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990-PF

Return of Private Foundation

For calendar year 2015 or tax year beginning 07/01/15, and ending 06/30/16

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Name of foundation A Employer identification number ST. MARY'S COUNCIL NO 1470 KNIGHTS OF COLUMBUS CHARITIES, 33-1109715 INC Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) PO BOX 152 301-475-9224 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here 20650 LEONARDTOWN MD Initial return Initial return of a former public charity Check all that apply. Foreign organizations, check here Final return Amended return Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A) check here Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation I Fair market value of all assets at J Accounting method Cash Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 40,853 (Part I, column (d) must be on cash basis) line 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income purposes the amounts in column (a) (see instructions)) (cash hasis only) 37,732 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is **not** required to attach Sch B 52 52 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents ь Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) 0 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) С 11 Other income (attach schedule) 37,784 0 12 Total. Add lines 1 through 11 Compensation of officers, directors, in stees, etc. 13 0 Operating and Administrative Expenses S S S Other employee salaries and wages 14 Pension plans, employee benefits 15 1 9 2017 Legal fees (attach schedule) 2,800 2,800 Accounting fees (attach schedule) Other professional fees (attach schedule) С 17 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 20 Occupancy Travel, conferences, and meetings 22 Printing and publications STMT 2 1,549 1,549 23 Other expenses (att sch) 24 Total operating and administrative expenses. 4,349 0 4,349 Add lines 13 through 23 77,680 77,680 25 Contributions, gifts, grants paid 26 82,029 0 82,029 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12: -44,245 Excess of revenue over expenses and disbursements 52 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

Form 990-PF (2015)

40,853

5

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and descr	nd Losses for Tax on Investment the the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs MLC Co.)	nt Income	(b) How acquired P – Purchase	(c) Date acc	•	(d) Date sold (mo , day, yr)
	The same of the sa		D - Donation	(o., ob),	· · ·	(, 30),). /
1a N/A			 			
<u>b</u>		<u></u>	<u> </u>			
c 				_		
<u> </u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale			or (loss)) minus (g)
a						
b						
С						
d						
e						
Complete only for assets showing	g gain in column (h) and owned by the for	indation on 12/31/	69	(1) (Sains (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (I) 1 (J), If any		-	less than -0-) or orn col (h))
_a						
b						
С						
		·				·-·
If gain, also enter in Part I, line 8. Part I, line 8	apital loss) If gain, also enter in F If (loss), enter -0- in F ss) as defined in sections 1222(5) and (6) , column (c) (see instructions) If (loss), enter section 4940(e) for Reduce	rter -0- in	Investment Inco	2 3		
	tion 4942 tax on the distributable amount lify under section 4940(e) Do not comple		base period?			Yes X No
1 Enter the appropriate amount in	each column for each year, see the instru	ctions before mak	ing any entries			
(a) Base penod years Calendar year (or tax year beginning in			(c) ue of noncharitable-use asse			(d) nbution ratio divided by col (c))
2014		323	76,			0.835668
2013		276	73,			0.883087
2012		859	68,			1.016589
2011		995	73,			0.902274
2010	63,	970	86,	918		0.735981
2 Total of line 1, column (d)				2		4.373599
•	5-year base period – divide the total on lii has been in existence if less than 5 years	ne 2 by 5, or by the	e	3		0.874720
4 Enter the net value of nonchanta	ble-use assets for 2015 from Part X, line	5		4		36,095
5 Multiply line 4 by line 3				5		31,573
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6		1
7 Add lines 5 and 6				7		31,574
8 Enter qualifying distributions from If line 8 is equal to or greater tha	n Part XII, line 4 n line 7, check the box in Part VI, line 1b,	and complete that	t part using a 1% tax i	8 rate. See the	<u></u>	82,029
Part VI instructions						

