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Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities.

OMB No 1545-1150 20**12** 

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form.

For Paperwork Reduction Act Notice, see the separate instructions.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. , 20 13 A For the 2012 calendar year, or tax year beginning March 01 , 2012, and ending C Name of organization D Employer identification number B Check if applicable Address change **Knights Templar of the United States of America** 57-0171202 Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 803-799-9159 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Columbia, SC, 29202-7463 Number ▶ 0266 Application pending H Check ▶ ☑ if the organization is not G Accounting Method: Other (specify) ▶ required to attach Schedule B Website: ▶ http://www.scgyr.org/gckt/ 527 (Form 990, 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . 72,262 31 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I... Contributions, gifts, grants, and similar amounts received . . . . . . 1 -.00 2 Program service revenue including government fees and contracts 2 - 00 3 3 Membership dues and assessments . . . . 67,840 67 Investment income . . . . . . . . . . . . . . . . 4 4,201.64 SCANNED 5a Gross-amount-from-sale-of-assets-other than inventory 5a -0-Less cost of other basis and sales expenses . . h 5b -0-Gain or (loss)-from-sale-of-assets of their than inventory (Subtract line 5b from line 5a) . 5с -0-C Gaming and fundraising events (O) Gross-income from gaming (attack (attach Schedule G if greater than Ś \$15,000 6a -0-Gross income from trundraising events (not including \$ -0- of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b -0-Less: direct expenses from gaming and fundraising events -0-Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . . . . . . . . . . . . . . . . 6d -0-Gross sales of inventory, less returns and allowances . 7a 7a 220.00 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 220.00 Ç 8 8 Other revenue (describe in Schedule O) . . . . Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 72,262 31 10 Grants and similar amounts paid (list in Schedule O) 10 37,996.00 11 Benefits paid to or for members . . . . . . 11 -0-12 12 Salaries, other compensation, and employee benefits . . . . . 21,938.71 Professional fees and other payments to independent contractors . 13 13 -0-14 Occupancy, rent, utilities, and maintenance ...... 14 3,930.98 15 15 Printing, publications, postage, and shipping . . . . . . . . . . . 760.92 16 16 7,587.86 17 17 Total expenses. Add lines 10 through 16 . . . . . 72,214.47 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 47.84 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 458,665.07 20 Net 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 21 458,712.91 Net assets or fund balances at end of year. Combine lines 18 through 20

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Cat No 106421

Form 990-EZ (2012)

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Form	990-EZ (2012)					Page Z
Pa	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule		ny question in this I	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	458,665.07	22	458,712 91
23	Land and buildings			-0-		-0-
24	Other assets (describe in Schedule O)			-0-		-0
25	Total assets			458,655.07		458,712.91
	Total liabilities (describe in Schedule O)		· · · · ·	-0-		-0-
26	Net assets or fund balances (line 27 of column		1100 21)	458,665.07	$\rightarrow$	458,712.91
27					21	430,712.91
Par						Expenses
	Check if the organization used Schedule		y question in this i	Paπ III ⊔		quired for section
Wha	t is the organization's primary exempt purpose?	Fraternal Order				(c)(3) and 501(c)(4) anizations and section
Desc	cribe the organization's program service accomplis	shments for each of	f its three largest pr	rogram services,		7(a)(1) trusts, optional
as n	neasured by expenses. In a clear and concise m	anner, describe the	services provided	, the number of		others)
pers	ons benefited, and other relevant information for ea	ch program title.				
28		<u></u>		'		
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ □	28a	<b>,</b>
29			· <b>=</b> -			·
29						
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	<u> ▶ ⊔</u>	<b>29</b> a	<u> </u>
30						
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here	▶ 🗆	<b>30</b> a	1
31	Other program services (describe in Schedule O)					
•			ints, check here	▶ □	31a	1
32	Total program service expenses (add lines 28a t				32	<del></del>
	t IV List of Officers, Directors, Trustees, and Key					
Fal						
	Check if the organization used Schedule	U to respond to al	(c) Reportable	Part IV		· · · · <u> </u>
		(b) Average	compensation	contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)			other compensation
			(if not paid, enter -0-)	deferred compensation	1	
Doug	glas L. Amyx					
806	Old Abbeville Rd., Greenwood, SC 29649	10	-0-	-(	0-	2201.17
How	ard T Burgess, Grand Treasurer					
	Susie Rd., Belton, SC 29627	3	1,350.00		0-	67.00
	nie T Morris, Grand Recorder		1,000.00		1	
		40	0.500.00	1	<u>.                                    </u>	635.00
1101	Holborn Ct., Columbia, SC 29210	40	9,500.00	<del>                                     </del>	<del>-   -</del>	635.00
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
	D. T	<del></del>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a -0-			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<b>√</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		<b>V</b>
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		r	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization o books are in our or .	B03-79		
	Located at ► 1518 Hampton Street, Columbia, South Carolina ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	29201		No
Đ	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	<b>√</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		- <u>-</u>
43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u></u>	<b>1</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		J

