

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047

2019
Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES		D Employer identification number 23-7095245
	Doing business as ORDER OF MALTA - AMERICAN ASSOC.		E Telephone number (212) 371-1522
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,838,990.
	1011 FIRST AVENUE	1350	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: REV. DR. JEFFREY R. TREX SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ORDEROFMALTAAMERICAN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) 25		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 25		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 9		
	6 Total number of volunteers (estimate if necessary) 1730		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.		
7b Net unrelated business taxable income from Form 990-T, line 39 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,801,368.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 1,744,653.	3,801,368.	3,948,288.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,857.	1,744,653.	1,652,737.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,711.	19,857.	21,654.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,564,167.	-1,711.	31,670.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 778,179.	5,564,167.	5,654,349.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	778,179.	757,136.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,097,998.	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	1,097,998.	1,126,153.
	b Total fundraising expenses (Part IX, column (D), line 25) 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,557,980.	3,557,980.	3,709,092.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,434,157.	5,434,157.	5,592,381.
	19 Revenue less expenses. Subtract line 18 from line 12 130,010.	130,010.	61,968.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 4,348,202.	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) 929,000.	4,348,202.	4,571,759.
	22 Net assets or fund balances. Subtract line 21 from line 20 3,419,202.	929,000.	1,049,751.
		3,419,202.	3,522,008.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	REV. DR. JEFFREY R. TREXLER, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID ROTTKAMP	Preparer's signature	Date 09/23/20	Check if self-employed <input type="checkbox"/>	PTIN P01303468
	Firm's name ▶ GRASSI & CO. CPA'S, P.C.	Firm's EIN ▶ 11-3266576		Phone no. 212-661-6166	
Firm's address ▶ 488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022					

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

THE ORDER OF MALTA IS A WORLDWIDE, LAY, RELIGIOUS ORDER OF THE ROMAN CATHOLIC CHURCH, WHICH SEEKS TO GLORIFY GOD BY PROMOTING THE SANCTIFICATION OF EACH MEMBER THROUGH HIS OR HER WORK WITH THE SICK AND THE POOR AND WITNESS TO THE CATHOLIC FAITH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 978,353. including grants of \$) (Revenue \$ 843,216.)

LOURDES PILGRIMAGE-ANNUAL PILGRIMAGE TO LOURDES, FRANCE. IN 2019, WE TOOK 450 PEOPLE TO LOURDES, WHICH INCLUDED 50 MALADES (THE SICK) AND 50 CAREGIVERS. ALSO ATTENDING WERE MEDICAL TEAMS, KNIGHTS AND DAMES OF MALTA, MEMBERS OF THE CLERGY, CANDIDATES FOR THE ORDER OF MALTA AND OTHER VOLUNTEERS. THE PILGRIMAGE IS AIMED AT PROVIDING SPIRITUAL AND POSSIBLE PHYSICAL HEALING.

4b (Code:) (Expenses \$ 628,633. including grants of \$ 628,595.) (Revenue \$)

GRANTS ARE GIVEN TO CHARITIES NATIONALLY.

4c (Code:) (Expenses \$ 275,760. including grants of \$) (Revenue \$ 809,521.)

THE INVESTITURE PROGRAM IS THE PROCESS BY WHICH CANDIDATES, USUALLY 70 TO 90 INDIVIDUALS, PREPARE TO BE ACCEPTED INTO THE ORDER. THE PREPARATION PERIOD IS ONE YEAR AND CONTAINS THREE ELEMENTS: AN EDUCATIONAL PROGRAM, OPPORTUNITIES FOR SPIRITUAL GROWTH AND DEVELOPMENT AND HANDS ON WORK WITH THE SICK AND THE POOR OVERSEEN BY THE AREA CHAIRS. WHEN COMPLETED, THE CANDIDATE SUBMITS AN APPLICATION THAT IS APPROVED BY THE BOARD AND THE SOVEREIGN COUNCIL IN ROME. THE FORMAL INVESTITURE CEREMONY OCCURS ANNUALLY IN NOVEMBER.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,880,429. including grants of \$ 128,541.) (Revenue \$ 735,691.)

4e Total program service expenses ► 3,763,175.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part 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 ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 9		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a 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 (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 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.			

