Return of Organization Exempt From Income Tax

2949316610502

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990 for instructions and the latest information

Open to Public Inspection

<u>A</u>	For th	те 2018 с	alendar year, or tax year beginning , and ending	9										
В	Check if a	applicable	C Name of organization KNIGHTS TEMPLAR OF UNITED S	STATES	_	D Employe	r identification number							
	Address	change	3 MONUMENTAL COM. OF COCKEY	YSVILLE										
_	Name ch	ange	Doing business as				378259							
=	Initial retu	-	Number and street (or P O box if mail is not delivered to street address) 2535 S. SNYDER AVENUE		Room/suite	E Telephor	477-0765							
	Final retu		City or town state or province, country and ZIP or foreign postal code	·		410-	411-0163							
	terminate		SPARROWS POINT MD 21219			_	1 070 771							
	Amended	d return	F Name and address of principal officer		<u> </u>	G Gross rec	eipts \$ 1,270,771							
	Application	on pending	KEITH W. WARNER		H(a) Is this a gro	up return for s	ubordinates? Yes X No							
			2913 PATRICIA COURT	_	H(b) Are all sub	ordinates incl	uded? Yes No							
			MANCHESTER MD 21102	* J			(see instructions)							
	Tax-exe	mpt status	501(c)(3) X 501(c) (8) ◀ (insert no) 4947(a)(1) or	521	1									
J	Website		TTPS://WWW.MONUMENTAL3.ORG		H(c) Group exe	matraa araaba	er ▶ 0266							
		organization	Corporation Trust Association X Other ► GRP DIVIS	SION Y		886	M State of legal domicile MD							
	art I		mmary	7 12 10	ai o ioinalion =		IN State of legal domicile 222							
			scribe the organization's mission or most significant activities											
Ð	1		JCTS FRATERNAL ACTIVITIES FOR LODGE MEMBER	S AND MAKE	S GRANTS	TO OTE	IER							
anc			CHARITABLE AND MASONIC ORGANIZATIONS.											
Ě														
口当Mなが低感 & Governance	2	Check the	s box ▶ 📗 if the organization discontinued its operations or dispose	of more than 25%	-of⊣ts-net_asse	ts								
ල න	3	Number c	f voting members of the governing body (Part VI, line 1a)	RECEI	VED	3	9							
(S)	4	Number o	f independent voting mcmbers of the governing body (Part VI, line 1b)		70	4	7							
	5	Total num	ber of individuals employed in calendar year 2018 (Part V, line 2a)	MAY 17	2019 OS	5	2							
2	6		ber of volunteers (estimate if necessary)	ă	Ś	6	0							
K	7a	Total unre	lated business revenue from Part VIII, column (C), line 12	000=		7a	0							
<u>Ö</u>	b	Net unrela	ited business taxable income from Form 990-T, line 38	OGDEN	<u>I, U</u> T	7b	0							
_	_				Prior Yea		Current Year							
Referdell	ı		ons and grants (Part VIII, line 1h)	<u> </u>		3,560	9,315							
رقي	Į	-	ervice revenue (Part VIII, line 2g)	<u> </u>			0							
Re	1		it income (Part VIII, column (A), lines 3, 4, and 7d)	_	130	5,283	60,232							
20	l		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u> -			0							
019			nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,843	69,547							
_	1		d similar amounts paid (Part IX, column (A), lines 1–3)		5,125	28,559								
_		-	aid to or for members (Part IX, column (A), line 4)	, <u> </u>		2 007	2 007							
Expenses			other compensation, employee benefits (Part IX, column (A), lines 5–10) all fundraising fees (Part IX, column (A), line 11e)	' ⊢		3,897	3,997							
oen.			raising expenses (Part IX, column (A), line 11e) Faising expenses (Part IX, column (D), line 25) ▶	0										
EX			enses (Part IX, column (A), lines 11a–11d, 11f–24e)	-	EC	2 9 9 7	61 072							
			nses Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>		3,997 3,019	61,973 94,529							
	1		ess expenses Subtract line 18 from line 12	 -		5,824	-24,982							
o s		- CVC/IGC	cos expenses oubtract line to from line 12		Beginning of Curi		End of Year							
Net Assets or Fund Balances	20 ~	Total asse	ts (Part X, line 16)		1,796		1,771,218							
t As	21	Total liabil	ities (Part X, line 26)	Γ		282	282							
훈	22 1	Net assets	or fund balances Subtract line 21 from line 20		1,795	,918	1,770,936							
P	art II	Sig	nature Block											
Ur	nder per	nalties of p	erjury, I declare that I have examined this return, including accompanying schedi	lules and statements	s, and to the bes	of my knov	vledge and belief, it is							
tru	e, corre	ect, and co	nplete Declaration of preparer (other than officer) is based on all information of	which preparer has	any knowledge									
			Hert H. Jan Son			V	5/13/19							
Sig		Sig	fature of officer			Date	12//							
Her	·е	• -	PAUL H. DOUGLAS	TREASU	RER									
		<u> </u>	pe or print name and title	_	·									
.		Print/Type	Preparer's signature	*	Date	Check	of PTIN							
Paid		MATTHE		۷۱	5-10-	9 self-em								
	oarer	Firm's nam			Fii	ms EIN 🕨	52-0818026							
∍se	Only	1	409 WASHINGTON AVENUE, SUITE	900										
		Firm s add			Pr	one no	410-494-0100							
			this return with the preparer shown above? (see instructions)				X Yes No							
For F	aperw	ork Reduc	tion Act Notice, see the separate instructions		go.	2.)	Form 990 (2018)							
					yv.	ブリ								