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  All section 501 (c)(3) organizations only All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  Check if the organization used Schedule C to respond to any question in this Part VI  Tyes    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  Is the organization aschool as desorbed in section 170(h)(1)(A)(6)? If "Yes," complete Schedule E  Did the organization aschool as desorbed in section 170(h)(1)(A)(6)? If "Yes," complete Schedule E  Did the organization aschool as desorbed in section 170(h)(1)(A)(6)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt on-chantable related organization?  Complete this table for the organization's live highest compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee paid over \$100,000  Did Name and title of each employee paid over \$100,000  Did Name and address of each independent contractor pad more than \$100,000  Did Name and address of each independent contractor pad more than \$100,000  Did Total number of other independent contractors each receiving over \$100,000  Did Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section \$50(c)(3) organizations, and deferred compensation of the organization complete Schedule A? Note: All section \$50(c)(3) organizations, and of 947(a)(1) in onexempt chantable trusts must attach a completed Schedule A? Note: All section \$50(c)(3) organizations, and of 947(a)(1) in onexempt chantable trusts must attach a completed Schedule A? Note: All section \$50(c)(3) organizations, and 947(a)(1) in onexempt chantable trusts must attach a complete	orm 990-EZ (2	012)						P	age 4
to candidates for public office? If Yes, "complete Schedule C, Part I  VI Section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year If If Yes, "complete Schedule C, Part II  S Is the organization a school as described in section 170(b)(f)(A)(ii)? If Yes, "complete Schedule E 48 Is the organization as chool as described in section 170(b)(f)(A)(ii)? If Yes, "complete Schedule E 48 Is the organization as chool as described in section 170(b)(f)(A)(iii)? If Yes, "complete Schedule E 48 Is the organization as chool as described in section 170(b)(f)(A)(iii)? If Yes, "complete Schedule E 48 Is the organization as chool as described in section 170(b)(f)(A)(iii)? If Yes, "complete Schedule E 48 If Yes, "was the related organization of the Vision of Strong in Yes, "and the organization of the Internation of Strong in Yes, "and the organization of the Internation of Strong in Yes, "and the organization of the Internation of the Internation of the Internation of Yes, and the Yes, and the Yes of Yes, and Yes, and Yes, and Yes, and Yes, and Yes, and								Yes	No
All section \$01(c)(3) organizations only All section \$01(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines \$0 and \$51\$ Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization again in lobbying activities or have a section \$01(h) election in effect during the tax year? If "Yes," complete Schedule E. Part II  Did the organization as exhool as described in section \$10(b)(1)(A)(A)(B)? If "Yes," complete Schedule E.  47    48    But the organization make any transfers to an exempt non-charitable related organization?  49    But II "Yes," was the related organization as section \$27 organization?  Complete this table for the organization as section \$27 organization?  (a) Name and title of each engologies who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each independent contractors each receiving over \$100,000.  Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation of the organization. If there is none, enter "None."  (c) Name and address of each independent contractor paid more than \$100,000 of paid in organization and address of each independent contractors each receiving over \$100,000.  Did the organization or complete Schedule A? Note: All section \$510(0) organization and 4947(a)(1) nonexempt characteristic organization. If there is none, enter "None."  (c) Name and address of each independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? Note: All section \$510(0) organizations and 4947(a)(1) nonexempt characteristic organization. If there is none, enter "None."  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? Note: All section \$510(0) organization and 4947(a)(1) nonexempt characteristic or							1		
All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47  But the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48  But the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48  But the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49  But the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49  But the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49  But the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49  But the organization of the section 527 organization?  Complete this table for the organization is 527 organization?  (g) Name and site of each engloyee but the section 500,000 of compensation from the organization of the				, Parti		· · · · · ·	46	L	✓
