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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the 2	014 calendar year, or tax year beginning OCTOBER 1 , 2014	, and ending	SEPT	EMBER 30	, 20	15
Вс	heck if app	olicable. C Name of organization		D Empl	oyer identification	on number	
	Address ch	s change JFK ACCOKEEK CORPORATION				26	
	lame chan	STR ACCORDER CONTONTION					
=	nitial return	IPO BOX 560	ļ ļ				
=		City or town, state or province, country, and ZIP or foreign postal code		F Grou	p Exemption		
=	Amended r	eum			nber ►		
35	Application						
- n					► ☐ If the org		s no t
`	/ebsite:			•	to attach Scho		
~		pt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (2) ◀ (insert no.) ☐ 4947(a)(1)	or ∐527 (Form 9	90, 990-EZ, or	99U-PF).	
		organization: Corporation Trust Association Other					
		5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or		assets			
(Par	t II, colu	mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$		1,052
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (see the	instruc	ctions for Pa	rt I)	
		Check if the organization used Schedule O to respond to any question					
,	1	Contributions, gifts, grants, and similar amounts received			1		
7		Program service revenue including government fees and contracts			2	24	1,080
ا م					3		1,000
3	1	Membership dues and assessments					
5	4	Investment income			4	18	<u>8,275</u>
		Gross amount from sale of assets other than inventory					
	b	Less: cost or other basis and sales expenses	<u> </u>				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c		
	6	Gaming and fundraising events					
	а	Gross income from gaming (attach Schedule G if greater than					
9		\$15,000)	.				
Revenue			of contribution				
ě		from fundraising events reported on line 1) (attach Schedule G if the	or continuation.	3			
Œ			. 1				
		· · · · · · · · · · · · · · · · · · ·					
	С	Less: direct expenses from gapting and fundraising events 60			l i		
	d	Net income or desstron banning and fundraising events (add lines 6a a	nd 6b and sub	tract			
		line 6c) REC			6d		
	7a	Gross sales of inventory, less returns and allowances	1	1,420			
	ь	Less: cost en goods is old 8	,	1,182			
	c	Gross profesor (loss) from sales-of inventory (Subtract line 7b from line 7a)			7c		338
	8	Other revertile (describe in Schedule O)			8		277
	9	Total revenue. Additional 27.3, 4, 5c, 6d, 7c, and 8		· •	9	E/	0,690
			· · · · ·	• •	10	ગ	u,ual
	10	Grants and smilar amounts paid (list in Schedule O)		• •			0.001
	11	Benefits paid to or for members			11	12	2,200
98	12	Salaries, other compensation, and employee benefits		• •	12		
nses	13	Professional fees and other payments to independent contractors			13		540
Ехре	14	Occupancy, rent, utilities, and maintenance			14	30	8,191
ΔĨ	15	Printing, publications, postage, and shipping			15		
	16	Other expenses (describe in Schedule O)			16		587
	17	Total expenses. Add lines 10 through 16			17	50	0,518
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<u> </u>		18		72
ets.	19	Net assets or fund balances at beginning of year (from line 27, column (A			- ``		
586	'	end-of-year figure reported on prior year's return)			10		A 6=
Net Assets					19	1,33	9,274
Ħ	20	Other changes in net assets or fund balances (explain in Schedule O)			20		72
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	1 22	9,356

