1109715	ımber		
	PO	BO	X 152	2 WN, MD 2							В	Telephone number (see the 301-475-9224	instructions)		
										С	C If exemption application is pending, check here				
							Initial Return of a former public charity Amended return			D	1 Foreign organizations, che	eck here ►			
	Address change						Nam	e change				2 Foreign organizations med	eting the 85% test, check		
	Н			e of organiza in 4947(a)(1)	ation. X Sec	tion 50 utable	1(c)(3) trust	exempt privat	te fou	ndation	E	here and attach computat  If private foundation statu			
	1	Fair	market v	value of all asset	ts at end of year		trust Other taxable private foundation counting method: X Cash Accrual			┤╴	under section 507(b)(1)(A				
	<b>&gt;</b>	\$	II FAIL II,		, 303.	(Part I	Other (s	pecify) n (d) must be	on c	ash basis )	F	If the foundation is in a 6 under section 507(b)(1)(E	O-month termination		
	Par	t I		ysis of Re	venue and		(a)	Revenue and		(b) Net investme	nt	(c) Adjusted net	(d) Disbursements		
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))					exper	nses per book	(S	income		income	for charitable purposes (cash basis only)			
					grants, etc, received (	-		51,554							
SCANNED WAR 0 4 2013.			2 Ck 3 Int		oundn is not req to att		ļ					, ,	11 th 5 "F \$ 10 \$		
				sh investmer	ings and tempor	ary		77	7.	7	77.	N/A	The state of the s		
					est from securities								1年 後の記録を持ちまれます		
			<b>b</b> Net	oss rents.	•		ļ						1 1911年 1911年 1911年		
	R E V E	ł	_ `	(loss)   gain/(loss) from	sale of assets not on	line 10	<del> </del>		-		V-4	A STATE OF THE STATE OF	1年の一日本の一日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日		
			<b>b</b> Gro	ess sales price for ets on line 6a			•	·	7 -			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACTOR OF THE		
		ļ	<b>7</b> Cap	pital gain net inco	ome (from Part IV, line	2)			`			50 x x x x x x x x x x x x x x x x x x x	<b>网络中心运行场的</b> 对话的		
2	N U	Ì		et short-term come modific					-		,		The same of the same		
	Ě	-		ess sales less urns and owances ,			<del></del>	.,	+		,,,	14 85.4	おいて、 経験を発がかります。		
٧				owances , s' Cost of			,	1		• • • • •	١	The state of	证 为时间 医大线性 八		
(U)			goo	ds sold .			· · · ·			-	- ja	17.	<b>注射 建铁铁</b>		
		١,		ss profit/(loss)	(att sch) attach schedule)				-				" 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
					attach schedule)				ı				5 7 7 14 7 6 13 14 14 - 44 25 6 14 14 14		
					1 through 11			51,631		7	7.		278 3 82		
		- 1		•	cers, directors, trustee	s, etc		0	•						
		- 1 '			aries and wages . employee benef	ıte									
	A	١,	15 Pension plans, employee benefits 16a Legal fees (attach schedule)					+	-	-	7	<del></del>			
	Ņ	ì		ounting fees (att		ST. 1.		2,545			-	***	2,545.		
	0 1			er prof fees (atta	ach sch)		_				· ,	- 6 20 ii			
	O I			erest s (attach schedule)(se	e instrs) SEE S	rm 2		<del></del> 7				. 6 6619			
	RR	۱ .	9 De	preciation (a	ttach	111 2			╫	1 . 7	• -	1			
	A A	ہ ا		n) and deplet	ion .				_ _	· · · · · · · · · · · · · · · · · · ·		· ., .			
	N V			cupancy svel. conferer	nces, and meetir	าตร			-			-			
	A E	2	2 Prii	nting and pul	blications										
	D P		23 Oth	ner expenses S	(attach schedul EE STATEME:	e) NT 3		70							
	S	2	4 Tot	tal operating	and administra	tive		2 622							
	S	2	exp S Coni	tributions aifts	lines 13 through grants paid PART	23 XV		2,622 63,451	-	<del></del>			2,545.		
			6 Tot		and disburseme			66,073	+-		0.		63,451. 65,996.		
		2	? <b>7</b> Sub	btract line 26	from line 12:				$\dot{+}$	-	<del>``</del>		05, 990.		
			and	d disburseme	•		<del></del>	-14,442							
					ne (if negative, enter	· 1			+	7	7.				
	D 4 4	_L_		isted net income	(if negative, enter -0	) .									



