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Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047 2012

Open to Public Inspection

B Che	eck if applicable C Name of organization KNIGHTS TEMPLAR OF UNITED STATE	ES	O Empl	oyer Identification number
Add	dress change 3 MONUMENTAL COM. OF COCKEYSVII	LE	4	
 Nan	me change Doing Business As		52	-0378259
_ '''	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telep	hone number
Initia	2913 PATRICIA COURT		44	3-291-6688
Terr	minated City, town or post office, state, and ZIP code			
Ame	ended return MANCHESTER MD 21102  F Name and address of principal officer		G Gross re	ceipts \$ 623,3
Appl	SPYRDION G. TREKLAS 100 S. CLINTON STREET BALTIMORE MD 21224	H(b) Are all a	group return foi affiliates include No," attach a lis	= =
		527		
	ebsite: N/A		exemption numb	
	rm of organization Corporation Trust Association X Other ► GRP DIVISION	L Year of formation	1886	M State of legal domicile
Par	1 Briefly describe the organization's mission or most significant activities			
Activities & G	CHARITABLE AND MASONIC ORGANIZATIONS.  2 Check this box  if the organization discontinued its operations or disposed of more of Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12	than 25% of its net asse	15 3 4 5 6 7a	5 3 4 0
	b Net unrelated business taxable income from Form 990-T, line 34		7b	
		Prior Ye	ear	Current Year
اه	8 Contributions and grants (Part VIII, line 1h)		2,368	9,32
ŽΙ	9 Program service revenue (Part VIII, line 2g)		0	
Revenue	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4 and Fd) VED	12	4,827	94,83
œ   1	11 Other revenue (Part VIII, column (A), lines 5 6d, 8c, 9c, 10c, and 11e)		0	
1	12 Total revenue – add lines 8 through 11 (RDs) equal Part VIII, 2011 in (A) Pine 12)	12	7,195	104,16
1	13 Grants and similar amounts paid (Part IX, Column (A), lines 1–3)		5,810	21,60
	14 Benefits paid to or for members (Part IX) column (A) ime-4)		0	
ما	15 Salanes, other compensation, employed benefits (Part IX, column (A), lines 5–10)		1,863	3,39
انة	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
ğ	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
B∐ 1	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2	2,275	50,21
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,948	75,20
- 1	19 Revenue less expenses Subtract line 18 from line 12		7,247	28,95
	TO TRANSPORTED STATE OF THE PROPERTY OF THE PR	Beginning of Cu		End of Year
od Balances	20 Total assets (Part X, line 16)	1,59	1,820	1,620,86
2	21 Total liabilities (Part X, line 26)		98	18
<b>製品 2</b>	22 Net assets or fund balances Subtract line 21 from line 20	1,59	1,722	1,620,67
Part				
	r penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of	f my knowler	lge and belief, it is
true, c	correct, and complete Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge		-1 1
	1 Kent warne			8/7/201
ign	Signature of officer		Date	1 1
iere	Keith Warner, Secretary  Type or point name and title	····		
	Print/Type preparer's name Preparer's signature	Date	Check	I PTIN
aid	MATTHEW N. DAVIS MAIN M D CM	l ,	/13 self-emp	Li" I
repar	TO TEDMAN C EDTEDMAN IID		im's EIN	52-0818026
lse Or			ums EIN F	JZ 00100Z6
,se UI	MONICON MD 21204			410-494-010
	1 11110 1110 110 11		hone no	
May the	e IRS discuss this return with the preparer shown above? (see instructions)	<del></del>		X Yes No Form 990 (20
	perwork Reduction Act Notice, see the separate instructions.			