Cat. 110. 10042



Par	t li	Balance Sheets (see the instructions					
		Check if the organization used Schedule	O to respond to a				<u> </u>
				<u> </u> _	(A) Beginning of year	r	(B) End of year
22		h, savings, and investments			679,575		707,082
23		d and buildings			642,293		617,917
24		er assets (describe in Schedule O)			16,406	$\overline{}$	14,357
25		al assets		-	1,339,274		1,339,356
26		al liabilities (describe in Schedule O) assets or fund balances (line 27 of column			0 1,339,274	26	1 222 222
27 Pari		Statement of Program Service Accom	nlishments (see th	e instructions for F	1,339,214	211	1,339,356
ran		Check if the organization used Schedule					Expenses
What	is the	organization's primary exempt purpose?	o to respond to di	iy quodion in ano	<u> </u>		uired for section
		e organization's program service accompli	chmonts for each o	f ite three largest p	rogram services		c)(3) and 501(c)(4) nizations; optional for
as m	easure	ed by expenses. In a clear and concise melited, and other relevant information for each	nanner, describe the	e services provided	, the number of	othe	
28	holdin	g title to a building rented to the United Postal	Service for use as th	e Accokeek, Marylan	d Post office		
					1		
	(Grant	<u> </u>				28a	
29	Hold ti	tle to a separate building used by the Knights	of Columbus club ro	om			
	·	s\$) If this amount		mto shook boro		29a	
20	(Grant				1	298	_
30							
	(Grant	s \$) If this amount	includes foreign gra	ints, check here .	▶ □	30a	
31		program services (describe in Schedule O)					
•	(Grant		includes foreign gra	ints, check here .	▶ □	31a	
						32	1
32	Total	program service expenses (add lines 28a					<u> </u>
32 Pari		List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	n one even if not comp	oensated-see the in	stru	
			y Employees (list eacl	n one even if not comp ny question in this	pensated—see the in	stru	
		List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each e O to respond to a (b) Average	n one even if not comp ny question in this (c) Reportable	oensated-see the in	nstru	<u> </u>
		List of Officers, Directors, Trustees, and Ke	y Employees (list each e O to respond to a	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV	nstru	<u> </u>
Part	IV	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to a (b) Average hours per week	n one even if not cominy question in this (c) Reportable compensation	pensated — see the in Part IV	nstru	Estimated amount of
Part	IV	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e)	Estimated amount of other compensation
Part	IV	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to a (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV	ee (e)	Estimated amount of
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PRES ROBI	IDENT	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e)	Estimated amount of other compensation
PRES ROBI	IDENT ERT L.	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title STRIGEL STYICGE!	y Employees (list each e O to respond to a (b) Average hours per week devoted to position 5 HRS	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	nstru	Estimated amount of other compensation
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PRES ROBI	IDENT ERT L.	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title STRIGEL STYICGE!	y Employees (list each e O to respond to a (b) Average hours per week devoted to position 5 HRS	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	nstru	Estimated amount of other compensation
PRES ROBI VICE MICH	IDENT ERT L.	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title STRIGEL STY 12921 DENT MC LEESE	y Employees (list each e O to respond to a (b) Average hours per week devoted to position 5 HRS	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	nstru	Estimated amount of other compensation
PRES ROBI VICE MICH	IDENT ERT L. PRESI	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title STRIGEL STY 12921 DENT MC LEESE	y Employees (list each e O to respond to a (b) Average hours per week devoted to position 5 HRS	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	eee (e)	Estimated amount of other compensation
PRES ROBI VICE MICH	IDENT ERT L. PRESI AEL L	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title STRIGEL STY 12921 DENT MC LEESE	y Employees (list eacle O to respond to a (b) Average hours per week devoted to position 5 HRS	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	eee (e)	Estimated amount of other compensation
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Part	unstructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V) Oneck if the organization used conedule of to respond to any question in this	, art	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<u></u> ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		\
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		√
	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
39	Section 501(c)(7) organizations. Enter:	1		:
a	Initiation fees and capital contributions included on line 9			F
Ь	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>'</u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			:
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a		20607	0560	
ь	Located at ▶ PO BOX 560 - ACCOKEEK, MD ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	2000/	Yes	
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	,	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
	Did was in the second in the second if Wee ? Farm 000 much be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	<u> </u>	1

Form 99	0-EZ (2014)					F	age 4
46	Did the organization engage, directly or	ındirectly, in political c	ampaign activities on	behalf of or in op	position [Yes	No
	to candidates for public office? If "Yes,"					46	1
Part	Section 501(c)(3) organization All section 501(c)(3) organizatio 50 and 51. Check if the organization used So	ns must answer que			e the tabl	es for lin	es
		· · · · · · · · · · · · · · · · · · ·				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	n in effect during	- 1	47	
48	Is the organization a school as described	in section 170(b)(1)(A)(ı	i)? If "Yes," complete \$	Schedule E	[48	
49a	Did the organization make any transfers				· · · · -	49a	<u> </u>
50	If "Yes," was the related organization as Complete this table for the organization employees) who each received more that	s five highest compen	sated employees (oth	er than officers, o	lirectors, tr		
· · · · ·	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit: contributions to empl benefit plans, and def compensation	s, loyee (e) Est	imated amor r compensa	unt of
NONE							
			:				
		<u> </u>					
				·			
51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization from	n's five highest compo panization. If there is no			each recei		than
NONE							
			1				
			1				
							