Da	111	Palanca Shoots	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	E	.na c	of year
Car	ı II	Balance Sheets	column should be for end-of-year amounts only, (See instructions )	(a) Book Value	(b) Book Value	;	(c) Fair Market Value
	1		<u> </u>	63,958.	39,43		39,438.
	2		iry cash investments .	21,787.	31,86		31,865.
	1	Accounts receivable	► .	22,707.	32,00	<del></del>	32,000.
		Less allowance for d	loubtful accounts	<del>-                                     </del>			
	۱,	Pledges receivable	b	<del></del>	<del></del>		
	~	Less: allowance for d	loubtful accounts				•
	5	Grants receivable	doubtion accounts	+	<del></del>		
	l		· · · · · · · · · · · · · · · · · · ·	·			
	6	disqualified persons (attacl	ers, directors, trustees, and other in schedule) (see instructions)				
	7	Other notes and loans rece	vable (attach sch)	<b>-</b>		-	The second section is a second
S		Less: allowance for d	oubtful accounts				
Š	8	Inventories for sale o	ruse				
A S S E T S	9	Prepaid expenses an	d deferred charges				
Š	10:	a Investments – US a obligations (attach sc	and state government hedule)				
	1	b Investments — corporate s	tock (attach schedule)				
	١,	c Investments — corporate b	onds (attach schedule)				
	11	Investments – land, l	buildings, and	19 19 19 19 19 19 19 19 19 19 19 19 19 1			and the second
	į	Less accumulated deprecia	ition		'4.MAL 94^ µ x	-	The second section of the second seco
	10	(attach schedule).			<del></del>		
		Investments - mortg	<b>5</b>				
	13	Investments - other	•	PACH IN A PROPERTY OF THE	おける かん マイガム	, Y	1 - 1 3 - 1 3 - 1 3 3 3 4 3 5 4 3 5 4 3 5 4 3 5 4 3 5 4 3 5 6 5 6 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6
	14	, <b>J</b> -,				,	Man Wallet And All Market
		Less: accumulated deprecia (attach schedule)	<b></b>				
		Other assets (describ Total assets (to be co see the instructions.		85,745.	71,30	3.	71,303.
Ļ	17	Accounts payable and	d accrued expenses.				
Å	18	Grants payable		,			
B	19	Deferred revenue					
L	20	Loans from officers, directo	ors, trustees, & other disqualified persons .				THEFT
Ī	21	Mortgages and other notes	payable (attach schedule) .				
ŀ	22	Other liabilities (describ	pe ►	)			
É		Takal Habilitiaa /add I	17 Abrough 200	0.		Ο.	
<u> </u>	23	Total liabilities (add				<u>U.</u>	
		and complete lines 2	ow SFAS 117, check here 4 through 26 and lines 30 and 31.	1			
N F E U T N	24	Unrestricted					
TN	25	Temporarily restricted	l				
ח	26	Permanently restricte					
A B A L A		Foundations that do and complete lines 2	not follow SFAS 117, check here ► 🛭 7 through 31.	<u> </u>			
E L T A	27	-	incipal, or current funds .				
S N C	28		or land, building, and equipment fund			_	
OE	29	- ·	ated income, endowment, or other funds	85,745.	71,30		, , , ,
RS	30		ind balances (see instructions)	85,745.	71,30	3.	1
	31	(see instructions)	et assets/fund balances	85,745.	71,30	13	4
Parl			es in Net Assets or Fund Balan		71,50	. J .	<u> </u>
1	rotal	i net assets or fund bal of-vear figure reported	ances at beginning of year — Part II, colon prior year's return)	iumn (a), line 30 (must a	gree with	1	85,745.
2		r amount from Part I, I		•	·	2	-14,442.
		increases not included in line			-	3	22/ 2441
		lines 1, 2, and 3				4	71,303.
		ases not included in line 2 (it	emize)	••		5	, 1, 555.
		•	ances at end of year (line 4 minus line 5	5) - Part II column (b) I		6	71,303.
	, , (a)	THE GOOD OF TURIN DAI	and a cria or your time + minus line a	-, - i are ii, colailiii (0), i			71,000.

·	(a) List and describ	Losses for I ax on Investmer e the kınd(s) of property sold (e.g , r se; or common stock, 200 shares Mi	eal estate.	(b) How acqui	se (month, day, year)	(d) Date sold (month, day, year)			
1 8	N/A		<del></del>	5 50110111					
	;								
	<u> </u>								
	<del></del>			<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (loss) (e) plus (f) minus (g)				
	<del></del>				<del> </del>				
						····			
	<del></del>					<del></del>			
	<del> </del>				<del> </del>				
	·	ing gain in column (h) and owned by	the foundation on 12/31/69	; -	(I) Cours (Coli	/b>			
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	(1)	(I) Gains (Coli gain minus column (I than -0-) or Losses (fr	(), but not less			
	<del></del>								
t						<del> </del>			
<del></del> ;	·····								
		-							
2	Capital gain net income or (ne	t capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7		2				
3	Net short-term capital gain or	(loss) as defined in sections 1222(5)	_		=				
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions). If	(loss), enter -0-		3				
Pár	t:V礫 Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investme	ent Incom	е				
Was	es,' the foundation does not qual	tion 4942 tax on the distributable an ify under section 4940(e). Do not co	mplete this part.	·	Yes	X No			
		n each column for each year, see th		g any entries	<del></del>				
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use ass	ets (	<b>(d)</b> Distribution column (b) divided				
	2010	63,970.	8(	5,918.		0.735981			
	2009								
	2008								
	2007		·						
	2006		<del></del>						
2	Total of line 1, column (d)				2	0.735981			
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than 5	otal on line 2 by 5, or by the		3	0.735981			
4	Enter the net value of nonchar	table-use assets for 2011 from Part	X, line 5		4	73,143.			
5	Multiply line 4 by line 3				5	53,832.			
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)			5	1.			
7	Add lines 5 and 6			-	7	53,833.			
8	Enter qualifying distributions from	om Part XII, line 4			8	65,996.			
	If line 8 is equal to or greater to Part VI instructions	nan line 7, check the box in Part VI,	line 1b, and complete that p	oart using a	1% tax rate. See th	ie			