			LAR OF UNITED STATE	s 52-03	78259			Pa	ige
Ρ			m Service Accomplishments	-4 45:- D4 111					_
_			contains a response to any que	stion in this Part III					<u>-</u>
. (		be the organization's miss FRATERNAL A	CTIVITIES FOR LODGE	E MEMBERS AN	ND MAKES GRANTS	TO (	ОТНЕ	IR	
			IC ORGANIZATIONS.						
	Did the areas	uzation undodate any air	officent program convece during the ver-	ar which was not hated	and the				
2	prior Form 99		nificant program services during the year	ar which were not listed	on the		Voc	Y	Na
	•	nbe these new services o	n Schedule O				Yes		IVO
3			or make significant changes in how it of	conducts, any program					
	services?						Yes	X	No
_		nbe these changes on Sc							
4			ervice accomplishments for each of its to (4) organizations are required to repor		•				
			, for each program service reported	tille amount of grants a	and allocations to others,				
	(Code	) (Expenses \$	including grants		) (Revenue \$				
(	CONDUCT	FRATERNAL AN	D SOCIAL ACTIVITIES	FOR LODGE	MEMBERS.				
4h	(Code	) (Expenses \$	including grants	of \$	) (Revenue \$				
75	(0000	/ (Cxpoillage )	moduling grants	o. •	) (Nevenue 4				,
						. ,			
4c	(Code	) (Expenses \$	including grants	of \$	) (Revenue \$				)
4d	Other program	services (Describe in Sc	hedule O )						
. •	(Expenses \$	<u></u>	including grants of \$	) (Rever	nue \$	)			
4e		service expenses							_

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1	1
	complete Schedule A	1_1_	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		l	}
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_	ļ	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ĺ	
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ł
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		,	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	L	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а		1		
	complete Schedule D, Part VI	11a	X	
р	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1 l	[	77
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			37
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		_ <u>X</u>
ď	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	44.1		v
_	•	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u> </u>
f	the organization's separate or consolidated infancial statements for the tax year include a footificte that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445	J	v
2-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
2a	Schedule D, Parts XI and XII	420	- 1	v
<b>L</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		<u> </u>
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	425		v
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		$\frac{x}{x}$
о 4а	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-+	$\frac{x}{x}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146	]	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	"		
•	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	- 1	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
•	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		<del></del>
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u>                                   </u>	<del>-</del> +	
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	x
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	''		<del></del> -
•	If "Yes," complete Schedule G, Part III	19		x
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-+	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	-		
	employees? If "Yes," complete Schedule J	23		X
24a	9,	ŀ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b		24b		
С	and just just just just just just just just			
A	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
d 25a		24d		
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a	- $+$	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	256		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	25b		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20	1	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee.	26		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 1	ļ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	j	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1	1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	- 1	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
10	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		
	complete Schedule N, Part II	32		<u>X</u>
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		}	
_	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u> _
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1 1		
r-	or IV, and Part V, line 1	34		<u>X</u>
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
c	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-+	
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	,,		v
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u>x</u> _
-	19? Note. All Form 990 filers are required to complete Schedule O	38	$\mathbf{x}$	
	10 1141617 W. C.M. 550 IIIOO dia ragailea la dampiata delitadia d	30	<u> </u>	

Form **990** (2012)

<u></u>	art V Statements Regarding Other IRS Filings and Tax Compliance			Pag
_	Check if Schedule O contains a response to any question in this Part V			-
			Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1		1.00	<del>  ''</del>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		ĺ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			$\vdash$
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		İ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	]	K
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<del>                                     </del>	$\vdash$
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		l	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь	ĺ	
7	Organizations that may receive deductible contributions under section 170(c).			_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1	1	
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- }	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\neg \neg$	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-†	
а	Did the organization make any taxable distributions under section 4966?	9a	İ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter	$\neg$	- 1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
	against amounts due or received from them )		ĺ	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	
	Enter the amount of reserves on hand	7		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\dashv$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_ +	_

DAA

моі	NUMENTAL 07/20/2013 10 32 AM					
-orr	n 990 (2012) KNIGHTS TEMPLAR OF UNITED STATES 52-0378259					Page <b>6</b>
_	art VI Governance Management, and Disclosure For each "Yes" response to lines 2 through	ugh 7b b	elow, and	for a "i	Vo"	i age C
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes it	n Sched	ule O See	instru	ctions	6
	Check if Schedule O contains a response to any question in this Part VI					$\overline{\mathbf{x}}$
Sec	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_5			
	If there are material differences in voting rights among members of the governing body, or					j
	if the governing body delegated broad authority to an executive committee or similar					İ
	committee, explain in Schedule O	ł			ł	}
b	Enter the number of voting members included in line 1a, above, who are independent	1b	_3	_	1	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					1
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,				}	}
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the fol	lowing	1		
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					}
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<del></del>		9		<u> </u>
ec.	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal Re	venue Co	<u>de )</u>		
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ie torm?		11a		X
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990				v	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		2	12a	X	
Þ	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	o conflicts	, ,	12b	^-	
С	describe in Schedule O how this was done			1425	x	
-	Did the organization have a written whistleblower policy?			12c	^	X
3	Did the organization have a written document retention and destruction policy?			13	x	
4 c	Did the process for determining compensation of the following persons include a review and approval by			14	-	
5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ļ	
_	The organization's CEO, Executive Director, or top management official			150	x	
a	Other officers or key employees of the organization			15a	$\frac{\mathbf{x}}{\mathbf{x}}$	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b	^	
G →	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				- 1	
6a	bit (iie diganization investin, commode assets to, or participate in a joint venture or similar dirangement			160	- [	v