Form	990-PF'(2015) ST. MARY'S COUNCIL NO 1470 KNIGHTS 33-1109715		P	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1
	here ▶ X and enter 1% of Part I, line 27b			
¢	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable 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			
а	2015 estimated tax payments and 2014 overpayment credited to 2015			
b	Exempt foreign organizations – tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here 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 2016 estimated tax ▶ Refunded ▶ 11			
	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b_		_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 1		
С	Did the foundation file Form 1120-POL for this year?	1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
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	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	j !		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
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			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	}		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	-		
	conflict with the state law remain in the governing instrument?	6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	1
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		1	1
	complete Part XIV	9	(x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		Ī	\Box
. •	names and addresses	10	[X_
		Form 9	90-PI	

Form 990-PF (2015)

X

3b

4a

N/A

foundation had excess business holdings in 2015)

Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?

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 2015?

	990-PF (2015) ST. MARY'S CO	UNCIL NO 1470 KM	IGHTS 33-1	109/15			P	age o
		Activities for Which For	m 4720 May Be R	equirea (conti	nuea)			_
5a	During the year did the foundation pay or inc			П.,				
	(1) Carry on propaganda, or otherwise atter			<u> </u>	es X No	1		
	(2) Influence the outcome of any specific po		or to carry on,	П.,				
	directly or indirectly, any voter registration		_	\vdash	es X No			
	(3) Provide a grant to an individual for trave			Y	es X No			
	(4) Provide a grant to an organization other		ion described in		. IV			
	section 4945(d)(4)(A)? (see instructions			Y	es X No	- 1		
	(5) Provide for any purpose other than relig		, or educational		. .	1		
	purposes, or for the prevention of cruelt				es 🗓 No			
b	If any answer is "Yes" to 5a(1)-(5), did any				37/7			
	Regulations section 53.4945 or in a current				N/A	5b		
	Organizations relying on a current notice reg				▶ □ }			
С	If the answer is "Yes" to question 5a(4), doe		from the tax	N7 / N		1		
	because it maintained expenditure responsi			N/A 📗 Y	'es ∐ No │			
	If "Yes," attach the statement required by R							
6a	Did the foundation, during the year, receive	any funds, directly or indirectly, to	o pay premiums		, . 			
	on a personal benefit contract?				es 🗓 No	.	1	х
b	Did the foundation, during the year, pay pre	miums, directly or indirectly, on a	personal benefit contr	act?	1	6b		
	If "Yes" to 6b, file Form 8870			п.	. v			
	At any time during the tax year, was the fou			L	es X No N/A		1	
	If "Yes," did the foundation receive any proc	eeds or have any net income atti	ibutable to the transac	tion?		7b		Ь—
Pa		ers, Directors, Trustees,	roundation iviana	agers, migrily	Paid Employ	<i>:</i> e5,		
	and Contractors	4:	nantian (see instruc	tions)				
1 1	ist all officers, directors, trustees, founda	tion managers and their comp	ensation (see mistrac	tionsy.	(d) Contributions to			
	(200)		(b) Title, and average hours per week	(c) Compensation (if not paid,	employee benefit		pense ac	
	(a) Name and addre	ess	devoted to position	enter -0-)	plans and deferred compensation	othe	er allowa	nces
_			DDECTDENT		- Jonipondaron	\vdash		
	RIS MCDANIEL	LEONARDTOWN	PRESIDENT	o	o			0
) BOX 152	MD 20650	1.00					
	ANLEY KONOPKA	LEONARDTOWN	SECRETARY	0	0			0
) BOX 152	MD 20650	VICE PRESIDE			\vdash		_
	MES GOEBEL	LEONARDTOWN	1.00	o	o	l I		0
) BOX 152	MD 20650	TREASURER					<u>_</u>
	ILLIAM P RUSSELL	LEONARDTOWN	1.00	0	o			0
	O BOX 152 Compensation of five highest-paid employees	MD 20650		tructions) If non		<u>. </u>		
2	"NONE."	byees (other than those include	ed off fine 1 – See ms	iractions). Ir non	c, cittoi			
	NONE.				(d) Contributions to			
	(a) Name and address of each employee paid	more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		pense a	
	(a) Name and address of out of the project part		devoted to position	, , ,	plans and deferred compensation	Outle	er allowa	inces
N/C	ONE							
140	JNE.							
			•					
	-							
			†					
				<u> </u>				
			1	İ				
			·					
Tota	al number of other employees paid over \$50,0	000					\top	0
. 5.6			·		·		70 DI	