Form	990-PF (2011) ST. MARYS COUNCIL NO 1470 KNIGHTS OF 33-1109715		F	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	ıs)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)			
Ł	Domestic foundations that meet the section 4940(e) requirements in Part V,	_		1.
	check here ► X and enter 1% of Part I, line 27b			1
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		~	- }
2	foundations only Others enter -0-).			0.
3	Add lines 1 and 2 .			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			1.
6	Credits/Payments Credits/Payments/Pa			
а	2011 estimated tax pmts and 2010 overpayment credited to 2011			-
	Exempt foreign organizations – tax withheld at source		-	4
	Tax paid with application for extension of time to file (Form 8868)	, ,	-	. 1
	Backup withholding erroneously withheld		,	
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here I if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.			1.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be. Credited to 2012 estimated tax			
Par	t VII-A Statements Regarding Activities			
1 .	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
1 6	participate or intervene in any political campaign?	1 a		X
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
•	(see the instructions for definition)?	1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published		**************************************	
	or distributed by the foundation in connection with the activities	1	2,1	
C	Did the foundation file Form 1120-POL for this year?	1c		X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation   (2) On foundation managers  (3) 0.			
	(1) On the foundation . > \$ 0. (2) On foundation managers > \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	1		
	foundation managers . >\$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If 'Yes,' attach a detailed description of the activities		3	- 74
2		.;	آياً ! بخشوست	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3_		Χ
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T.		•	4
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		,	4
	By language in the governing instrument, or		'	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	<u>,</u> ;		ائہ ۔۔ ٰ
	with the state law remain in the governing instrument?	6	X_	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1
	MD			
t	off the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			-
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation .	86	<u>X</u>	<del></del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV			
	for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			v
BAA	and addresses	10	0 PE	2011)
				- 1111

Forn	1 990-PF (2011) ST. MARYS COUNCIL NO 1470 KNIGHTS OF 33-1	1109715		Page 5
Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	. 1	1	x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified perso advisory privileges? If 'Yes,' attach statement (see instructions)	n had	2	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications.	ion? . 1	3 X	
	Website address ► <u>N/A</u>			
14	The books are in care of W P RUSSELL Telephone no.		<u>-922</u>	4
15	Located at > 20045 TOWER HILL ROAD LEONARDTOWN MD ZIP + 4 > 2065			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	. N	/ A	N/A
10		<u> </u>	Ye	1
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority or bank, securities, or other financial account in a foreign country?	· · ·   1	6	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ►	е		1
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	<u> </u> _	Ye	s No
1 a	During the year did the foundation (either directly or indirectly):	I	٠ .	:   :
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No		
	· · · · · · · · · · · · · · · · · · ·	X No	w.c	
		X No		7
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	X No	1 12 1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes	X No		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes	XNo		
Ł	olf any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in			
-	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	_	1 b	N/A
	Organizations relying on a current notice regarding disaster assistance check here	$\sqcup$		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?		் ப் 1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	.	i i	
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d	(V)		4 34
		X No	''لَقَةِ	
			, .	
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement — see instructions)		2 b	N/A
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	<del>-</del>	-	7
	► 20, 20, 20		. •	
		X No		
t	of f 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)		3 Ь	N/A
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. [ ,	4 a	х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?		4 b	X
BAA		Form	990-PI	(2011)

Form 990-PF (2011) ST. MARYS COUNCIL	NO 1470 KNIGHT	rs of	33-11	09715 Page <b>6</b>
Part VII-B   Statements Regarding Activit	ies for Which Forn	n 4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incu	ur any amount to:			
(1) Carry on propaganda, or otherwise attem			Yes X	No
<ul><li>(2) Influence the outcome of any specific put on, directly or indirectly, any voter registra</li><li>(3) Provide a grant to an individual for travel,</li></ul>	ation drive? .			No No
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc. o	roanization described		No 5
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific	c, literary, or		No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	irding disaster assistan	ce check here		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	isibility for the grant?		. N/A Yes	No No
If 'Yes,' attach the statement required by Reg	ulations section 53 494.	5-5(d).		
6a Did the foundation, during the year, receive a on a personal benefit contract?	•		. Yes X	No S
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b X
7a At any time during the tax year, was the found	dation a party to a proh	nbited tax shelter transa	action? Yes X	No L
<b>b</b> If 'Yes,' did the foundation receive any proceed				N/A 7b
Part VIII Information About Officers, Dand Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	Imployees,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		· ··	compensation	
		0.	0.	0.
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1- see in	structions). If none, er	nter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
			ļ	
Total number of other employees paid over \$50,000	•		<b>•</b>	0
BAA	TEEA0306L 1:	2/05/11		Form <b>990-PF</b> (2011)

Part VIII Information About Officers, Directors, Trustees, Foundation	Managers, Highly Paid E	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instruction		
(a) Name and address of each person paid more than \$50,000  NONE	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ion such as the number of	Expenses
1 <u>N/A</u>		
2		······································
3		
4		
Part, IX-B: Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the  1		Amount
		<del> </del>
All other program-related investments See instructions.  3		
Total. Add lines 1 through 3	▶	0.

BAA

Form **990-PF** (2011)

Form 990-PF (2011) ST. MARYS COUNCIL NO 1470 KNIGHTS OF	<u>33-1109715</u>	Page <b>8</b>
Part X   Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign four	idations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:  a Average monthly fair market value of securities	- 1	
	1 a	<del></del>
<b>b</b> Average of monthly cash balances	1 b	74,257.
c Fair market value of all other assets (see instructions)	1c	<del></del>
d Total (add lines 1a, b, and c)	1 d	74,257.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	_	
	0.	_
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	74,257.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,114.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	73,143.
6 Minimum investment return. Enter 5% of line 5	6	3,657.
Part XI: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op	erating found	dations
and certain foreign organizations check here ▶ ☐ and do not complete this part.	)	<u> </u>
1 Minimum investment return from Part X, line 6	1	3,657.
	<u>1.</u>  ```	
b Income tax for 2011 (This does not include the tax from Part VI.)	1 2 2 mg	
<b>c</b> Add lines 2a and 2b	2 c	1.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	3,656.
4 Recoveries of amounts treated as qualifying distributions	4	
<b>5</b> Add lines 3 and 4	5	3,656.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .	7	3,656.
Part XII Qualifying Distributions (see instructions)		
1. Amounts need (maluding administrative expenses) to accomplish charitable, etc. nursesses	7.0	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	65,996.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a 3b	
<ul><li>b Cash distribution test (attach the required schedule)</li><li>4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.</li></ul>	4	65,996.
	<del>  •  </del>	03, 330.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	1.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	65,995.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Form **990-PF** (2011)

#### Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
1	Distributable amount for 2011 from Part XI, line 7	<del></del>			3,656.
2	Undistributed income, if any, as of the end of 2011:		<del></del>		- 0,000.
	Enter amount for 2010 only			0.	
Ł	Total for prior years: 20 , 20 , 20		0.		
3	Excess distributions carryover, if any, to 2011:				
	From 2006				ر ا
t	From 2007				
c	: From 2008			•	,
c	From 2009 .	•	• •	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e	From 2010 59, 631.	- 4		,	
f	Total of lines 3a through e	59,631.	١ ,	, ,	* 9.5
4	Qualifying distributions for 2011 from Part	•	,	ř	الم المنظمية المراجعة المراجعة المراجعة
	XII, line 4: ► \$65,996.	. v		2 2 2	
	Applied to 2010, but not more than line 2a	* * * * * * * * * * * * * * * * * * *		0.	
t	Applied to undistributed income of prior years (Election required – see instructions)		0.		
c	: Treated as distributions out of corpus (Election required – see instructions)	0.			
	Applied to 2011 distributable amount	31 25 K 1 1 2 3 3 5 5	1 1 at Marchine	State of the state of	3,656.
	Remaining amount distributed out of corpus	62,340.	16167 7 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1250 0 2 18 2 20
	Excess distributions carryover applied to 2011 .	0.	47	高声 化海流流	0.
_	(If an amount appears in column (d), the	校子 经总统 经收益证	8 - Ta. 17-4: 18 7-18.	6 4 100000000000000000000000000000000000	
	same amount must be shown in column (a).)		20 € 7 1 4 4 10 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_	Filter Aller with Autolog and and an alternative and				
6	Enter the net total of each column as indicated below:	The state of the s	المقسم في المناهمية الدين المناه	The state of the s	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	121, 971.			THE STATE OF
	Prior years' undistributed income. Subtract	A STATE OF THE STA	0.	and the state of t	
_	line 4b from line 2b		U.	7 7 7 7	**************************************
C	Enter the amount of prior years' undistribut- ed income for which a notice of deficiency	Secretary and the			
	has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
	· · ·			1. 1. 4. 2. 2. 4. 3. 2. 4. 3. 2. 4. 4. 3. 2. 4. 4. 3. 2. 4. 4. 3. 2. 4. 4. 3. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	A CARLON A SA
d	Subtract line 6c from line 6b. Taxable amount – see instructions	2.0	0.		
е	Undistributed income for 2010. Subtract line 4a from			_	
	line 2a. Taxable amount — see instructions		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
f	Undistributed income for 2011 Subtract lines		1 t 10 m		
	4d and 5 from line 1. This amount must be distributed in 2012.				0.
7	Amounts treated as distributions out of			,	
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	,			4
	(see instructions)	0.			
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.		,	
9	Excess distributions carryover to 2012.	0.			<u> </u>
-	Subtract lines 7 and 8 from line 6a	121,971.			
0	Analysis of line 9	-			
а	Excess from 2007				
b	Excess from 2008			1	
C	Excess from 2009			İ	
d	Excess from 2010 59, 631.				
е	Excess from 2011 . 62,340.				

Form 990-PF (2011) ST. MARYS COUNCI	L NO 1470 KN	IGHTS OF		33-1109715	Page <b>10</b>	
Part XIV   Private Operating Foundations (see Instructions and Part VII-A, question 9)						
1a If the foundation has received a ruling or is effective for 2011, enter the date of the	ruling			·; ·	T	
<b>b</b> Check box to indicate whether the founda		rating foundation de		4942(j)(3) or	4942(j)(5)	
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years			
investment return from Part X for each year listed	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(e) Total	
<b>b</b> 85% of line 2a						
c Qualifying distributions from Part XII, line 4 for each year listed						
d Amounts included in line 2c not used directly for active conduct of exempt activities				-		
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>						
3 Complete 3a, b, or c for the alternative test relied upon:						
a 'Assets' alternative test — enter						
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c 'Support' alternative test — enter.						
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).						
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).						
(3) Largest amount of support from an exempt organization.						
(4) Gross investment income				145.000	<del></del>	
Part:XV Supplementary Information assets at any time during the	ie year – see in	part only if the ostructions.)	organization ha	d \$5,000 or mor	e in 	
1 Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav NONE	have contributed mo	ore than 2% of the to than \$5,000). (See s	otal contributions re section 507(d)(2))	eceived by the found	lation before the	
NONE						
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more o foundation has a 10	f the stock of a corp 0% or greater intere	oration (or an equa st.	Illy large portion of t	he ownership of	
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for foundation makes	nakes contributions	to preselected char	itable organizations	and does not accep	ot unsolicited er conditions,	
a The name, address, and telephone number	er of the person to v	vhom applications st	hould be addressed	<u> </u>		
a The name, address, and telephone number	er or the person to v	mom applications s	noura de adaresses	•		
<b>b</b> The form in which applications should be	submitted and infor	mation and material	s they should includ	de:		
c Any submission deadlines:						
d Any restrictions or limitations on awards,	such as by geograph	hical areas charitah	ale fields, kinds of in	estitutions or other	factors:	
a mily restrictions of infinations on awalus,	sadii as by geograpi	mour arous, chantau	no norda, minus of fi	Januarions, or other		

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year SEE STATEMENT 5 Total 3a 63,451. b Approved for future payment