		***********	4_				
	Total number of other independent cont	ractora cach receiving	E 9100 000		NON	_	
52	Did the organization complete Schedule A			nizations must a		Yes 🗆	No
Under o	penalties of penury. I declare that I have examined the	s return, including accompan	nying schedules and stateme	ents, and to the best of			
true, co	rrect, and complete Declaration of preparer (other th	an officer) is based on all info	ormation of which preparer I	has any knowledge.			
C:	Jaker J. Stue	gy file.	 	Date			
Sign Here	Signature of officer Robert L. 5	Triegel		S Date	111/2	016	
	Type or print name and title	Prepager's signature	Da Da	ate/,	. 🗀 . l F	TIN	
Paid	Print/Type preparer's name GLENN L WILMER	1 / X	1/ lm - 3	Che	employed	P012871	11
Prep Use	al Cl	s / S	y programme in the second	Firm's EIN	<u>→ 7</u>	4-3084944	
	Firm's address ► 1201 SWALLOW C1	- HALETHORPE, MD		Phone no.	443	-575-6445	
May t	he IRS discuss this return with the prepar	er shown above? See	instructions	<u> </u>	. ▶ ☑	Yes 🗌	No

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

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2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(f)
Direct controlling
entity Identification of Belated Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990. Part IV, line 34 because it had 52-1327726 (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity JFK ACCOKEEK corporation (2) (9) Part I Part II

Auring the tax year. (a) (b) (c) (d) (d) (d) (d) (e) (if section 501(c)(3))	3	(g) Section 512(b)(13) controlled entity?	s No					
Name, address, and EIN of related tax-exempt organizations during the tax year. (a) (b) (c) (d) (d) (e) (fringing activity) (Section	Yes					
Indefinitioation of more related tax-exempt organizations during the tax year. One or more related tax-exempt organizations during the tax year. Indefinitioation of more related tax-exempt organizations during the tax year. Indefinitioation of more related tax-exempt organizations during the tax year. Indefinitions during the tax year. Indefinitio		(f) Direct controlling entity						
Name, address, and ElN of related transport or some or more related tax-exempt organizations during the tax year. (a) Name, address, and ElN of related organization FTZGERALD KENNEDY COUNCIL # 5482 K OF C NACCOKEEK MD 20607 EIN 52-1658004 CMD 20607 EIN 45-0528172 (MD 20607 EIN 45-0528172	200, 100	(e) Public charity status (rf section 501(c)(3))						
Name, address, and ElN of related organizations during the tax year. (a) Name, address, and ElN of related organizations FitzGERALD KENNEDY COUNCIL # 5482 K OF C NUCLL # 5482 CHARITIES INC. PO BOX 560 (MD 20607 EIN 45-0528172	io sal palama							
Name, address, and ElN of related organizations during the tax year. (a) Name, address, and ElN of related organization Firmary activity 1TZGERALD KENNEDY COUNCIL # 5482 K OF C NUCLL # 5482 CHARITIES INC. PO BOX 560 (MD 20607 EIN 45-0528172	d Olganization and	(c) Legal domicile (state or foreign country)						
One or more related tax-exempt organizations du lone organization de lon	ring the tax year.	(b) Primary activity						
	one or more related tax-exempt organizations du	(a) Name, address, and EIN of related organization		Ö	(2) JFK COUNCIL # 5482 CHARITIES INC. PO BOX 560 ACCOKEEK MD 20607 EIN 45-0528172	(6)	(4)	(5)

Schedule R (Form 990) 2014

Cat. No. 50135Y

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

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E

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
JFK ACCOKEEK CORPORATION	52-1327726
The subject of Columbus Council V of	C Councils are not pormitted to sure
The subject organization is a 501(c)(2) title holding company for a Knights of Columbus Council. K of	C Councils are not permitted to own
Real Property. This organization originally purchased a unused publice school from Prince George Co	ounty Maryland. After several years
of using the building a opportunity came along in which this organization sold the school and purchase	sed a smaller building with the
to the color The Control Color on the color on a second and the IRC and applicable source wild.	
proceeds the sale. The Capital Gain on the sale was reported to the IRS and applicable taxes paid. So	ome year later the property next to that
which was purchaed became available this coproation purchased the building. This new purchase ha	d a building that was then and still
leased by the Accokeek Post Office. That proceeds of the lease is the primary source of income.	
Copies of the 990-EZ are available for review by the General Public.	