	ST. MARY'S COUNCIL NO 1470 KNIGHTS	33-1109715		Page 7
	ormation About Officers, Directors, Trustees, Foundation Contractors (continued)	n Managers, Highly Paid E	mploy	'ees,
	id independent contractors for professional services (see instruction	s). If none, enter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
NONE				
			_	
_				
- 				
			Ì	
_				
			Į	
Tatal aumhor of others	2 7000 WPG 2 VPG \$50 000 for traffic control on the control of the			
Total number of others	s receiving over \$50,000 for professional services		▶	
Part IX-A S	ummary of Direct Charitable Activities			
	rgest direct chantable activities during the tax year Include relevant statistical information such as neficiaries served, conferences convened, research papers produced, etc	the number of		Expenses
1 N/A				
			Ĺ	
2			1	
			<u> </u>	
3			ľ	
		· — · — · — · — · — · — · — · — · — · —	 -	
4			ł	
Part IX-B S	ummary of Program-Related Investments (see instruction	(2)	ł	
	ogram-related investments made by the foundation during the tax year on lines 1 and 2			Amount
1 N/A				
·				
			<u> </u>	
2				
		·	 	
All other program-related in	vestments See instructions			
3				
			1	

Form **990-PF** (2015)

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	n four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1 <u>b</u>	36,645
С	Fair market value of all other assets (see instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	36,645
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2_	0
3	Subtract line 2 from line 1d	3	36,645
4	Cash deemed held for chantable activities Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	550
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,095
6	Minimum investment return. Enter 5% of line 5	6	1,805
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ounda	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,805
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,804
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,804
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	1,804
Pa	urt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
' a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	82,029
b	Program-related investments – total from Part IX-B	1b	02,023
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	-10	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	-	
	Suitability test (prior IRS approval required)	3a	
a		3b	
4	Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	82,029
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	- -+	02,029
J	Enter 1% of Part I, line 27b (see instructions)	5	1
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	82,028
J	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundar		02,020
	qualifies for the section 4940(e) reduction of tax in those years		
	quainies for the section 4340(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see instruction	ns)			<u> </u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7			:	1,804
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only]	}
	Total for prior years 20, 20, 20			-	
3	Excess distributions carryover, if any, to 2015				
	From 2010 59, 63	1		· ·	
_	From 2011 62,34				
	From 2012 66, 42	 -			
	From 2013 61,58	 -		i .	
	From 2014 60 , 47				
	Total of lines 3a through e	310,450]		
4	Qualifying distributions for 2015 from Part XII,		***************************************		
•	line 4 ▶ \$82,029				
2	Applied to 2014, but not more than line 2a				Ì
	Applied to undistributed income of prior years				
~	(Election required – see instructions)				
c	Treated as distributions out of corpus (Election				
٠	required – see instructions)				
ч	Applied to 2015 distributable amount				1,804
	Remaining amount distributed out of corpus	80,225			
5	Excess distributions carryover applied to 2015				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	390,675	}		
	Prior years' undistributed income. Subtract				
_	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2016				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		ļ		
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2010 not	-			
	applied on line 5 or line 7 (see instructions)	59,631			
9	Excess distributions carryover to 2016.]	-	
	Subtract lines 7 and 8 from line 6a	331,044		:	
10	Analysis of line 9				
а	Excess from 2011 62 , 34	0			
b	Excess from 2012 66 , 42				
c	Excess from 2013 61,58			5-	
d	Excess from 2014 60 , 47	→	`		
e	Excess from 2015 80 , 22	.5	` .	1 30	1

factors: N/A

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During the		uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient		
Name and address (home or business) a Paid during the year SEE STATEMENT 3	or substantial contributor	reapient		77,680
				