Total

3Ы

Excluded by section 512, 513, or 514

#### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gro	ss amounts unless otherwise indicated.	Unrelat (a) Business	(b) Amount	(c) Exclu-	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
	gram service revenue.	code		sion code		(See instructions)
a		<del></del>		+	<u> </u>	
		-	<u> </u>	<del> </del>		
				+		
		<u> </u>		<u> </u>		
f		1		1		
g Fee	s and contracts from government agencies					
2 Mer	mbership dues and assessments					
3 Inter	est on savings and temporary cash investments			14	77.	
4 Divi	dends and interest from securities					
	rental income or (loss) from real estate:	1.5.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	" FERNA"	一種の一般 でき、ほこから	1000年 國際
	ot-financed property			<u> </u>		
	debt-financed property			<b></b>	· · · · · · · · · · · · · · · · · · ·	
	rental income or (loss) from personal property			<u> </u>		
-	er investment income	ļ	-	<del> </del>		
	or (loss) from sales of assets other than inventory			-		
	income or (loss) from special events.	ļ	· · · · · · · · · · · · · · · · · · ·	-		
	ss profit or (loss) from sales of inventory	e_ = 2,255 ggs	A STATE OF THE STATE AREA IN	do Sir	METALERS A.	年。在有關學學學和
	er revenue:	- 1 PA	A. A. 414 L. 41 J. 42 L.	21/21:41	<b>副出去并在60%。 (建建的20%)</b>	STANTS STREET, STANTS
		<del> </del>		+		
		1		<del>                                     </del>		
				<u> </u>		
e						
12 Sub	total. Add columns (b), (d), and (e)	最高量			77.	
13 Tota	al. Add line 12, columns (b), (d), and (e)				13	77.
(See worl	sheet in line 13 instructions to verify calculati	ons.)			·	
Part X\	/I-Ba Relationship of Activities to the	e Accompl	ishment of Exemp	t Purp	oses	
Line No	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is repo	orted in column (e) of F	Part XVI-	A contributed important such purposes) (See ii	ly to the
N/A						
11/11						
•						<del></del>
		· · · · ·				,
•						
					<del> </del>	
		-			<del></del>	
				_		
	<del></del>				<del></del>	<del></del>
						<del></del>
	-					
	· <del> </del> · · · · · · · · · · · · · · · · · · ·					
	<del>                                     </del>	<del></del> .			<del></del>	
	<u> </u>					
						<del></del>
						<del></del>
ВАА		TFF4	NOSO2L 07/14/11	•		Form 990-PF (2011)

Unrelated business income

### Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

· · · · · · · · · · · · · · · · · · ·	<del></del>						<del></del>	-		
describ	organization directly ed in section 501(c) o i to political organizati	f the Code (o	engage in any of the ther than section	ne following wit 501(c)(3) orgar	th any o	ther organizations) or in section	on 527, .	,	Yes	No
a Transfe	ers from the reporting	foundation to	a noncharitable e	xempt organiz	ation of:				_ ,	~
(1) Cas	sh							1a(1)		X
(2) Oth	ner assets							1 a (2)		X
• •	ransactions:									1
	es of assets to a none	charitable exe	emnt organization					16(1)		X
• •	chases of assets from		· -		•			1b (2)		X
	(3) Rental of facilities, equipment, or other assets									$\frac{x}{x}$
			1 455615					1 b (3)		$\frac{\Lambda}{X}$
(4) Reimbursement arrangements										X
	ns or loan guarantees				• •	• • •		1b (5)		
• •	formance of services				•	• •	• •	1b (6)		<u>X</u>
<b>c</b> Sharing	of facilities, equipme	ent, mailing lis	sts, other assets, o	or paid employ	ees			1c		<u>X</u>
<b>d</b> If the ar the goo any trar	nswer to any of the at ids, other assets, or so nsaction or sharing ar	oove is 'Yes,' ervices given rangement, s	complete the follo by the reporting fo how in column (d)	owing schedule oundation. If the the value of the	Columi e found e goods	n <b>(b)</b> should alv ation received s, other assets,	vays show the fair r less than fair marke or services receive	narket val et value in d	ue of	
(a) Line no	(b) Amount involved		of noncharitable exempt				sfers, transactions, and			5
N/A						•			-	
	··· · · · ·							•		
				•			· ·-			
									•	
							<del></del>			
	<del></del>					<del></del>	<del></del>			
		·					·			
					<u> </u>					
									_	
describe  b If 'Yes,'	oundation directly or in ed in section 501(c) o complete the following	f the Code (o ng schedule	ated with, or relate ther than section \$	ed to, one or m 501(c)(3)) or in	ore tax- section	exempt organi 527?	zations	XYes		No
(a	a) Name of organization	on	<b>(b)</b> Type o	of organization			) Description of rela			
	CIL # 1470		501 (C) (8)			SHARED EL	EMENTS OF CO	MMON C	ONTR	OL
						AND HISTO	RIC AND CONT	<u>INUIN</u> G		
						RELATIONS	HIP.			
			,							
Under correct	penalties of perury, I declare , and complete Declaration of	that I have exam of preparer (other	ined this return, including than taxpayer) is based	g accompanying sch on all information o	nedules and f which pre	d statements, and to parer has any know	the best of my knowledge ledge	May the I		ıss e
Here Signa	ature of officer or trustee		D	$\frac{2(7/13)}{\text{ate}}$	— <del>- (</del> Tı	tle	Snight	preparer (see instr	shown b	elow 1
	Print/Type preparer's nam		Propper's sig	papure,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LICOA	Date	Check If	PTIN		
Paid	MARY ANN MUR	RAY, CPA		N MURRAY	THE	12/7/13	self-employed	P00523	545	
	· · · · · · · · · · · · · · · · · · ·			RADER, LL	U			900151		
Preparer		<del></del>	E NOTCH RD				, J			
Use Only		ALIFORNIA					Phone no /301	862-3	3367	
	I CF	THIL OUNTY	1, MD 20019-	JU11			Phone no (301			2011
BAA								Form <b>99</b>	U-PF (	2011)