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   48   48   48   48   48   48   48		All section 501(c)(3) organization		stions 47–49b and	1 52, and	d complete the	tables f	or line	es
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  Is the organization a school as described in section 170(b)(f)A(ii)? If "Yes," complete Schedule E  Is the organization as chool as described in section 170(b)(f)A(ii)? If "Yes," complete Schedule E  Is the organization as chool as described in section 170(b)(f)A(ii)? If "Yes," complete Schedule E  Is the organization as the related organization of the section 527 organization?  Did the organization in the organization of the highest compensated employees (other than officers, directors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and stile of each employee paid more than \$100,000    (a) Name and stile of each employee and over \$100,000   (b) Properties of the properties of the compensation of compensation of the organization of the organization. If there is none, enter "None."  (b) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (c) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (d) Total number of other independent contractors each receiving over \$100,000		Check if the organization used Scl	hedule O to respond	I to any question in	this Part	: VI <u>.</u>			
year? If "Yes," complete Schedule C, Part II  38 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48   49a								Yes	No
ab Did the organization make any transfers to an exempt non-chantable related organization?  b (1"Yes," was the related organization a section 527 organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors, brustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, directors, brustees and ke employees who each received more than \$100,000 of compensation from the organization. If there is none, directors and deferred devoted to position  f Total number of other employees paid over \$100,000 .  Total number of other employees paid over \$100,000 .  Total number of other employees paid over \$100,000 .  Total number of other employees paid over \$100,000 .  Total number of other employees paid over \$100,000 .  Total number of other employees paid over \$100,000 .  Total number of other employees paid over \$100,000 .  Total number of other independent contractor pad more than \$100,000 .  Total number of other independent contractor pad more than \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Date Did the organization organization in propart loging that return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct, and complay focalization of prepart loging that return, including accompanying schedules and statements and to the best of my knowledge and belief, it is self-employed.  The ward T Burgess, Grand Treasurer  Free onth is the schedule of the companying schedules and statements and to the best of my knowledge and belief, it is self-employed.  The ward T Burgess, Grand T	<b>7</b> Did ti year?	he organization engage in lobbying ? If "Yes," complete Schedule C, Par	activities or have a s						
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee pad more than \$100,000  (b) Average pad more than \$100,000  (c) Peportable pad more than \$100,000  (d) Average pad more than \$100,000  (e) Peportable pad more than \$100,000  (e) Peportable pad more than \$100,000  (f) Peportable pad more than \$100,000  (e) Peportable pad more than \$100,000  (f) Peportable pad more than \$100,000  (g) Peportable pad more than \$100,000									
Ocomplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average house by the paid more than \$100,000 of position of the po		- ·			ization?				
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and title of each employee paid more than \$100,000  (f) Name and title of each employee paid more than \$100,000  (g) Name and title of each employee paid more than \$100,000  (g) Name and title of each employee paid more than \$100,000  (g) Name and each employee paid over \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and addre									
(e) Name and title of each employee paid more than \$100,000    Total number of other employees paid over \$100,000   Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 (b) Type of service (c) Compensation    Value of the organization from the organization from the organization from the organization from the organization organization organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A contractor of which preparer has any knowledge and belief, it is correct, and complete good proparal foliating to based on all information of which preparer has any knowledge and belief, it is offered proparer in the preparer's signature   Date   Check   f   PTIN									
f Total number of other employees paid over \$100,000 . ►  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000	<u> </u>	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) H contribut benefit p	ealth benefits, tions to employee lans, and deferred	(e) Estimate	ed amou	ınt of