Total			<u>▶ 3a</u>	77,680
b Approved for future payment N/A				
Total		·	. > 3b	

Part XVI-	A Analysis of Income-Producing Act	tivities				
	mounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program s	service revenue					(See instructions)
		<u> </u>		 		
				 		
				ļ		
		ļ		 		
f		 	<u> </u>	 		
=	and contracts from government agencies	 		┼		<u> </u>
	nip dues and assessments			14	52	
	n savings and temporary cash investments	 		1 4	52	
	and interest from securities			 		
	income or (loss) from real estate					
	inanced property			+		
	ebt-financed property Income or (loss) from personal property	 		+		
	estment income			+		 -
	ess) from sales of assets other than inventory					
	e or (loss) from special events			+		
	fit or (loss) from sales of inventory			 		
	enue a					
b						
	·					
е						
12 Subtotal	Add columns (b), (d), and (e)				52	
	Add columns (b), (d), and (e) I line 12, columns (b), (d), and (e)		(52 13 _	0 52
13 Total. Add See workshe	I line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations)				13	
13 Total. Add	I line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations)	ccomplishm			13	
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
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13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52
13 Total. Add See workshe Part XVI- Line No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose	13	52

Form 990-PF	(2015) ST. MARY							Pa	ige 1 :
Part XVI	Information Rec Exempt Organiz		sfers To an	d Transaction	ons and Relation	ships Wi	th Noncharitable		
1 Did the	organization directly or in		n any of the foll	lowing with any	other organization des	cnbed	T T	Yes	No
	on 501(c) of the Code (oth			-					
organiz				·			1	1	
a Transfe	ers from the reporting foun	dation to a nonch	nantable exemp	ot organization (of				
(1) Ca	sh						1a(1)	4	X
(2) Oth	ner assets						1a(2)	4	X
b Other t	ransactions								
(1) Sal	es of assets to a nonchar	table exempt org	anızatıon				<u>1b(1</u>		X
	rchases of assets from a r			on			1b(2		X
` '	ntal of facilities, equipmen						<u>1b(3</u>	$\overline{}$	X
` .	imbursement arrangemen	ts					15(4)		X
	ans or loan guarantees			1-1			1b(5	_	X
	formance of services or m	•	_				1b(6)	4	X
-	g of facilities, equipment, no nswer to any of the above	•	•		imn (h) should always	show the fa	<u> </u>	Ь	1
	f the goods, other assets,	•	-						
	n any transaction or sharin	-	-	-					
(a) Line no	(b) Amount involved		nonchantable exemp				ansactions, and shanng arrangem	ents	
N/A									
]				
					 				
					 				
		 			 				
		}			 				
		 							
					 				
	- +	 			 				
					 				
		 							
	oundation directly or indire	•			, -	s		_	_
	ed in section 501(c) of the		n section 501(c	c)(3)) or in secti	on 527?		X	'es _	No
b If "Yes,	" complete the following se	chedule T							
SEE S	(a) Name of organization STATEMENT 4		(b) Type of o	rganization	 	(c) Descrip	tion of relationship		
SEE .	SIVIEMENI 4				 				
					 				