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization ST. MARYS COUNCIL	Employer identification number	
COLUMBUS CHARITIE		33-1109715
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as	a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Ge Note.</b> Only a section 501(c)(7), (8), or (10) organization	ineral Rule or a Special Rule. Inization can check boxes for both the General Rule and a	Special Rule. See instructions.
General Rule	000 PC 45-4 down-a 45- 000 car	(an annual of the second of th
contributor (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ that met the 33-1/3% support test of th I from any one contributor, during the year, a contribution VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I a	of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organizatotal contributions of more than \$1,000 for the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ that received from any one use <i>exclusively</i> for religious, charitable, scientific, literary, c lals Complete Parts I, II, and III.	contributor, during the year, or educational purposes, or
contributions for use exclusively for religious	ation filing Form 990 or 990-EZ that received from any one s, charitable, etc, purposes, but these contributions did no ontributions that were received during the year for an <i>excl</i> unless the <b>General Rule</b> applies to this organization becau	t total to more than \$1,000. usively religious, charitable, etc.
religious, charitable, etc. contributions of \$5		► ¢
	,	¥
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file Se 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Act Notice, se	e the Instructions for Form 990, Schedule	B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule Name of org	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
_	ARYS COUNCIL NO 1470 KNIGHTS OF		109715
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ST.MARY'S COUNCIL #1470 K OF C PO BOX 152 LEONARDTOWN, MD 20650	\$39,000 <u>.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
BAA	TEEA0702L 08/30/11	Schedule <b>B</b> (Form 990	, 990-EZ, or 990-PF) (2011)

Page

to

1 of Part II

Name of organization

ST. MARYS COUNCIL NO 1470 KNIGHTS OF

Employer identification number 33-1109715

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
AA		 chedule <b>B</b> (Form 990, 990-E	7 000 551 (551

	<b>3</b> (Form 990, 990-EZ, or 990-PF) (2011)			Page	1 to	1of Pa	
Name of organ	nization RYS COUNCIL NO 1470 KNIGHTS	OF			Employer iden 33-1109	tification number	
Part III	Exclusively religious, charitable, e		ns to secti	on 501/cV			
	organizations that total more than	\$1,000 for the year.Comple	ete cols (a) th	rough (e) an	d the following	ng line entry	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, ch	naritable, etc,				
	Use duplicate copies of Part III if additional	(Enter this information once, S I space is needed.	ee instruction	15.)	<b>►</b> \$		N/A
(a)	(b)	(c)			(d)		
No. from	Purpose of gift	Use of gift		Desc	ription of hov	w gift is held	
Part I	N/A				<del></del>		
	N/A	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
		(e) Transfer of gift					
	Transferee's name, addres		Rela	tionship of t	ransferor to	transferee	
			··· <del>-</del> ··				
(a)	(b)	(c)			(d)		
No. from	Purpose of gift Use of gift			Descr	ription of hov	v gift is held	
Part I							
					<del></del>		
	(e) Transfer of gift						
	Transferee's name, addres		Rela	tionship of t	ransferor to	transferee	
		· -					
(a)	(b)	(c)			(d)		
No. from Part I	Purpose of gift	Use of gift		Descr	iption of hov	v gift is held	
1 41(1							
	(e)						
		Transfer of gift					
	Transferee's name, addres	ss, and ZIP + 4	Rela	tionship of t	ransferor to	transferee	
					<del>-</del>		
							<del></del>
(a)	(b)	(c)		_	(d)		
No. from Part I	Purpose of gift	Use of gift		Descr	iption of how	v gift is held	
		(e)	[		<del></del>		
	Transfer of gift			Manatia et			
	Transferee's name, addres	is, and ZIP + 4	Rela	tionship of t	ransferor to t	ransteree	
		······································				· · · · · · · · · · · · · · · · · · ·	
BAA			Sched	ule B (Form	990, 990-EZ,	or 990-PF) (2	2011)

2011	FEDERAL STATEMENTS		PAGE 1
CLIENT 1435	ST. MARYS COUNCIL NO 1470 KNIGHTS OF COLUMBUS CHARITIES, INC.		33-1109715
2/04/13  STATEMENT 1 FORM 990-PF, PART I, LINE 16 ACCOUNTING FEES	iB		02.21PM
PREPARE FORM 990-PF	(A) (B) NET EXPENSES INVESTMENT PER BOOKS INCOME  \$ 2,545. \$ 2,545. \$ 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES \$ 2,545. \$ 2,545.
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES	3		
TAX FROM 2010 990-PF .	(A) (B) NET EXPENSES INVESTMENT INCOME  \$ 7.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES			
BANK WIRE TRANSFER FEES	(A) (B) NET EXPENSES INVESTMENT PER BOOKS INCOME  \$ 70. TOTAL \$ 70.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 4 FORM 990-PF, PART VIII, LINE LIST OF OFFICERS, DIRECTOR	1 RS, TRUSTEES, AND KEY EMPLOYEES		
NAME AND ADDRESS	TITLE AND  AVERAGE HOURS COMPENDED SATION		TO ACCOUNT/
JOHN SLAUGHTER PO BOX 152 LEONARDTOWN, MD 20650	PRESIDENT \$ 1.00	0. \$	0. \$ 0.
RICHARD WILSON PO BOX 152 LEONARDTOWN, MD 20650	VICE PRESIDENT 1.00	0.	0. 0.
EDWARD HENDERSON PO BOX 152 LEONARDTOWN, MD 20650	SECRETARY 1.00	0.	0.

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/	u		

#### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 1435** 

ST. MARYS COUNCIL NO 1470 KNIGHTS OF COLUMBUS CHARITIES, INC.