Form 990 (2018)	KNIGHTS TEMPLAR C	F UNITED STATES	52-0378259	Page 2
	Statement of Program Serv	-	in this Dort III	
1 Briefly desc	cribe the organization's mission	a response or note to any line ITIES FOR LODGE MEM	BERS AND MAKES GRANTS	TO OTHER
CHARITA	BLE AND MASONIC OF	RGANIZATIONS.		
2 Did the org	anization undertake any significant p	rogram services during the year which	were not listed on the	
-	990 or 990-EZ? scribe these new services on Sched	ule O		Yes X No
3 Did the orga		significant changes in how it conducts	s, any program	
services? If "Yes." de:	scribe these changes on Schedule ()		Yes X No
4 Describe the expenses S	e organization's program service ac	complishments for each of its three larg nizations are required to report the am	gest program services, as measured by ount of grants and allocations to others,	
4a (Code CONDUCT)(Expenses \$	including grants of \$CIAL ACTIVITIES FOR) (Revenue \$)
			, , , , , , , , , , , , , , , , , , ,	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
N/A				
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
N/A			, ,	,
4d Other progra (Expenses	am services (Describe in Schedule 0)) ding grants of \$) (Revenue \$	
	m service expenses ▶	sing grains or #) fiveseing a	<i></i>
DAA				Form 990 (2018)

Form 990 (2018) KNIGHTS TEMPLAR OF UNITED STATES

Pá	art IV Checklist of Required Schedules			<u> </u>
$\overline{}$			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	}	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Ì	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		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,"	<u> </u>		 **
U	complete Schedule D, Part III	8		x
9	·	-		
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			x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		х
·~	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	2.2	<u>^</u>
11	31	;		
	VII, VIII, IX, or X as applicable		٠٠٠ ـ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١.,	v	
	complete Schedule D, Part VI	11a	X	
b				3 2
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	·			7,0
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		i	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	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		•
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts Land II	21	x	

Pa	art IV Checklist of Required Schedules (continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ļ
	\$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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ــــــ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		L
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ı	
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-4		_ ~
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	- m		
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			l
	Schedule L, Part IV	28b		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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		x
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┢
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash \vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		ĺ
~~	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	х	1
	19? Note All Form 990 filers are required to complete Schedule O	1 30 1		
76	Art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if ochequie o contains a response of note to any line in this Fait v	T.	Yes	No
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		152	140
1a h	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 1 1b 0	\dashv \mid		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		
	reparable 3eming (Sentennis) annumbs to hitte annuts.	1 14 1		

Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return Note: If the sum of lines 1s and 2a is greater than 250, you may be required to a-file (see instructions) Note: If the sum of lines 1s and 2a is greater than 250, you may be required to a-file (see instructions) Did the originazation have unrelated business gross income of \$1.00 or more during the year? 13. If "Yes," has if filed a Form 590-7 for this year? If "Yor" to line 3b, provide an explanation in Schedule O 3. At any time during the calendar year," did the originazation have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secretic secretic and the filed and a filed a foreign country). See instructions for filing requirements for FireCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FireCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FireCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FireCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR) So Was the originazation a party to a prohibited tax shelter furnisaction at any time during the tax year? 5. If "Yes," the second party origin the originazation that I was or is a party to a prohibited tax shelter furnisaction? 5. If "Yes," the originazation have an an account security greater than \$10,000, and did the originazation shelt and year originazation an express statement that such contributions or gifts were not tax deductible? 5. If "Yes," the originazation freath and year originazation file form 8886-17? 5. If "Yes," the originazation receive a deductible contributions under section 170(c) Did the originazation receive a payment in excress of \$75 made party as a contribution o	Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return 2 2 2 2 Note. If the sum of lines 1, and 2 as ig repart than 250, you may be required for a -file (see instructions) 3 3 3 1 Hr Yes, That is filed a Form 990-T for this year? If Yes (see instructions) 3 3 1 Hr Yes, That is filed a Form 990-T for this year? If Yes (see instructions) 3 3 1 Hr Yes, That is filed a Form 990-T for this year? If Yes (see instructions) 3 3 1 Hr Yes, That is filed a Form 990-T for this year? If Yes (see instructions) 4 2 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see has a bank account, securities account, or other financial accounts) 4 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR) 5 Wiss the organization and a bank accounts, securities account, or other financial accounts (FBAR) 5 Wiss the organization and a third was or an aparty to a prohibited tax sheller transaction at any time during the tax year? 5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Wiss the organization and a was not a party to a prohibited tax sheller transaction of a specific organization and the organization file Form 8886-17 See Observe the organization file Form 8886-17 See Observe the organization receive a formular year of the very solicitation an express statement that such contributions or gifts were not tax deductible? 6 See Observe the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 To granizations that may receive deductible contributions under section 170(c) Obdet the organization received a contribution of cars, beats, arplanes, or other vehicles, did the organization file a Form 8282 filed during the year 1 To 1 Hr Yes, "indicate the n	•			Yes	No
b I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2 as greater than 250, you may be required to e-fels (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a All any time during the calendary ears, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a All any time rith the name of the foreign country. 5a hanacusial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," each the hanne of the foreign country. 5a hanacusial account in a foreign country to such as a bank account, securities account, or other financial Accounts (FBAR) 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did be organization have annual gross secepts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c Did the organization receive a payment in excess of \$5° andep party is a contribution and partly for goods and services provided to the payor? 7a Organizations that may receive deductible contributions under section 170(c) 8d Did the organization receive a payment in excess of \$5° andep party as a contribution and partly for goods and services provided to the payor? 7a Organizations that may receive deductible contributions under section 170(c) 8d Did the organization receive a payment in excess of \$5° andep party as a contribution and party for	2a	· · · · · · · · · · · · · · · · · · ·	1		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 3 Out the organization have unreliated business gross income of \$1,000 or more during the year? 3 If "Yes," has if filed a Form 990-T for this year? If "No" to line 30, provide an explanation in Schedule O 3 A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [see 1]. 5 If "Yes," enter the name of the foreign country [see 1]. 5 If "Yes," see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Dos any time of the organization file for foreign 886-17? 6 Dos the organization have annual gross recepts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax eductable as charitable contributions? 6 Dos the organization should with every solicitation an express statement that such contributions or gifts were not tax eductable as charitable contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductable contributions under section 170(c) 8 Dot the organization seeds as payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If "Yes," and the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If "Yes," and the organization seed from \$227 for enderetty, to pay premiums on a personal benefit contract? 10 If the organization sell, exchange, or otherwise dispose of tangible personal property for whi					
3a Do the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 11'es', "and iffied a Form 990 Toff the year? In "You" for 8d, year, yea	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b II "Yes," has al filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O A At any time during the calendary year, did the organization have an infestent, or a signalute or other authority over, a financial account in a foreign country { If "Yes," enter the name of the foreign country } See instructions for filing requirements for fincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for fincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for fincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for fincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See instructions of thing requirements for fincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See instructions of the organization aparty to a prohibited tax shelter transaction? 5b UV as the organization aparty to a prohibited tax shelter transaction? 5c UV as the organization shelt we organization filing for filing filing for property for short of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and services provided to the payor? 7 organizations that may receive deductible contributions under section 170(c) Did the organization state may receive deductible contributions under section 170(c) Did the organization state and payment in excess of 575 made party sa a contribution and party for goods and services provided to the payor? 1 If Yes, "Indicate the number of Forms 8282 filed during the year 2 If Yes, "Indicate the number of Forms 8282 filed during the year 2 If Yes, "Indicate the number of Forms 8282 filed during the year 3 If the organization received a contribution of qualified intellectual property, did the organization file Form 8282? 1 If Yes, "Indicate the number of Forms 8282 filed during the year 1 If the organiza		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		l	
4a Al any bime during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bink account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) So Was the organization party to a prohibited tack sheller transaction? 5b Uras 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? 6c If "Yes", did the organization include with every solicitation an express slatement that such contributions or gifts were not tax deductible? 6c If "Yes", did the organization include with every solicitation an express slatement that such contributions or gifts were not tax deductible? 6c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servoes provided to the payor? 7c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servoes provided to the payor? 7d If "Yes," did the organization notify the donor of the value of the goods or servoes provided? 7d If "Yes," indicate the number of Forms &22E (filed during the year 7d If "Yes," indicate the number of Forms &22E (filed during the year 8d Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9d If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1998-C? 9d If the organization received a c	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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If "Yes," complete Form 4720, Schedule O	6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	_	X
		If "Yes," complete Form 4720, Schedule O		.]	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI					_X_
Sec	tion 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	. 9			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar			-	ļ	1
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		⊣		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	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			ļ		
	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			ĺ		
	one or more members of the governing body?			7a	ļ	X
b	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	following	1:	, v	
а	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	^	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		х
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue C	<u> </u>		Λ
<u> </u>	tion B. I oncles This Section B requests information about policies not required by the inter-	<u>ijai i v</u>	evenue C	oue)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			106		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	he forn	n7	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		•	12 m	151	· •
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conf	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ľ		~ ,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				,	1
	with a taxable entity during the year?			16a		<u> </u>
b	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			[
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Sect	ion 50	1(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply					
10	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	policy	, ano			
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records					
20 CE	State the name, address, and telephone number of the person who possesses the organization's books and records 2535 S SNYDER AVENUE	· •				