					 				
	 				T				
	er penalties of perjury, I declare t						my knowledge and belief, it is tru	e.	
Con	ect, and complete Declaration of	preparer (other than t	taxpayer) is based	on all information o	i which preparer has any kho	wieage	May the IRS discuss this	return	
Sign	_	_					with the preparer shown to	` -	٦,,,
Here	1/1	ρD		1 .			(see instructions)?	Yes	No
	_ yvuu	<u> </u>	Now You	M.	_ <u></u>		SURER		
	Signature of officer or trustee			Date	e /	Title		т——	
ļ p	nnt/Type preparer's name			Preparer's signat	A 3 L	(01	Date	Check	ıf
Paid	NU 31N1 10MN3	an.		May /	fre Messey	WI	5/11/17	self-en	nployed
Preparer MA	RY ANN MURRAY,		TEV C CC	MARY ANN	MURRAY, CPA'	 	P0053	3 5 4 1	
Use Only	ırm's name ► MURR irm's address ► 2273			CHRADER 201	ппс		PTIN P0052:		
	irm's address ► 2273	o trestati i					Firm's EIN ▶ 52-190		-

20653

301-862-3367 Form 990-PF (2015)

Phone no

LEXINGTON PARK, MD

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

ST. MARY'S COUNCIL NO 1470 KNIGHTS

OF COLUMBUS CHARITIES, INC.

Employer identification number

33-1109715

Organization type (check one))
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt chantable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	
	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.
Special Rules	
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
contributor, during the y contributions totaled me during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, chantable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the total of this organization because it received nonexclusively religious, chantable, etc., contributions aduning the year.
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, tanswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

ST. MARY'S COUNCIL NO 1470 KNIGHTS

Employer identification number 33-1109715

Part I	Contributors (see instructions). Use duplicate copies of F	art I if additional space is ne	eded.
(a) No.	(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	\$ 37,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	(14110) 444 - 141 - 141	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	ridinoj addivezi, alia Eli 197	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

33-1109715	Federal Statements	ments		
Stat	Statement 1 - Form 990-PF, Part I, L	Part I, Line 16b - Accounting Fees	ting Fees	
Description ACCOUNTING/TAX PREPARATION TOTAL	Total \$ 2,800 \$ \$ 2,800	Net Investment	Adjusted Net	Charitable Purpose \$ 2,800 \$ 2,800
3 <mark>}</mark>	Statement 2 - Form 990-PF, Part I,	Part I, Line 23 - Other Expenses	xpenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES PRIEST/MISSIONARY SUPPORT MISCELLANEOUS TOTAL	1,250 1,299 \$ 1,549 \$	0		1,250 299 \$ 1,549
Statement 3 - Form 990-PF,	Part XV, Line	ants and Contrib	3a - Grants and Contributions Paid During the Year	
Name	Address			
Address	Relationship Status		Purpose	Amount
ALZHEIMERS ASSOCIATION FAIRFAX VA 22030 CABENET DEFENDANCY CNTED OF STHEN MO	3701 PENDER DRIVE 501(C)(3)	ALZHEIMERS MEDICAL CARE,	OICAL CARE, SPPT &RSRCH	RCH 250
		SUPPORT OF PRI	PREGNANT WOMEN	1,000
EIN I	F.C. DOA	SUPPORT	OF PEOPLE WITH DISABILITIES	ES 1,670
MD 20659	٦ ٢	REHAB HOMES	OF LOW-INCOME OWNRS	250
FAIHER ANDREW WHITE SCHOOL LEONARDTOWN MD 20650	BOX BOX	CATHOLIC EDUCATION	ATION	5,600
LEONARDTOWN MD 20650	501(C)(3)	HEALTH CARE FOR INDIGENT	OR INDIGENT	250
HOLI ANGELS AVENUE MD 20609 HOSPICE OF ST MADY'S	21340 COLION POINT KD 501(C)(3)	RELIGIOUS ACTIVITIES	IVITIES	200
LEONARDTOWN MD 20650	4	SPPRT PPL WTH	SPPRT PPL WTH LIFE-THREATENG ILLNESS	ESS 750
				1-3