33-1109715

2/04/13

02:21PM

# STATEMENT 4 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WILLIAM P RUSSELL PO BOX 152 LEONARDTOWN, MD 20650	TREASURER 1.00	\$ 0.	\$ 0.	\$ 0.
MIKE CAMPEGGIO PO BOX 152 LEONARDTOWN, MD 20650	DIRECTOR 0.50	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

#### STATEMENT 5 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
FATHER ANDREW WHITE SCHOOL P.O. BOX 1756 LEONARDTOWN, MD 20650	N/A	501 (C) (3)	UNRESTRICTED GRANT: CATHOLIC EDUCATION	\$ 6,000.
MOTHER CATHERINE SPALDING 38833 CHAPTICO ROAD HELEN, MD 20635	N/A	501 (C) (3)	UNRESTRICTED GRANT: CATHOLIC EDUCATION	3,000.
HOLY ANGELS 21340 COLTON POINT ROAD AVENUE, MD 20609	N/A	501 (C) (3)	UNRESTRICTED GRANT: RELIGIOUS ACTIVITIES	600.
SACRED HEART 23080 MADDOX ROAD BUSHWOOD, MD 20618	N/A	501 (C) (3)	UNRESTRICTED GRANT: RELIGIOUS ACTIVITIES	500.
ST. MARYS RYKEN 22600 CAMP CALVERT ROAD LEONARDTOWN, MD 20650	N/A	501 (C) (3)	UNRESTRICTED GRANT: CATHOLIC EDUCATION	9,500.
OUR LADY'S CHURCH 41348 MEDLEY'S NECK ROAD LEONARDTOWN, MD 20650	N/A	501 (C) (3)	UNRESTRICTED GRANT: RELIGIOUS ACTIVITIES	600.
ST. ALOYSIUS CHURCH PO BOX 310 LEONARDTOWN, MD 20650	N/A	501 (C) (3)	UNRESTRICTED GRANT: RELIGIOUS ACTIVITIES	1,000.
ST. JOSEPH'S CHURCH PO BOX 175 MORGANZA, MD 20660	N/A	501 (C) (3)	UNRESTRICTED GRANT: RELIGIOUS ACTIVITIES	500.

2011

#### **FEDERAL STATEMENTS**

PAGE 3

ST. MARYS COUNCIL NO 1470 KNIGHTS OF COLUMBUS CHARITIES, INC.

33-1109715

2/06/13

**CLIENT 1435** 

04·34PM

STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	A	MOUNT
OUR LADY OF THE WAYSIDE 37575 CHAPTICO ROAD CHAPTICO, MD 20621	N/A	501 (C) (3)	UNRESTRICTED GRANT: RELIGIOUS ACTIVITIES	\$	1,000.
SM COUNTY SPECIAL OLYMPICS 25926 WHISKEY CREEK ROAD HOLLYWOOD, MD 20636	N/A	501 (C) (3)	UNRESTRICTED GRANT: SUPPORT OF SPORTS TRAINING AND COMPETITION FOR PEOPLE WITH DISABILITIES		1,400.
THE ARC OF SOUTHERN MD PO BOX 1860 PRINCE FREDERICK, MD 20678	N/A	501 (C) (3)	UNRESTRICTED GRANT: SUPPORT FOR CHILDREN AND ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES		1,000.
CARENET PREGNANCY CENTER OF SOUTHERN MD PO BOX 31 LEXINGTON PARK, MD 20653	N/A	501 (C) (3)	UNRESTRICTED GRANT: PREGNANCY COUNSELING		3,500.
BIRTHRIGHT OF SOUTHERN MD, INC P.O. BOX 633 LEONARDTOWN, MD 20650	N/A	501 (C) (3)	UNRESTRICTED GRANT: PREGNANCY COUNSELING		500.
HOSPICE OF ST. MARY'S P.O. BOX 625 LEONARDTOWN, MD 20650	N/A	501 (C) (3)	URESTRICTED GRANT: SUPPORT OF THOSE WITH A LIFE-THREATENING ILLNESS		1,500.
TRICO CORPORATION 46940 SHANGRI LA DR, #15 LEXINGTON PARK, MD 20653	N/A	501 (C) (3)	UNRESTRICTED GRANT: SUPPORT OF OUTPATIENT MENTAL HEALTH CLINIC		500.
HEALTHSHARE P.O. BOX 1208 LEONARDTOWN, MD 20650	N/A	501 (C) (3)	UNRESTRICTED GRANT: HEALTH CARE FOR INDIGENT		1,000.
BOY SCOUTS OF AMERICA TROOP 303 ST. GEORGE EPISCOPAL CHURCH VALLEY LEE, MD 20692	N/A	501 (C) (3)	UNRESTRICTED GRANT: SUPPORT OF YOUTH ACTIVITIES		500.

2011

#### **FEDERAL STATEMENTS**

PAGE 4

**CLIENT 1435** 

ST. MARYS COUNCIL NO 1470 KNIGHTS OF COLUMBUS CHARITIES, INC.