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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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section 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 25			
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 committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent 1b 25			
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 supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
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:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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 conflicts?	12b	X	
c 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	X	
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?			
a 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).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►NY, CT, IL, MA, MI, MN, NJ, OH, PA, TX, WA, WI**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
JACQUELINE FINNEN - 212-371-1522
1011 FIRST AVENUE, SUITE 1350, NEW YORK, NY 10022

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Form 990 (2019)

23-7095245 Page **7**

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.
- See instructions for the order in which to list the persons above.

☐ 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 related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. PETER KELLY PRESIDENT	4.00	X		X				0.	0.	0.
(2) EDWARD DELANEY CHANCELLOR	4.00	X		X				0.	0.	0.
(3) JAMES F. O'CONNOR TREASURER	4.00	X		X				0.	0.	0.
(4) KAROL CORBIN WALKER SECRETARY	4.00	X		X				0.	0.	0.
(5) CAMILLE M. KELLEHER HOSPITALLER	4.00	X		X				0.	0.	0.
(6) ANNE MARIE HANSEN COUNCILLOR	4.00	X						0.	0.	0.
(7) CHARLOTTE A. WILLIAMS COUNCILLOR	4.00	X						0.	0.	0.
(8) CHRISTOPHER F. POCH COUNCILLOR	4.00	X						0.	0.	0.
(9) CHRISTOPHER RUTKOWSKI COUNCILLOR	4.00	X						0.	0.	0.
(10) FR. NICOLA TEGONI COUNCILLOR	4.00	X						0.	0.	0.
(11) JOHN M. MURPHY COUNCILLOR	4.00	X						0.	0.	0.
(12) JOHN O'ROURKE COUNCILLOR	4.00	X						0.	0.	0.
(13) JOSEPH DUTKOWSKY COUNCILLOR	4.00	X						0.	0.	0.
(14) KENNETH CRAIG COUNCILLOR	4.00	X						0.	0.	0.
(15) LINDA DEL RIO COUNCILLOR	4.00	X						0.	0.	0.
(16) MARION GLENNON COUNCILLOR	4.00	X						0.	0.	0.
(17) MARY BETH FESSLER COUNCILLOR	4.00	X						0.	0.	0.

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL DONOGHUE COUNCILLOR	4.00	X						0.	0.	0.
(19) PETER J. MALOY COUNCILLOR	4.00	X						0.	0.	0.
(20) THOMAS J. O'BRIEN COUNCILLOR	4.00	X						0.	0.	0.
(21) THOMAS REEDY COUNCILLOR	4.00	X						0.	0.	0.
(22) WILLIAM H. BESGEN COUNCILLOR	4.00	X						0.	0.	0.
(23) WILLIAM J. KNOWLES COUNCILLOR	4.00	X						0.	0.	0.
(24) FR. RICHARD WOLFF COUNCILLOR	4.00	X						0.	0.	0.
(25) MARGARET (MEG) LYONS COUNCILLOR	4.00	X						0.	0.	0.
(26) REVEREND DR. JEFFREY R. TREXLER EXECUTIVE DIRECTOR	35.00			X				200,560.	0.	39,824.
1b Subtotal								200,560.	0.	39,824.
c Total from continuation sheets to Part VII, Section A								324,105.	0.	82,318.
d Total (add lines 1b and 1c)								524,665.	0.	122,142.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Form 990

23-7095245

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JACQUELINE FINNEN CONTROLLER	35.00			X				91,541.	0.	30,254.
(28) RAYMOND LAROSE ASST. EXECUTIVE DIRECTOR	35.00				X			131,035.	0.	34,407.
(29) MATTHEW LAROSE IT SYSTEMS MGR/ASST. CONTROLLER	35.00				X			101,529.	0.	17,657.
Total to Part VII, Section A, line 1c								324,105.		82,318.

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	78,058.				
	d Related organizations	1d	844,970.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,025,260.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 21,956.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>LOURDES PILGRIMAGE</u>	Business Code	480000	843,216.	843,216.		
	b <u>OTHER PROGRAM EVENTS</u>		900099	735,691.	735,691.		
	c <u>MEMBERSHIP CONFERENCE</u>		900099	73,830.	73,830.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,652,737.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			21,654.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ <u>78,058.</u> of contributions reported on line 1c). See Part IV, line 18		8a	89,132.				
b Less: direct expenses		8b	184,641.				
c Net income or (loss) from fundraising events				-95,509.			-95,509.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>MANAGEMENT FEE</u>	Business Code	900099	125,000.			125,000.
	b <u>MISCELANEOUS</u>		900099	2,179.			2,179.
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			127,179.			
12 Total revenue. See instructions				5,654,349.	1,652,737.	0.	53,324.