410-477-0765

MD 21219

SPARROWS POINT

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

Check if Schedule O contains a response or note to any line 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a d	rson	than one s both an r/irustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(40-271003-111100)	organization and related organizations
(1) KEITH W. WARNER	4.00								
TRUSTEE/COMMANDER	4.00	x		x			0	0	0
(2) PAUL H. DOUGLAS	0.00	1		^		 	<u> </u>		
(2) THOL II. DOGGERS	5.00	1							
TREASURER	0.00	İ		x			1,408	0	0
(3) CHARLES HAMPTON									
	8.00					1 1			
SECRETARY	0.00	<u>L</u>		X			2,274	0	0
(4) JOHN THOMAS									
	0.50								
GENERALISSIMO	0.00			X		 	0	0	0
(5) GORDON TURNER	0 -0					i i			
	0.50	j .							•
CAPTAIN GENERAL (6) WILLIAM C. HARE,	0.00 JR.			X			0	0	0
(6) WILLIAM C. HARE,	0.50								
.SENIOR-WARDEN	0 -00	_ ا		-X		_			
(7) STEPHANE LABEP	0.00			A					
(i) SIBI III III II III III II II II II II II	0.50								
JUNIOR WARDEN	0.00	,		x		ll	ol	o	0
(8) ROBERT E. YOUNG									
. ,	0.50								
TRUSTEE/PRELATE	0.00	$\mathbf{x}_{\underline{\cdot}}$		X			0	0	0
(9) STEPHEN J. PONZI									
	1.00								
TRUSTEE	0.00	X					0	0	0
(10)									
(11)									