33-1109715

2/06/13

04:34PM

STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CENTER FOR LIFE ENRICHMENT P.O. BOX 610 HOLLYWOOD, MD 20636	N/A	501(C)(3)	UNRESTRICTED GRANT: SUPPORT OF INDIVIDUALS WITH DISABILITIES	\$ 2,170.
CHRISTMAS IN APRIL ST MARYS COUNTY P.O. BOX 705 HOLLYWOOD, MD 20636	N/A	501 (C) (3)	UNRESTRICTED GRANT: REHABILITATION OF THE HOMES OF LOW-INCOME HOME OWNERS	600.
AMERICAN CANCER SOCIETY 1041 MD ROUTE 3 N, BLDG A GAMBRILLS, MD 21054	N/A	501 (C) (3)	UNRESTRICTED GRANT: HEALTH ORGANIZATION DEDICATED TO ELIMINATING CANCER	600.
HOLY LAND CHRISTIAN ECUMENICAL FDN 6935 WISCONSIN AVE, STE 518 BETHESDA, MD 20815	N/A	501(C)(3)	UNRESTRICTED GRANT: SUPPORT OF ARAB CHRISTIANS IN THE HOLY LAND	300.
ALZHEIMERS ASSOC 3701 PENDER DR, STE 400 FAIRFAX, VA 22030	N/A	501 (C) (3)	UNRESTRICTED GRANT: ALZHEIMERS MEDICAL CARE, SUPPORT, AND RESEARCH	1,000.
MD STATE COUNCIL KOC CHARITY FUND 10815 STANG RD OWINGS MILLS, MD 21117	N/A	501(C)(3)	UNRESTRICTED GRANT: SUPPORT OF INDIVIDUALS IN TEMPORARY URGENT NEED	500.
ST VINCENT DE PAUL SOCIETY PO BOX 310 LEONARDTOWN, MD 20650	N/A	501(C)(3)	UNRESTRICTED GRANT: SUPPORT OF PROGRAMS SERVING THE POOR AND NEEDY	200.
ST GEORGES CHURCH 19119 ST GEORGES CHURCH RD VALLEY LEE, MD 20692	N/A	501 (C) (3)	UNRESTRICTED GRANT: RELIGIOUS ACTIVITIES	100.

2011

#### **FEDERAL STATEMENTS**

PAGE 5

**CLIENT 1435** 

ST. MARYS COUNCIL NO 1470 KNIGHTS OF COLUMBUS CHARITIES, INC.

33-1109715

2/06/13

04 34PM

STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE GRANT	OF	 AMOUNT
GREATER BALTIMORE CENTER FOR PREGNANCY 442 EASTERN BLVD ESSEX, MD 21221	N/A	501 (C) (3)	PURCHASE OF SONOGRAM EQUIPMENT		\$ 13,000.
CHOICES PREGNANCY CENTER 8221 TEAL DR, UNIT 408 EASTON, MD 21601	N/A	501 (C) (3)	PURCHASE OF SONOGRAM EQUIPMENT		12,381.
				TOTAL	\$ 63,451.

#### Form **8868** (Rev January 2012)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an <b>Automatic 3-Month Extension, c</b>					► <u> X</u>	
-	are filing for an Additional (Not Automatic) 3-Mo				•		
Do not con	<i>mplete Part II unless</i> you have already been gra	nted an autor	matic 3-month extension on a previously	filed F	form 8868.		
request an Associated	filing (e-file). You can electronically file Form 88 in required to file Form 990-T), or an additional (in extension of time to file any of the forms listed With Certain Personal Benefit Contracts, which filing of this form, visit www.irs.gov/efile and click	in Part I or F must be sen	Part II with the exception of Form 8870, I to the IRS in paper format (see instruc	Informa	ation Return	for Transfers	
Part I	Automatic 3-Month Extension of Time.	Only subr	nit original (no copies needed).				
	on required to file Form 990-T and requesting a			compl	ete Part I or	nlv ►	
-	prporations (including 1120-C filers), partnership			•			
income tax		s, r.c.ioo, e	Enter filer's ident				
	Name of exempt organization or other filer, see instructions.		Linei mei sidem	<del></del>			
Type or print	ST. MARYS COUNCIL NO 1470 KN COLUMBUS CHARITIES, INC.				33-11097	ufication number (EIN) or	
File by the due date for	Number, street, and room or suite number. If a P O. box, see	instructions.		s	Social security nu	umber (SSN)	
filing your return. See	PO BOX 152						
instructions.	City, town or post office, state, and ZIP code. For a foreign a	ddress, see instri	uctions				
	LEONARDTOWN, MD 20650						
<del></del>						<del></del>	
Enter the R	eturn code for the return that this application is	for (file a se	parate application for each return)			04	
Application Is For		Return Code	Application Is For		·	Return Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-B	L	02	Form 1041-A			08	
Form 990-E		01	Form 4720			09	
Form 990-P		04	Form 5227			10	
	(section 401(a) or 408(a) trust)	05	Form 6069			11	
	(trust other than above)	06	Form 8870			12	
	ss are in the care of ► <u>W P RUSSELL</u> ne No ► 301-475-9224	 FAX No					
	ganization does not have an office or place of bi					►□	
	for a Group Return, enter the organization's fou						
			ox ► and attach a list with the nai				
	nsion is for.	CHECK this be	JA Dand attach a list with the hai	iles an	iu Liivs or ai	i members	
	est an automatic 3-month (6 months for a corpor	ration require	id to file Form 990-T) extension of time				
until _ The ex	2/15 , 20 13 , to file the exempt or stension is for the organization's return for:	ganization re	eturn for the organization named above.				
► <u>X</u>	calendar year 20 or tax year beginning7_01, 2011	_ , and endin	g <u>6/30</u> ,20 <u>12</u> .				
2 If the t	tax year entered in line 1 is for less than 12 mon			al retur	n		
3a If this nonref	application is for Form 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	720, or 6069	, enter the tentative tax, less any	3a \$	\$	0.	
<b>b</b> If this payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	069, enter a liowed as a c	ny refundable credits and estimated tax credit.	3ь \$	<u>\$</u>	0.	
c Balanc EFTPS	ce due. Subtract line 3b from line 3a. Include you 6 (Electronic Federal Tax Payment System). See	ır payment w ınstructions	oth this form, if required, by using	3c \$	\$	0.	
Caution. If y	ou are going to make an electronic fund withdra	wal with this	Form 8868, see Form 8453-EO and Form	m 8879	-EO for		