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Form 990 (2019)

23-7095245 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 response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21 ...	757,136.	757,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	362,180.		362,180.	
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	557,371.	31,007.	526,364.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,418.	2,365.	39,053.	
9 Other employee benefits	105,985.	5,573.	100,412.	
10 Payroll taxes	59,199.	2,161.	57,038.	
11 Fees for services (nonemployees):				
a Management				
b Legal	73,129.		73,129.	
c Accounting	57,598.		57,598.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	264,167.	187,104.	77,063.	
14 Information technology	72,180.	19,273.	52,907.	
15 Royalties				
16 Occupancy	109,855.	4,008.	105,847.	
17 Travel	997,100.	863,410.	133,690.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,021,320.	872,264.	149,056.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,038.	16,932.	2,106.	
23 Insurance	43,105.		43,105.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP ASSESSMENT	501,709.	501,709.		
b BAD DEBT EXPENSES	290,545.	290,545.		
c PASSAGE FEES	138,715.	138,715.		
d CREDIT CARD FEES	61,403.	61,208.	195.	
e All other expenses	59,228.	9,765.	49,463.	
25 Total functional expenses. Add lines 1 through 24e	5,592,381.	3,763,175.	1,829,206.	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)

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Form 990 (2019)

23-7095245 Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	500.	1	502.
	2 Savings and temporary cash investments	1,464,692.	2	1,960,671.
	3 Pledges and grants receivable, net	2,003,055.	3	1,836,400.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	137,919.	9	232,057.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	115,469.		
	b Less: accumulated depreciation	41,313.	10c	74,156.
	11 Investments - publicly traded securities	452,554.	11	181,267.
	12 Investments - other securities. See Part IV, line 11	245,868.	12	286,706.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,325.	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,348,202.	16	4,571,759.	
Liabilities	17 Accounts payable and accrued expenses	391,128.	17	478,503.
	18 Grants payable		18	
	19 Deferred revenue	537,872.	19	557,393.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	13,855.
	26 Total liabilities. Add lines 17 through 25	929,000.	26	1,049,751.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,973,260.	27	3,054,787.
	28 Net assets with donor restrictions	445,942.	28	467,221.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,419,202.	32	3,522,008.
	33 Total liabilities and net assets/fund balances	4,348,202.	33	4,571,759.

Form **990** (2019)

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Form 990 (2019)

23-7095245 Page **12**

Part 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	5,654,349.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,592,381.
3	Revenue less expenses. Subtract line 2 from line 1	3	61,968.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,419,202.
5	Net unrealized gains (losses) on investments	5	40,838.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,522,008.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES** Employer identification number **23-7095245**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

SOVEREIGN MILITARY HOSPITALLER ORDER OF

Schedule A (Form 990 or 990-EZ) 2019 **SAINT JOHN OF JERUSALEM OF RHODES** 23-7095245 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4869192.	3474225.	3751008.	3801368.	3948288.	19844081.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4869192.	3474225.	3751008.	3801368.	3948288.	19844081.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3280824.
6 Public support. Subtract line 5 from line 4.						16563257.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4869192.	3474225.	3751008.	3801368.	3948288.	19844081.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,839.	17,119.	16,781.	19,857.	21,654.	94,250.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	108,768.	112,000.	113,407.	112,003.	127,179.	573,357.
11 Total support. Add lines 7 through 10						20511688.
12 Gross receipts from related activities, etc. (see instructions)					12	7,883,352.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	80.75	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	78.88	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

SOVEREIGN MILITARY HOSPITALLER ORDER OF

Schedule A (Form 990 or 990-EZ) 2019

SAINT JOHN OF JERUSALEM OF RHODES

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

SOVEREIGN MILITARY HOSPITALLER ORDER OF

Schedule A (Form 990 or 990-EZ) 2019

SAINT JOHN OF JERUSALEM OF RHODES

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SOVEREIGN MILITARY HOSPITALLER ORDER OF