_Pa	irt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)					
•	• (A) Name and title	(B) Average hours per week (list any hours for	bo off	x unli	Pos check ess pe nd a c	rson Irecto	than cost both	an ee)	(D) Reportable compensation from the organization	(E) Reportable - compensation from related organizations (W-2/1099-MISC)	am c comp	(F) imated ount of other eensation om the			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		orga and	nization related nizations			
											-				
•		-													
1b c	Sub-total Total from continuation she	ets to Part VII, S	ecti	on A				>	3,682						
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (in- reportable compensation from				hoso	listo	ed ab	ove	3,682) who rocoived more than \$						
3	Did the organization list any fo employee on line 1a? If "Yes,"	complete Schedi	ule J	for s	such	ındı	vidua	1			3	Yes			
4 5	For any individual listed on line organization and related organ individual Did any person listed on line 1:	iizations greater t	han	\$150	0,000)? If	"Yes	," co	emplete Schedule J for such	7	4		X		
	for services rendered to the ordinate in the o	ganization? If#Ye									<u></u> 5.		X		
1	Complete this table for your fiv compensation from the organization	e highest compe													
		(A) business address	pc		01110	, (iii				(B) con of services		(C) Compensa	ilion		
								-							
2	Total numbor of independent of								listed above) who				,		
DAA	received more than \$100,000 c	or compensation	rom	the	orga	nıza	lion I			00	l	orm 990	(2018)		

Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue excluded from tax (C) Unrelated exemnt business revenue revenue 512-514 1a Federated campaigns 1b 9,315 b Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f q Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 9,315 Program Service Revenue Busn Code 2a b f All other program service revenue g Total Add lines 2a-2f Investment income (including dividends, interest, 64,339 and other similar amounts) 64,339 Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 1,153,863 43,254 other than inventor b Less cost or other 1,201,224 basis & sales exps 43,254 -47,361 c Gain or (loss) -4.107-4.107 d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 _ _ Other b Less direct expenses c Net income or (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 Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue 714. Total Add lines 11a-11d \triangleright 60,232

69,547

0

0

Total revenue See instructions

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a resp	onse or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A STATE OF THE STA
	and domestic governments. See Part IV, line 21	24,150			
2	Grants and other assistance to domestic	,	-	5 THEOREM	BASH BASH BASH BASH
	individuals See Part IV, line 22	4,409			
3	Grants and other assistance to foreign			きょうりょうない	LIFT TO THE STATE OF
	organizations, foreign governments, and foreign				A CAMPANIAN SERVICE
	individuals See Part IV, lines 15 and 16			は、一点は高いでは、	
4	Benefits paid to or for members			· "一」公司和法律和基础	海岸市 经 第二十二条
5	Compensation of current officers, directors,		·		
	trustees, and key employees	3,682			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	315			
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,500			
С	Accounting			. " .	
d	Lobbying		ETTEN VENNSKRIV TIN AND MAN SENST VAN VENNS AND A	Markania ana a ao ao ao ao ao ao ao amin'ny dia	
е	Professional fundraising services See Part IV, line 17	10.074		Villa de Carlos	
f	Investment management fees	19,274			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	и шь	12 de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12.	5 .	602			
13	Office expenses	603			
14	Information technology				
15	Royalties	1 200			
16	Occupancy	1,200			
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	•			
19	Conferences, conventions, and meetings	· · · ·		•	-
20	Interest Raymonts to affiliates				
21	Payments to affiliates Depreciation, depletion, and amortization——	537	·		
23	Insurance	1,000			
23 24	Other expenses Itemize expenses not covered	MARKON STARROW	The state of the s	77.5	
	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)				
а	SEE STATEMENT #1	35,859	n in the standard designation of the standard designation	, , , , , , , , , , , , , , , , , , ,	HAND THE STAND OF HAND TO HAND THE STAND OF
b			· · · · · · · · · · · · · · · · · · ·	**	
c					
d					
e	All other expenses				-
25	Total functional expenses Add lines 1 through 24e	94,529	0	0.	0
26	Joint costs Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ If				
	following SOP 98-2 (ASC 958-720)	•			