Sec	tion C. Disclosure	
17	List the states with which a copy of this Form 990 is required to	be filed ▶

organization's exempt status with respect to such arrangements?

NONE

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 KEITH W. WARNER organization >

If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

MANCHESTER

2913 PATRICIA COURT

MD 21102

443-291-6688

Part VII. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	of	ox, unl ficer a	Pos check ess pe ind a c	erson directo	than o	an ee)	(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SEE STATEMENT #1	14.00	х		х				2,544	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)		-								
(9)										
(10)						+				
(11)										

Pi	art VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mple	oyee	s, ar	nd Highest Compensated	Employees (continued)				
(A) `Name and tilte		(B) (C) Average Position hours per (do not check more than week box, unless person is bo (list any officer and a director/fru						n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organi and re organiz	zation elated	
(12)													·	
(13)												<u> </u>		
(14)														
(15)	<u></u>										<del></del>	_		
(16)														
(17)														
(18)													<u> </u>	
(19)				-										
1b c	Sub-total  Total from continuation shee	ts to Part VII, Se	ectio	n A				<b>&gt;</b>	2,544					
	Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from to			o the	se li	sted	abo	ve) w	2,544 who received more than \$10	0,000 in				
3	Did the organization list any forcemployee on line 1a? If "Yes," of For any individual listed on line	omplete Schedul	e J f	or su	ch ın	divid	laut			the		3	Yes	No X
4 5	organization and related organization and related organization and related organization individual  Did any person listed on line 1a	zations greater th	an \$	150,0	000?	If "Y	'es,"	com	plete Schedule J for such			4	_	x
	for services rendered to the orga	anization? If "Yes										5		X
1	on B. Independent Contractor Complete this table for your five compensation from the organization	highest compensation Report com							year ending with or within the	e organization's tax year				
	Name and b	(A) pusiness address							Descriptio	(B) n of services	_	Соп	(C) npensati	on
						•								<u></u>
2	Total number of independent correceived more than \$100,000 of							se lis	sted above) who	0				

Form 990 (2012) KNIGHTS TEMPLAR OF UNITED STATES Part VIII

Statement of Revenue
Check if Schedule O contains a response to any question in this Part VIII