Schedule A (Form 990 or 990-EZ) 2019

SAINT JOHN OF JERUSALEM OF RHODES

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Part VI

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MANAGEMENT FEE

2015 AMOUNT: \$ 107,000.

2016 AMOUNT: \$ 112,000.

2017 AMOUNT: \$ 112,000.

2018 AMOUNT: \$ 112,000.

2019 AMOUNT: \$ 125,000.

MISCELLANEOUS

2015 AMOUNT: \$ 1,768.

2017 AMOUNT: \$ 1,407.

2018 AMOUNT: \$ 3.

2019 AMOUNT: \$ 2,179.

2019

*** Not Open to Public Inspection ***

923171 04-01-19

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2019

Name of the organization

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES

Employer identification number

23-7095245

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES

Employer identification number

23-7095245

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MALTA HUMAN SERVICES FOUNDATION 1011 FIRST AVENUE NEW YORK, NY 10022	\$ 734,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES

Employer identification number

23-7095245

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES

Employer identification number

23-7095245

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2019**Open to Public Inspection****Name of the organization** SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES
Employer identification number 23-7095245**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** 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)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 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 FASB 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 FASB 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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		115,469.	41,313.	74,156.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				74,156.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) PERPETUAL TRUST	286,706.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	286,706.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO MALTA HUMAN SERVICES	
(3) FOUNDATION	5,100.
(4) DUE TO THE ORDER OF MALTA	
(5) PILGRIMAGE FOUNDATION	8,755.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,855.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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, gains, and other support per audited financial statements	1	5,695,187.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	40,838.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	40,838.
3	Subtract line 2e from line 1	3	5,654,349.
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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,654,349.

Part XII 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	1	5,592,381.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,592,381.
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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,592,381.

Part XIII 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.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS PERTAINING TO UNCERTAIN TAX

POSITIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING

STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AND HAS DETERMINED

THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ASSOCIATION IS

SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTION; HOWEVER, THERE ARE

CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ASSOCIATION

BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS

PRIOR TO 2016.

Part XIII	Supplemental Information <i>(continued)</i>
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SOVEREIGN MILITARY HOSPITALLER ORDER OF

Schedule G (Form 990 or 990-EZ) 2019

SAINT JOHN OF JERUSALEM OF RHODES

23-7095245 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	167,190.			167,190.
	2 Less: Contributions	78,058.			78,058.
	3 Gross income (line 1 minus line 2)	89,132.			89,132.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	156,926.			156,926.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	27,715.			27,715.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				184,641.
11 Net income summary. Subtract line 10 from line 3, column (d)				-95,509.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SOVEREIGN MILITARY HOSPITALLER ORDER OF

Schedule G (Form 990 or 990-EZ) 2019

SAINT JOHN OF JERUSALEM OF RHODES

23-7095245 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16** Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV		Supplemental Information <i>(continued)</i>
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Employer identification number
23-7095245

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	120,000.	0.			GENERAL SUPPORT
ORDER OF MALTA WORLDWIDE RELIEF - MALTESER INT'L AMERICAS - 1011 FIRST AVE, STE 1322 - NEW YORK, NY 10022	26-3701623	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HOLY FAMILY HOSPITAL OF BETHLEHEM FOUNDATION - 2000 P ST NW, STE 310 - WASHINGTON, DC 20036	52-2050117	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE NATIONAL CATHOLIC BIOETHICS CENTER - 6399 DREXEL ROAD - PHILADELPHIA, PA 19151	04-2871526	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COMMUNITY PREGNANCY CLINICS, INC. 940 FIFTH AVENUE NORTH NAPLES, FL 34102	51-0204833	501(C)(3)	18,930.	0.			GENERAL SUPPORT
LITTLE SISTERS OF THE POOR OF GREATER BOSTON, INC. - 186 HIGHLAND AVENUE - SOMERVILLE, MA 02143	04-2260018	501(C)(3)	15,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 34.**
- 3** Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) (2019)

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Schedule I (Form 990)