Part X Balance Sheet

Pa	<u>art·X</u>					
`		Check if Schedule O contains a response or note	to any line in this Part X	1	T	
				(A)		(B)
			·	Beginning of year		End of year
	1	Cash—non-interest bearing		70 007	1	42.715
	2	Savings and temporary cash investments		70,297	2	43,715
	3	Pledges and grants receivable, net		<u> </u>	3	
	4	Accounts receivable, net	·	LINE THE STATE OF	4 *******	SPACE STATE ALL ACCUS AND SOMEONE SERVICE
	5	Loans and other receivables from current and former off			J.	
		trustees, key employees, and highest compensated emp	bloyees			
		Complete Part II of Schedule L		ten egen er været film och den skreve	5 2000	Contract to the contract to th
	6	Loans and other receivables from other disqualified pers	·			
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		sponsoring organizations of section 501(c)(9) voluntary		THE PARTY OF THE P	* T. S.	
Assets	_	organizations (see instructions) Complete Part II of Sch	edule L	-	6	
455	7	Notes and loans receivable, net			7	
`	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	1 1	202000000000000000000000000000000000000	9	
	10a	Land, buildings, and equipment cost or	10a 20,330			
		other basis Complete Part VI of Schedule D	10.005		40-	1,343
		Less accumulated depreciation	10b 18,987	1,724,023	10c	1,726,160
		Investments—publicly traded securities		1,724,023	11	1,720,100
		Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11			12	
		Intangible assets			14	
		Other assets See Part IV, line 11			15	<u>-</u>
	15 16		1)	1,796,200	16	1,771,218
+	17	Total assets. Add lines 1 through 15 (must equal line 34 Accounts payable and accrued expenses	282	17	282	
ł		Grants payable		202	18	202
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	-
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
,		Loans and other payables to current and former officers,			MA A	
Liabilities		trustees, key employees, highest compensated employe				
اقِ		disqualified persons Complete Part II of Schedule L	00, 4.14	24.40年 4年14、李达克·西班克尔斯克尔斯克尔斯	22	
ا ڐ	23	Secured mortgages and notes payable to unrelated third	parties		23	
		Unsecured notes and loans payable to unrelated third pa			24	
:	25	Other liabilities (including federal income tax, payables to				
i		parties, and other liabilities not included on lines 17-24)			•	
l		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	_	_ 282	26-	- 282
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ and	STREET WAS TO SHE		
es		complete lines 27 through 29, and lines 33 and 34.				
Fund Balances	27	-Unrestricted net assets	4	A A A A A A A A A A A A A A A A A A A	27	Control of the second of the second of the second
Bail		Temporarily restricted net assets			28	
딜		Permanently restricted net assets			29	
∄		Organizations that do not follow SFAS 117 (ASC 958	B), check here ▶ \overrightarrow{X} and		100	
ة		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	•		30	A this a raw seam was on the
ASS		Paid-in or capital surplus, or land, building, or equipment	fund		31	
Net Assets		Retained earnings, endowment, accumulated income, or		1,795,918	32	1,770,936
71		Total net assets or fund balances		1,795,918	33	1,770,936
_	33					1,771,218

orm	1 990 (2018) KNIGHTS TEMPLAR OF UNITED STATES 52-0378259				Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>547</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	***			529
3	Revenue less expenses Subtract line 2 from line 1	3		-		982
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,7	95,	918
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	, 7	70,	936
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			ر ' د پر پر	,	4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			g Ç,		
	Schedule O			. 4.4.	~	` .
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				,	1
	reviewed on a separate basis, consolidated basis, or both			,	:	
	Separate basis Consolidated basis Both consolidated and separate basis		_			
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				,	-
	separate basis, consolidated basis, or both			``	Ć,	
	Separate basis Consolidated basis Both consolidated and separate basis		_			.]
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		-	`-		, ,
	Schedule O			γ	•	
За	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		Γ			_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990