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  d Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A   For penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is sometimate of officer   Howard T Burgess, Grand Treasurer  Howard T Burgess, Grand Treasurer  Firm's name Penpint and Penpint Index Penpint Inde						impensation			
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  d Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A   For penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is sometimate of officer   Howard T Burgess, Grand Treasurer  Howard T Burgess, Grand Treasurer  Firm's name Penpint and Penpint Index Penpint Inde									
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  d Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A   For penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is sometimate of officer   Howard T Burgess, Grand Treasurer  Howard T Burgess, Grand Treasurer  Firm's name Penpint and Penpint Index Penpint Inde									
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d Total number of other independent contractors each receiving over \$100,000 . ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  2 nonexempt charitable trusts must attach a completed Schedule A . ▶ □ Yes □ No  3 ler penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is  4 correct, and complate Declaration of preparts (other than of flow) is based on all information of which preparer has any knowledge  4 correct, and complate Declaration of preparts (other than of flow) is based on all information of which preparer has any knowledge  5 signature of officer  4 Howard T Burgess, Grand Treasurer  7 type or print name and title  6 parter  1 interest Preparer's name  1 Preparer's signature  2 Date  3 Check □ if PTIN self-employed  4 Firm's address  5 Phone no.  9 the IRS discuss this return with the preparer shown above? See instructions  1 Yes □ No	1 Com	plete this table for the organization'	s five highest compe		t contrac	ctors who each	received	more	tha
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  nonexempt charitable trusts must attach a completed Schedule A	(a) Name a	and address of each independent contractor pa	ad more than \$100,000	(b) Type of se	rvice	(c)	Compensati	on	
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  nonexempt charitable trusts must attach a completed Schedule A	d Total	aumber of other independent center	otom ooch rosovuna	Over \$100,000					
correct, and complete Declaration of prepared (other thap officien) is based on all information of which preparer has any knowledge    Signature of officer	2 Did tl	he organization complete Schedule A	A? Note: All section 5	01(c)(3) organization			➤ 🗌 Yes		—- No
Howard T Burgess, Grand Treasurer  Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Prim's name  Firm's name  Firm's address  Phone no.  Yethe IRS discuss this return with the preparer shown above? See instructions  Yether Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Firm's EIN  Phone no.  Yes □ No.	nder penalties ie, correct, an	of perjury, I declare that I have examined this indicomplete Declaration of prepared other than	return, including accompan offider) is based on all info	ying schedules and stater ormation of which prepare	nents, and t r has any kn	to the best of my kno nowledge	owledge and	belief,	ıt ıs
Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶ Firm's EIN ▶  Firm's address ▶ Phone no.  Ty the IRS discuss this return with the preparer shown above? See instructions	gn ere	▲ Howard T Burgess, Grand Treasur	rer er			Date 07	////	/2ι	)/
eparer   Firm's name	aid	T	Preparer's signature		Date		rt		
Firm's address ► Phone no.  by the IRS discuss this return with the preparer shown above? See instructions	reparer	Firm's pame	_L			I	eu		
y the IRS discuss this return with the preparer shown above? See instructions	se Only								
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## SCHEDULE Q (Form 1990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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

Name of the organization	Employer identification number					
Knights Templar of the United States of America	57-0171202					
Heading Section C - a.k.a - The Grand Commandery of Knights Templar of South Carolina, Grand York Rite Boides of South Carolina						
Part 1, Line 10 - Grand Encampment of Knights Templar of the United States of America - \$37,696.00						
5909 West Loop South, Suite 495, Bellaire, TX 77401-2402						
Part 1, Line 16 - Annual Communication Expense - \$2,897.24; Saleable Supplies - \$114.45;, Office Cons	sumable Supplies - \$903.64;					
Miscellaneous Office Costs - \$171.09; Grand Commander Travel & Miscellaneous - \$1,201.17; Grand R	ecorder Travel and Miscellaneous -					
\$635.00; Triennial Meeting - Grand Commander - \$800.00; SE York Rite Conference - Grand Commander	er - \$200.00; SE York Rite Conference -					
Deputy Grand Commander \$200.00; SE York Rite Conference - Grand Treasurer - \$67.00; Annual State	wide Instructional Meeting - \$49.40;					
Ladies Entertainment - Annual Communication Meeting - \$336.00						