1a   Federated Campaigns   1a   9,329			· Check if Schedule	O coma	ams a response	<del>,</del>	<del>,</del>	1 (0)	<del></del>
B   Federical campaging   12   15   9   329   16   17   17   18   19   19   19   19   19   19   19						(A) Total revenue	exempt function	business	excluded from tax under sections
Basin Code   C	S C	12	Federated campaigns	12			Teveriue		512, 513, or 514
Busin Code   C   C   C   C   C   C   C   C   C	ant	,,		-	9,329				
Busin Code   C   C   C   C   C   C   C   C   C	وَي		·	-					
Busin Code   C   C   C   C   C   C   C   C   C	Tts								
Busin Code   C   C   C   C   C   C   C   C   C	<u> </u>						İ		
Busin Code   C   C   C   C   C   C   C   C   C	Sin		• •	<u>                                   </u>					
Busin Code   C   C   C   C   C   C   C   C   C	iğ je	'		15					
Busin Code   C   C   C   C   C   C   C   C   C	<u> </u>		Noncash contributions included in lines 1a-		<del> </del>				
Busin Code   C   C   C   C   C   C   C   C   C	and	h		•	<b>&gt;</b>	9,329			
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds b 5 Royalties 6a Gross renits b Less rental exps c Rental income or (loss) d Net rental income or (loss) 4 Net rental income or (loss) 5 Separation of tax and allowances b 6 Less direct expenses b Less direct expenses b Less direct expenses b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscalianeous Revenue  Busin Code  11a b c d All other revenue e Total. Add lines 11a–11d 12 Total revenue. See instructions  104,164 0 0 94,835				_	Busn Code	<u> </u>			
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### 100   10	٩	g				·			
A Income from investment of tax-exempt bond proceeds    Royalties    (i) Reat   (ii) Personal    b Less renisipate    c Remain or (loss)    d Net rental income or (loss)    7a Gross amount from sides of assets other than eventory    b Less cost or other   bass 4 sides early    10 Securities    (ii) Securities   (iv) Other    sides of assets    sides of assets    (iv) Other    sides of assets    sides of assets    (iv) Other    sides of assets    sides of		3		ıvıdends,					
Second   S			·			64,620		<u> </u>	64,620
(i) Real   (ii) Personal   (iii) Perso				exempt b	ond proceeds	· · ·			<del></del>
See   See		5		<del></del>	<b>P</b>				
Description   Description	i		<del> </del>	<del></del>	(ii) Personal		1		
C Rental in cor (loss)								}	
A Net rental income or (loss)			· —					}	
Table State   Table				<sup>1</sup>					
Sales of assets   Ossets	- 1		Cross amount from		(ii) Other				<del></del>
b Less ost or other	- 1		sales of assets	625				1	
Design of (loss)   Design of	1	h	,	- 023	-,,,,,,,,				
C   Gain or (loss)   22,461   7,754     d   Net gain or (loss)   30,215   30,215     30,215   30,215				164					
d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a b c d All other revenue e Total. Add lines 11a–11d  Total revenue. See instructions  104, 164  0 0 94,835		c			7.754				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a b c d All other revenue e Total. Add lines 11a–11d  Total revenue. See instructions  104,164 0 0 0 94,835	j		, ,		<b>•</b>	30,215			30 215
(not including \$ of contributions reported on line 1c) See Part IV, line 18			_	ts			<del></del>		30/223
C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a b c d All other revenue e Total. Add lines 11a–11d  Total revenue. See instructions  104,164 0 0 94,835	울	•	(not including \$					ļ	
C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a b c d All other revenue e Total. Add lines 11a–11d  Total revenue. See instructions  104,164 0 0 94,835	š		-	İ					
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C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a b c d All other revenue e Total. Add lines 11a–11d  Total revenue. See instructions  104,164 0 0 94,835	ᆲ	b	Less direct expenses	b					
See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn Code  11a b c d All other revenue e Total. Add lines 11a−11d  Total revenue. See instructions  104,164  10 0 0 94,835	0	С	Net income or (loss) from fundra	aising <u>eve</u>	ents 🕨				
b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a b c d All other revenue e Total. Add lines 11a–11d  12 Total revenue. See instructions  b  104,164  0  0  94,835	ĺ	9a	Gross income from gaming activities	}		}			
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10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a b c d All other revenue e Total. Add lines 11a–11d  Total revenue. See instructions  104,164  0 0 94,835	ĺ	b	Less direct expenses	b					
returns and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d  12 Total revenue. See instructions  a line with the state of the state		С	Net income or (loss) from gamir	ng activitie	es 🕨				
b Less cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busin Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d  12 Total revenue. See instructions  b  104,164  0  0  94,835		10a	Gross sales of inventory, less	İ					
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d  Total revenue. See instructions  104,164  0  0  94,835				a					
Miscellaneous Revenue         Busn Code           11a         Image: Company of the property of the proper	l					ļ			
11a b c d All other revenue e Total. Add lines 11a–11d  12 Total revenue. See instructions  104,164  0 0 94,835	1	<u>c</u> _		of invento					
b c d All other revenue e Total. Add lines 11a–11d b 12 Total revenue. See instructions b 104,164 0 0 94,835	ļ		Miscellaneous Revenue		Busn Code	1			
c       d All other revenue         e Total. Add lines 11a−11d       ►         12 Total revenue. See instructions       ►         104,164       0         0       94,835	1	11a							
d All other revenue  e Total. Add lines 11a−11d  Total revenue. See instructions  104,164  0  94,835	-	Þ							
e Total. Add lines 11a-11d       ►       Lotal revenue. See instructions       ►       104,164       0       0       94,835		_							
12 Total revenue. See instructions > 104,164 0 0 94,835	- 1	-			<u> </u>		<del></del>		
					<b>!</b>	104 164			04.025
		12_	rotal revenue. See instructions	· · ·		104,104			

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete co	lumn (A)
Check if Schedule O contains a response to any question in this Part IX	