▶ Go to www irs gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018 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. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)(i) Yes No 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2018 KNIGHTS	TEMPLAR OF	UNITED	STAT	ES	52-0	378259	Page
Pa	art III . Organizations Maintain	ing Collections o	f Art, Histo	rical Tr	easures,	or Othe	er Similar Asset	
3	Using the organization's acquisition, acce- collection items (check all that apply)	ssion, and other record	s, check any o	f the follo	wing that ar	e a signific	cant use of its	
а	Public exhibition	d	Loan or exch	ange prod	orams			
b	Scholarly research	e	Other	go p.o.;	,			
c	Preservation for future generations							
4	Provide a description of the organization's	collections and explain	n how they furt	her the o	rganization's	s exempt a	ourpose in Part	
	XIII				J			
5	During the year, did the organization solici	t or receive donations of	of art. historica	l treasure	s, or other s	sımılar		
	assets to be sold to raise funds rather than							Yes No
Pa	art*IV Escrow and Custodial A							
•-	Complete if the organizat	ion answered "Yes	on Form 9	990, Pa	rt IV, line	9, or rep	orted an amount	t on Form
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custo	odian or other intermed	ary for contrib	utions or	other assets	not		
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the fol	llowing table					
								Amount
- с	Beginning balance					•	1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	<u>-</u>
f	Ending balance						1f	
	Did the organization include an amount or					-		Yes No
	If "Yes," explain the arrangement in Part X	III Check here if the ex	planation has	been pro	vided on Pa	rt XIII		
Pa	ent V Endowment Funds.							
	Complete if the organization	on answered "Yes	on Form 9	990, Pai	rt IV, line	10	,	
		(a) Current year	(b) Prior y	ear	(c) Two ye	ars back	(d) Three years back	(e) Four years back
1a	3 ,		ļ					
b	Contributions							
С	Net investment earnings, gains, and		,					
	losses		 				<u> </u>	
d	Grants or scholarships							
е	Other expenditures for facilities and			- 1				
	programs							
Τ	Administrative expenses							
g	End of year balance						<u> </u>	_l
2	Provide the estimated percentage of the c Board designated or quasi-endowment	•	e (line 1g, colu	mn (a)) n	eid as			
b		%						
c	Temporarily restricted endowment ▶	%						
·	The percentages on lines 2a, 2b, and 2c s							
3a	Are there endowment funds not in the pos		tion that are hi	eld and a	dministered	for the		
	organization by	occolon or the organiza						Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requir	red on Schedu	le R?				3b
4	Describe in Part XIII the intended uses of t							<u> </u>
Pâ	art VI Land, Buildings, and Eq							
-3.2.	Complete if the organizati		" on Form 9	90. Par	t IV. line	11a Seε	e Form 990. Part	X. line 10
	Description of property	(a) Cost or other t		b) Cost or ot			Accumulated	(d) Book value
		(investment)		(other	r)	de	epreciation	
1a	Land	-				.,`		
	_		1	_				
	Leasehold improvements					·		
ď	Equipment				14,187	* ***	14,187	
е	Other				6,143		4,800	1,343
	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, column (B)	, line 10c			•	1,343
				. —				

Schedule D (Form 990) 2018	KNIGHTS	TEMPLAR	OF	TINU
Part VII Investment	s_Other Sec	rurities		