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33-1109715

Statement 3 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Ac	Address	ļ	
Address	Relationship	Status	Purpose	Amount
MOTHER CATHERINE SPALDING	38833 CHAPTICO	ICO RD		
HELEN MD 20635	-•	501(C)(3)	CATHOLIC EDUCATION	4,000
OUR LADY OF THE WAYSIDE	37575 CHAPI	CHAPTICO RD		
			RELIGIOUS ACTIVITIES	1,000
OUR LADY'S CHURCH	41348 MEDLE	EDLEY'S NECK RD		
LEONARDTOWN MD 20650		501(C)(3)	RELIGIOUS ACTIVITIES	200
SHOP WITH A COP, INC.	P.O. BOX 2336	36		
LEONARDTOWN MD 20650		501(C)(3)	PROVIDE CHILDREN IN NEED W GOOD XMAS	200
SM COUNTY SPECIAL OLYMPICS	25926 WHISKEY CREEK	EY CREEK RD		
HOLLYWOOD MD 20636		501(C)(3)	SPPRT SPORTS FOR PEOPLE WITH DISABIL	200
SOMD COMMUNITY RESOURCES, INC.	90 ALEXANDER LANE	R LANE		
SOLOMONS MD 20688	-,	501(C)(3)	ADVOCATE FOR PPL WITH SPECIAL NEEDS	750
ST. ALOYSIUS CHURCH	P.O. BOX 310	0		
LEONARDTOWN MD 20650	501(C)(3)	501(C)(3)	RELIGIOUS ACTIVITIES	200
ST. MARY'S RYKEN	22600 CAMP	CALVERT RD		
LEONARDTOWN MD 20650		501(C)(3)	CATHOLIC EDUCATION	2,300
ST. VINCENT DE PAUL SOCIETY	P.O. BOX 310	0		
LEONARDTOWN MD 20650		501(C)(3)	SPPRT PRGMS SERVING POOR & NEEDY	200
THE ARC OF SOUTHERN MARYLAND	P.O. BOX 18	BOX 1860		
PRINCE FREDERICK MD 20678		501(C)(3)	SPPRT CHILDREN/ADULTS WITH DISABIL	200
TRICO CORPORATION	46940 SHANG			
LEXINGTON PARK MD 20653		501(C)(3)	SPPRT OUTPATIENT MENTAL HLTH CLINIC	200
BOY SCOUT TROOP #303	19167 POPLA	POPLAR HILL LN		
VALLEY LEE MD 20692		501(C)(3)	SUPPORT YOUTH ACTIVITIES	250
HOLY LAND ECUMENICAL FOUNDATION	6935 WISCON	WISCONSIN AVE, STE		
BETHESDA MD 20815	-,	501(C)(3)	SUPPORT OF ARAB CHRISTIANS	300
MD STATE COUNCIL CHARITY FOUNDATION	10815 STAN	RD		
OWINGS MD 21117	-,	501(C)(3)	SUPP. OF INDIVIDUALS IN URGENT NEED	110
MD STATE COUNCIL CHARITY FOUNDATION	10815 STAN	: RD		
OWINGS MD 21117		501(C)(3)	SONOGRAM FUND	54,500
RIGHT TO LIFE	512 10TH ST NW	MN.		
WASHINGTON DC 20004		501(C)(3)	SUPPORT HUMAN RIGHTS	200
LEONARDIOWN ELEMENTARY SCHOOL	72885 DUKE	Y.T.	C II T T T M K II	C
LEGURARDIOWN FID 20030		IAA EAEMFI	SOFFORI FAMILIES IN NEED	007

 _	 -		
		Amount	3
ements	Statement 3 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	Plimose	
Federal Statements	(V, Line 3a - G	Address	
Fe	Form 990-PF, Part)	Relationship	
	Statement 3 -	Name	
33-1109715			TOTAL

33-1109715

Federal Statements

Statement 4 - Form 990-PF, Part XVII, Line 2b - Schedule Information

Name of Organization Type of Organization Description of Relationship

KOC COUNCIL # 1470

501(C)(8)

SHARED ELEMENTS OF COMMON CONTROL AND HISTORIC AND CONTINUING RELATIONSHIP