	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.	<del> </del>	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	20,600			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,000			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,544			<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		<del></del>		
7	Other salaries and wages	689	·	<del> </del>	<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			<del> </del>	<del> </del>
9	Other employee benefits	163		<del> </del>	
10	Payroll taxes	163		<del> </del>	<del> </del>
11	Fees for services (non-employees)				
a	Management	6,250			
b	Legal Accounting	0,230			<del> </del>
c d	Lobbying				<del> </del>
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	16,465			
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		<del></del>		
15	Royalties	1 000			
16	Occupancy	1,200 371			<del></del>
17	Travel	3/1		<del></del>	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings		<del></del>		
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,266			
23	Insurance	500			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	04.150			
а	SEE STATEMENT #2	24,159	<del></del>	· · · · · · · · · · · · · · · · · · ·	
b			· · · · · · · · · · · · · · · · · · ·		
C	<u> </u>				
d	All other expenses				
	All other expenses  Total functional expenses. Add lines 1 through 24e	75,207	0	0	0
<u>25                                    </u>	Joint costs. Complete this line only if the		· <del>\</del>	<u> </u>	<u>~</u>
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 1 202,723 2 50,133 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 14,187 other basis Complete Part VI of Schedule D 13,554 10b 1,899 10c b Less accumulated depreciation 1,387,198 1,570,096 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1,591,820 1,620,862 Total assets Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 98 26 183 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 1,591,722 1,591,722 Retained earnings, endowment, accumulated income, or other funds 1,620,679 32 32 1,620,679 33 Total net assets or fund balances 33 1,591,820 1,620,862 Total liabilities and net assets/fund balances

	n 990 (2012) KNIGHTS TEMPLAR OF UNITED STATES 52-0378259			P	age <b>1</b> 2
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			164
2	Total expenses (must equal Part IX, column (A), line 25)	2			207
3	Revenue less expenses Subtract line 2 from line 1	3		28,	957
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	91,	722
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,6	20,	679
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O			ļ	ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	İ	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		- 1 (		ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			$\neg \neg$	
	separate basis, consolidated basis, or both		1	)	1
	Separate basis Consolidated basis Both consolidated and separate basis			ł	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1	ļ	i
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		ı
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		1 1	}	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			$\neg \uparrow$	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990	(2012)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization Employer identification number KNIGHTS TEMPLAR OF UNITED STATES 3 MONUMENTAL COM. OF COCKEYSVILLE 52-0378259 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

<u>Sche</u>		TEMPLAR OF				0378259	Page
_P:	art III Organizations Maintaini						s (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	s, check any of	the following that	are a significa	nt use of its	
а	Public exhibition	d	Loan or excha	ange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's of XIII	collections and explain	how they further	er the organization	n's exempt pu	rpose in Part	
5	During the year, did the organization solicit	or receive donations o	f art, historical t	treasures, or othe	r sımılar		
	<u> </u>						Yes
Pa	assets to be sold to raise funds rather than art IV Escrow and Custodial A	rrangements. Co	mplete if the	e organization	answered	"Yes" to Form 99	0, Part IV,
	line 9, or reported an amo	unt on Form 990,	Part X, line	21			
1a	Is the organization an agent, trustee, custoo	dian or other intermedia	ary for contribut	tions or other ass	ets not		
	included on Form 990, Part X?						Yes N
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing table				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
e	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on I	Form 990, Part X, line :	21?			<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XII			een provided in P	art XIII		
	rt V Endowment Funds. Com					Part IV, line 10	
		(a) Current year	(b) Pnor		vo years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						<del>                                     </del>
	Contributions						<del></del>
	Net investment earnings, gains, and						<del></del>
·	losses		1			İ	
А	Grants or scholarships						<del>                                     </del>
	Other expenditures for facilities and		<u> </u>				<del> </del>
e	•					ĺ	
	Administrativo expenses						<del> </del>
	Administrative expenses				· · · · · · · · · · · · · · · · · · ·		<del></del>
g	End of year balance	reat was and balance	(line 1a politica		<del></del>	<u> </u>	
2	Provide the estimated percentage of the cur	%	(mie rg, colum	ii (a)) neid as			
	Board designated or quasi-endowment ►  Permanent endowment ► %						
D		%					
С	Temporarily restricted endowment ►						
٥-	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		on that are hole	d and administrators	d for the		
зa		ession of the organizati	on mar are ner	and administere	d for the		Ves No
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations		0-6-44-00				3a(ii)
þ	If "Yes" to 3a(II), are the related organization						3b
4	Describe in Part XIII the intended uses of the			V line 10	•	<del></del>	
_Pa	rt VI Land, Buildings, and Equ				<del></del>	<del></del>	
	Description of property	(a) Cost or other (investment)	1	o) Cost or other basis (other)	1	preciation	(d) Book value
1a	Land						
	Buildings						
	Leasehold improvements						
	Equipment			14,18	37	13,554	633
	Other						
	Add lines 1a through 1e (Column (d) must	equal Form 990, Part >	(, column (B), lii	ne 10(c) )		<b>•</b>	633
						Sche	dule D (Form 990) 2012