Part VII	Complete if the organization answered "	Yes" on Form 990, Part IV, line	e 11b See Form 990. Part X. line 12
<u> </u>	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
1) Financial	derivatives		
-	eld equity interests		·
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	. .
Part VIII	Investments—Program Related.	Vaa" aa Farm 000 Bart IV Isaa	11a Coo Form 000 Best V line 12
	Complete if the organization answered "		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
<u>(7)</u>	 		
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13) ▶	•	
Part IX	Other Assets.		<u> </u>
	Complete if the organization answered "	Yes" on Form 990. Part IV. line	11d See Form 990, Part X, line 15
 -	(a) Desc		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Columi	n (b) must equal Form 990, Part X, col (B) line 15)		>
Part X	Other Liabilities.		
	Complete if the organization answered " line 25	Yes" on Form 990, Part IV, line	11e or 11f See Form 990, Part X,
l	(a) Description of liability	(b) Book value	** e * ;
(1) Federal	income taxes		
(2)			
(3)			
(4)			•
(5)			•
(6)			
(7)			
(8)			
(9)			
otal (Columi	n (b) must equal Form 990, Part X, col (B) line 25) ▶	·	
. Liability for	uncertain tax positions. In Part XIII, provide the text of	f the footnote to the organization's fina	incial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total revenue, gams, and utiler support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2 a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) Total revenue Add lines 3 and 4c (This must equal Form 990, Part II, line 12) Total revenue Add lines 3 and 4c (This must equal Form 990, Part IV, line 12a 1 Total revenue Add services per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments C Other (Describe in Part XIII) e Add lines 2a through 2d 2a Donated services and use of facilities b Prior year adjustments C Other (Describe in Part XIII) e Add lines 2a through 2d 2b C Other (Describe in Part XIII) Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b	Sche	dule D (Form 990) 2018 KNIGHTS TEMPLAR OF UNITED ST	ATES	52-03782	59	Page 4
1 Tutal revenue, gams, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants c Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIIII, line 7b b Other (Oescribe in Part XIII)	Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With	n Revenue per R	eturn.	
Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) Fact XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	٠.	Complete if the organization answered "Yes" on Form 990,	Part IV, Im	e 12a		
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a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) 5 PartXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	3	Subtract line 2e from line 1			3	
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4 Ab Other (Describe in Part XIII)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3344	
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) PartXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ا زدان	
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Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4 Ab	С	Add lines 4a and 4b			4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4 Ab Other (Describe in Part XIII)	_5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)			5	
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Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	_	Complete if the organization answered "Yes" on Form 990,	Part IV, line	e 12a		
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	1	Total expenses and losses per audited financial statements			1	
b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	а	Donated services and use of facilities	2a			
d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	b	Prior year adjustments	2b			
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3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	d	Other (Describe in Part XIII)	2d			
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a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	3	Subtract line 2e from line 1			3	
b Other (Describe in Part XIII)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
c Add lines 4a and 4b	b	Other (Describe in Part XIII)	4b			
	С	Add lines 4a and 4b			4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5					5	

PartiXIII Supplemental Information.

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

Schedule D (Form 990) 2018 KNIGHTS TEMPLAR OF UNITED STATES

52-0378259

Page 5

Part XIII Supplemental Information (continued)

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Open to Public' OMB No 1545-0047 2018 Inspection Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant SENERAL SUPPORT GENERAL SUPPORT or assistance Employer identification number X Yes 52-0378259 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs gov/Form990 for the latest information. (e) Amount of noncash assistance ► Attach to Form 990. 6,000 10,300 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section (if applicable) 3 MONUMENTAL COM. OF COCKEYSVILLE 01-0911124 | 501C3 52-0686958 | 501C3 KNIGHTS TEMPLAR OF UNITED STATES General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? (1) STEPHEN J PONZILLO LIBRARY & MUSEUM (2) KNIGHTS TEMPLAR EYE FOUNDATION, INC MD 21030 1033 LONG PRAIRIE ROAD, STE 5 TX 75022 (a) Name and address of organization 304 INTERNATIONAL CIRCLE or government COCKEYSVILLE FLOWER MOUND Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE ! (Form 990) Part Part I 3 9

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

9

8

6

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

Schedule I (Form 990) (2018) _

52-0378259 Schedule 1 (Form 990) (2018) KNIGHTS TEMPLAR OF UNITED STATES Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
-						
2						
₀						
4						
ιΩ						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information rec	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation

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

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

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

UNDERTAKEN BY THE DONOR.

PART II, LINE 1 (2), COL. (H)

GENERAL SUPPORT, CONGRESS/CONCLAVE

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> ▶ Attach to Form 990 or 990-EZ ▶ Go to www irs gov/Form990 for the latest information.

2018

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

Name of the organization 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 TREASURER 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, THE COMPENSATION OF ALL OFFICERS AND TRUSTEES IS OTHER EMPLOYEES, ETC. 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.