23-7095245

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPE ST. JOHN XXIII NATIONAL SEMINARY - 558 SOUTH AVENUE - WESTON, MA 02493	04-2324999	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAINT CATHERINE CENTER FOR SPECIAL NEEDS - 760 TAHMORE DRIVE - FAIRFIELD, CT 06825	47-2207552	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CRIMINAL JUSTICE MINISTRY 941 PARK AVENUE ST. LOUIS, MO 63104	46-2647318	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR D/B/A QUEEN OF PEACE RE - 110-30 221ST STREET - QUEENS VILLAGE, NY 11429	11-2204939	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF DALLAS 1421 W MOCKINGBIRD DALLAS, TX 75247	75-2745221	501(C)(3)	8,399.	0.			GENERAL SUPPORT
CATHOLIC GUARDIAN SERVICES 1011 FIRST AVE, 10TH FLOOR NEW YORK, NY 10022	13-5562186	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF FAIRFIELD COUNTY, INC./NEW COVENANT CENTER - 174 RICHMOND HILL AVENUE - STAMFORD, CT 06902	06-0653053	501(C)(3)	7,500.	0.			GENERAL SUPPORT
THE THOMAS MERTON HOUSE OF HOSPITALITY/CATHOLIC CHARITIES OF FAIRFIELD COUN - 238 JEWETT AVENUE - BRIDGEPORT, CT 06606	06-0653053	501(C)(3)	7,500.	0.			GENERAL SUPPORT
STRAIGHT & NARROW, INC. 508 STRAIGHT STREET PATERSON, NJ 07509	22-6012277	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALTA HOUSE, INC. 5 PROWITT STREET EAST NORWALK, CT 06855	06-1604710	501(C)(3)	7,174.	0.			GENERAL SUPPORT
DISMAS HOME OF NEW HAMPSHIRE 102 FOURTH STREET MANCHESTER, NH 03102	47-2722572	501(C)(3)	6,203.	0.			GENERAL SUPPORT
OUR LADY'S PILGRIMAGE, INC 492 CHEESE SPRING ROAD NEW CANAAN, CT 06840	46-2354962	501(C)(3)	5,800.	0.			GENERAL SUPPORT
HOME FOR THE AGED - LITTLE SISTERS OF THE POOR - JEANNE JUGAN RESIDENCE - 2999 SCHURZ AVENUE - BRONX, NY 10465	13-1884785	501(C)(3)	5,800.	0.			GENERAL SUPPORT
ST. MARTHA'S SOCIAL MINISTRY 546 GREENGROVE AVENUE UNIONDALE, NY 11553	11-1681123	501(C)(3)	5,443.	0.			GENERAL SUPPORT
MOTHERS' HOME 51 N. MACDADE BOULEVARD DARBY, PA 19023	23-2654296	501(C)(3)	5,419.	0.			GENERAL SUPPORT
PASSIONISTS MONASTERY OF OUR LADY OF FLORIDA SPIRITUAL CENTER - 1300 U.S. #1 - NORTH PALM BEACH, FL 33408	59-0974321	501(C)(3)	5,419.	0.			GENERAL SUPPORT
PREGNANCY HELP, INC. 229 WEST 14TH STREET NEW YORK, NY 10011	13-3753907	501(C)(3)	5,340.	0.			GENERAL SUPPORT
PART OF THE SOLUTION (POTS) 2759 WEBSTER AVE BRONX, NY 10458	13-3425071	501(C)(3)	5,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Schedule I (Form 990)

23-7095245

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE MINISTRY OF SOUTHEASTERN CONNECTICUT - P.O. BOX 871 - OLD LYME, CT 06371	27-1283396	501(C)(3)	5,148.	0.			GENERAL SUPPORT
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SHEPHERDS, INC. 299 WASHINGTON AVENUE BRIDGEPORT, CT 06604	31-1724639	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CATHEDRAL OF THE HOLY CROSS 75 UNION PARK STREET BOSTON, MA 02118	04-2108350	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DE LA SALLE ACADEMY 332 WEST 43RD STREET NEW YORK, NY 10036	13-3228140	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. FRANCIS FOOD PANTRIES AND SHELTERS - 450 7TH AVENUE SUITE 601 - NEW YORK, NY 10123	80-0458866	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. JOHN'S BREAD AND LIFE PROGRAM, INC. - 795 LEXINGTON AVENUE - BROOKLYN, NY 11221	11-3174514	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL--CINCINNATI 1125 BANK ST. CINCINNATI, OH 45214	31-0537510	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TERENCE CARDINAL COOKE HEALTH CARE CENTER - 1249 FIFTH AVENUE - NEW YORK, NY 10029	13-3007801	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

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**SOVEREIGN MILITARY HOSPITALER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

23-7095245

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ASSOCIATION REQUIRES REPORTS FROM THE GRANTEEES, OUTLINING THE USE OF
THE GRANT FUNDS PRIOR TO ANY SUBSEQUENT GRANT APPROVAL OR RENEWAL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES** Employer identification number **23-7095245**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES	Employer identification number 23-7095245
--------------------------	--	--