Schedule D (Form 990) 2012 KNIGHTS TEMPLAR OF U	····	52-0378259	Page
Part VII Investments—Other Securities. See Form 99	T		
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)	-	Cost or end-of-yea	r market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		<del>                                     </del>	
•		<del> </del>	
(G)	<del></del>	<del> </del>	
(H)			<del></del>
(I) 2 A 1 (O 1 (1) 1 1 1 1 1 1 1 1 - 1		<del>                                     </del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	7	<u> </u>	
Part VIII Investments—Program Related. See Form 99	<del></del>	<del></del>	
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)	<u> </u>		
(6)	· <del> </del>		· — · — · — ·
(7)			
(8)			·
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	<del></del>		
(7)			
(8)			<del></del>
(10)		<del>-</del>	<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 25	<del></del>		<del></del>
	(b) Book value		
	(0) 2500 1000		
	<del></del>		
(2)			
(3)	<del> </del>		
(4)			
(5)	<del> </del>		
(6)	<del></del>		
(7)			
(8)	<del> </del>		
(9)	<u> </u>		
10)			
11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to t	he organization's financial sta	atements that reports the organi	
ability for uncertain tax positions under FIN 48 (ASC 740) Check here if the to	ext of the footnote has been p	provided in Part XIII	Γ

Sch	edule D (Form 990) 2012 KNIGHTS TEMPLAR OF UNITED STA	ATES	52-0378259	Page
P	art XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	<del></del>
3	Subtract line 2e from line 1	( )	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			
Pa	ert XIII Supplemental Information			

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

KNIGHTS TEMPLAR OF UNITED STATES Schedule D (Form 990) 2012 KNIGHTS TEMPLAR (Part XIII Supplemental Information (continued)

52-0378259

Page 5

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**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

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

Open to-Public Inspection 2012

OMB No 1545-0047

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. KNIGHTS TEMPLAR OF UNITED STATES

on X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Yes 52-0378259 Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 3 MONUMENTAL COM. OF COCKEYSVILLE General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Name of the organization Part II Parti

College in the property of the		201.00		3	(f) Mothod of policina		0.14
(a) Name and address of organization	NII (Q)	Section	(a) Amount of cash		(1) Meurod of Valuation (hook FMV appraisal		(n) Purpose of grant
or government		ıf applıcable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) MARYLAND DEMOLAY FOUNDATION, INC.							
1966 ALMOND DRIVE							LEADERSHIP CONF.
FINKSBURG MD 21048	52-1533960	50103	6,900				
(2) STEPHEN J PONZILLO LIBRARY & MUSEUM	N. Car						
304 INTERNATIONAL CIRCLE							GENERAL SUPPORT
COCKEYSVILLE MD 21030	01-0911124	50103	6,000				
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							

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

6)

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

Schedule I (Form 990) (2012)

Page 2

52-0378259 Schedule I (Form 990) (2012) KNIGHTS TEMPLAR OF UNITED STATES

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

Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
_						
2						
, ,						
4						
2						
ဖ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	plete this part to provi	de the information r	equired in Part I, line	2, Part III, column (b), and	any other additional

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTS MADE BY THE DONOR TO GOVERNMENTS AND ORGANIZATIONS ARE MADE TO

SECTION 501(C)(3) ORGANIZATIONS, SO NO OVERSIGHT OF SUCH GRANTS IS

UNDERTAKEN BY THE DONOR.

GRANTS MADE BY THE DONOR TO INDIVIDUALS ARE MADE FOR SPECIFIC AND

IMMEDIATE NEEDS OF THE RECIPIENT AND REQUIRE NO FURTHER MONITORING.

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ

Open to Public Inspection

OMB No. 1545-0047

KNIGHTS TEMPLAR OF UNITED STATES

3 MONUMENTAL COM. OF COCKEYSVILLE

Employer identification number 52-0378259

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATION'S SECRETARY REVIEWS THE FORM 990 WITH THE TAX PREPARER
PRIOR TO THE SAME BEING FILED. ALL OFFICERS AND TRUSTEES REVIEW THE RETURN
AFTER THE SAME IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL OFFICERS AND TRUSTEES ARE REQUIRED TO SIGN AN ANNUAL STATEMENT

INDICATING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND THAT

THEY AGREE TO COMPLY WITH SUCH POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ALL MEMBERS OF THE ORGANIZATION VOTE ON THE PAY OF ALL OFFICERS, TRUSTEES,

OTHER EMPLOYEES, ETC. THE COMPENSATION OF ALL OFFICERS AND TRUSTEES IS

ALSO SET FORTH IN THE ORGANIZATION'S BY-LAWS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL MEMBERS OF THE ORGANIZATION VOTE ON THE PAY OF ALL OFFICERS, TRUSTEES,

OTHER EMPLOYEES, ETC. THE COMPENSATION OF ALL OFFICERS AND TRUSTEES IS

ALSO SET FORTH IN THE ORGANIZATION'S BY-LAWS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION. THE RETURN CAN BE
VIEWED BY APPOINTMENT AT THE LAW OFFICES OF FRIEDMAN & FRIEDMAN, LLP, 409
WASHINGTON AVENUE, SUITE 900, TOWSON, MD 21204 BETWEEN THE HOURS OF 9:00
THROUGH 5:00 EASTERN TIME.

Form 4562

Department of the Treasury

**Depreciation and Amortization** 

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

2012

ment 17

Internal Revenue Service
Name(s) shown on return

KNIGHTS TEMPLAR OF UNITED STATES
3 MONUMENTAL COM. OF COCKEYSVILLE

Identifying number 52-0378259

Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions ) Part III Section A 1,266 MACRS deductions for assets placed in service in tax years beginning before 2012 17 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (a) Classification of property (e) Convention (f) Method (a) Degreciation deduction penod service only-see instructions) 19a 3-year property 5-year property C 7-year property 10-year property 15-year property 20-year property 25 yrs S/L 25-year property h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L MM 39 yrs Nonresidential real S/L property MM S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System Class life 20a 12 yrs S/L b 12-year MM S/L C 40-year 40 yrs Part IV Summary (See Instructions ) Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 1,266 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs 23

KNIGHTS TEMPLAR OF UNITED STATES, #3 MONUMENTAL COMMANDERY OF COCKEYSVILLE 52-0378259 2012 FORM 990

PART VII - COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES

NAME / ADDRESS	AVG HRS PER WEEK	/ PO	/ POSITION/ TRUSTEE OFFICER	COMPENSATION	COMPENSATION FROM RELATED ORGANIZATION	OTHER
SPYRDION G. TREKLAS 100 S CLINTON STREET BALTIMORE, MD 21224	2.00	V.V.	COMMANDER	NONE	M N O N	NON
PAUL H. DOUGLAS 12246 ROUNDWOOD ROAD TIMONIUM, MD 21093	2.50	N/A	TREASURER	847 91	NONE	NON
KEITH W WARNER 2913 PATRICIA COURT MANCHESTER, MD 21102	8.00	TRUSTEE	SECRETARY	1,695 81	NONE	NONE
STEPHEN J. PONZILLO, III 4 NORGATE COURT COCKEYSVILLE, MD 21030	1 00	TRUSTEE	N/A	NONE	NONE	NONE
ROBERT E. YOUNG 1603 TWIN MAPLE AVENUE TOWSON, MD 21204	0.50	TRUSTEE	N/A	NONE	NONE	NONE
TOTAL	14 00			2,543.72		

KNIGHTS TEMPLAR OF UNITED STATES, #3 MONUMENTAL COMMANDERY OF COCKEYSVILLE 52-0378259 2012 FORM 990

### PART IX, LINE 24 - OTHER EXPENSES

DESCRIPTION	AMOUNT
SUPPLIES & POSTAGE	535 00
SAFE DEPOSIT BOX RENTAL	106.00
SOCIAL & REFRESHMENTS	14,082 00
UNIFORMS	7,194.00
GRAND LODGE ASSESSMENT	2,242 00
TOTAL	24,159 00