FORM 990, PART I, DOING BUSINESS AS:

ORDER OF MALTA - AMERICAN ASSOC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORDER OF MALTA IS A WORLDWIDE, LAY, RELIGIOUS ORDER OF THE ROMAN
CATHOLIC CHURCH, WHICH SEEKS TO GLORIFY GOD BY PROMOTING THE
SANCTIFICATION OF EACH MEMBER THROUGH HIS OR HER WORK WITH THE SICK AND
THE POOR AND WITNESS OF THE CATHOLIC FAITH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS INCLUDE PRISON MINISTRY, COMMUNICATIONS, EDUCATION,
SUB-PRIORY AND AREA ACTIVITIES.

EXPENSES \$ 1,880,429. INCLUDING GRANTS OF \$ 128,541. REVENUE \$ 735,691.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS APPROXIMATELY 1,750 MEMBERS. THERE IS ONE CLASS OF
SUCH PERSONS, EACH WITH EQUAL VOTING RIGHTS. A MEMBER CAN EITHER BE KNIGHT
OR DAME OF MALTA BASED ON THEIR RESPECTIVE GENDER.

FORM 990, PART VI, SECTION A, LINE 7A:

THERE WERE APPROXIMATELY 1,750 MEMBERS ELIGIBLE TO VOTE IN BOARD ELECTIONS.
AS A KNIGHT OR DAME OF MALTA, THEY ARE ALLOWED TO CAST ONE VOTE FOR
ELECTION OF NEW BOARD MEMBERS, INCLUDING THE PRESIDENT, EVERY THREE YEARS,
AS WELL AS IF IN AN AMENDMENT TO THE BY-LAWS COMES UP.

FORM 990, PART VI, SECTION A, LINE 7B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES	Employer identification number 23-7095245
--------------------------	--	--

APPROVAL OF BY-LAWS ARE SUBJECT TO APPROVAL BY MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, TREASURER AND PRESIDENT PRIOR TO FILING. AFTER THIS REVIEW, WE PROVIDE THE BOARD WITH THE 990 PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ONLY OFFICERS AND MEMBERS OF THE BOARD OF COUNCILLORS ARE REQUIRED TO FILE A CONFLICT OF INTEREST STATEMENT. DURING 2019, ALL OFFICERS AND COUNCILLORS WERE REQUIRED TO SIGN THIS STATEMENT. WE MONITOR ITEMS THAT COULD HAVE THE POTENTIAL TO HAVE A CONFLICT OF INTEREST. THOSE WHO DO NOT ADHERE TO THE CONFLICT OF INTEREST POLICY ARE BROUGHT BEFORE THE DISCIPLINARY COMMITTEE TO ASCERTAIN WHETHER THERE IS EVIDENCE OF A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

TOP MANAGEMENT ARE REVIEWED YEARLY TO DETERMINE RAISE IN COMPENSATION BY OFFICERS OF THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NY, CT, IL, MA, MI, MN, NJ, OH, PA, TX, WA, WI, IN

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE ORGANIZATION'S BY-LAWS AND FINANCIAL STATEMENTS ARE AVAILABLE IN THE MEMBERS ONLY SECTION OF THE WEBSITE. COPIES ARE AVAILABLE UPON REQUEST TO THE PUBLIC BY EITHER WRITTEN OR ORAL REQUEST.

FORM 990, PART XII, LINE 2C:

Name of the organization **SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

Employer identification number
23-7095245

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES** Employer identification number **23-7095245**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MALTA HUMAN SERVICES FOUNDATION - 13-3623325 1011 FIRST AVE NEW YORK, NY 10022	FUNDRAISING	NEW YORK	501(C)(3)	11 TYPE II	N/A		X

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

Schedule R (Form 990) 2019

Part III

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

932162 09-10-19

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

[illegible]

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # _____

Report for the Fiscal Period:

Beginning 01/01/2019& Ending 12/31/2019
MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:
☒ Copy of IRS Return
☒ Audited Financial Statements
☐ Copy of Form IFC
☒ \$15.00 Annual Report Filing Fee
☒ \$100.00 Late Report Filing Fee
MO DAY YR

Federal ID # 23-7095245

Are contributions to the organization tax deductible?

☐ Yes ☒ No

Date Organization was created:

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	Year-end amounts	
		A) ASSETS	A) \$ 4,571,759.
		B) LIABILITIES	B) \$ 1,049,751.
		C) NET ASSETS	C) \$ 3,522,008.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		97.451 %	D) \$ 5,690,157.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		2.549 %	F) \$ 148,833.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ 5,838,990.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		52.034 %	H) \$ 3,006,039.
H) OPERATING CHARITABLE PROGRAM EXPENSE		%	I) \$
I) EDUCATION PROGRAM SERVICE EXPENSE		52.034 %	J) \$ 3,006,039.
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)			
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		13.106 %	K) \$ 757,136.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		65.140 %	L) \$ 3,763,175.
M) MANAGEMENT AND GENERAL EXPENSE		31.663 %	M) \$ 1,829,206.
N) FUNDRAISING EXPENSE		3.196 %	N) \$ 184,641.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 5,777,022.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAISERS:			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			
T) NAME, TITLE: <u>REV. DR. JEFFREY R. TREXLER, EXECUTIVE DIRECTOR</u>			T) \$ 200,560.
U) NAME, TITLE: <u>RAYMOND LAROSE, ASSISTANT EXECUTIVE DIRECTOR</u>			U) \$ 131,035.
V) NAME, TITLE: <u>MATTHEW LAROSE, IT SYSTEMS MGR/ASST. CONTROLLER</u>			V) \$ 101,529.
V. CHARITABLE PROGRAM DESCRIPTION:	CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: <u>ANNUAL PILGRIMAGE TO LOURDES, FRANCE</u>		W) #	021
X) DESCRIPTION: <u>GRANTS TO NATIONAL AND INTERNATIONAL CHARITIES</u>		X) #	150
Y) DESCRIPTION: <u>INVESTITURE PROGRAM</u>		Y) #	020

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>CITIBANK, N.A.</u>			
<u>601 LEXINGTON AVENUE, 15TH FLOOR</u>			
<u>NEW YORK, NY 10022</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>JACQUELINE FINNEN - 212-371-1522</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

REV. DR. JEFFREY R. TREXL

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

JACQUELINE FINNEN

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

DAVID ROTTKAMP

PREPARER (PRINT NAME) SIGNATURE DATE

NP-20State Form 51062
(R10 / 8-19)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 / 01 /2019 **and Ending** 12 / 31 /2019
MM/ DD/ YYYY MM/ DD/ YYYY

Check if: ☐ Change of Address
☐ Amended Report
☐ Final Report: Indicate
Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES			Telephone Number 212 371 1522
Address 1011 FIRST AVENUE NO 1350		County	Indiana Taxpayer Identification Number 0141588306
City NEW YORK	State NEW YORK	Zip Code 10022	Federal Employer Identification Number 23 7095245
Printed Name of Person to Contact REV. DR. JEFFREY R. TREXLER			Contact's Telephone Number 212 371 1522

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. _____.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1

Email Address: **WWW.ORDEROFMALTAAMERICAN.ORG**

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

EXECUTIVE DIRECTOR

Signature of Officer or Trustee

Title
212-371-1522

Date

Name of Person(s) to Contact

Daytime Telephone Number

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



2541911019

NP-20

STATEMENT 1

THE ORDER OF MALTA IS A WORLDWIDE, LAY, RELIGIOUS ORDER OF THE ROMAN CATHOLIC CHURCH, WHICH SEEKS TO GLORIFY GOD BY PROMOTING THE SANCTIFICATIONS OF EACH MEMBER THROUGH HIS OR HER WORK WITH THE SICK AND THE POOR AND WITNESS TO THE CATHOLIC FAITH.

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

NAME AND ADDRESS

TITLE

DR. PETER KELLY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

PRESIDENT

EDWARD DELANEY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

CHANCELLOR

JAMES F. O'CONNOR
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

TREASURER

KAROL CORBIN WALKER
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SECRETARY

CAMILLE M. KELLEHER
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

HOSPITALLER

ANNE MARIE HANSEN
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

CHARLOTTE A. WILLIAMS
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

CHRISTOPHER F. POCH
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

CHRISTOPHER RUTKOWSKI
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

FR. NICOLA TEGONI
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

JOHN M. MURPHY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

JOHN O'ROURKE 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
JOSEPH DUTKOWSKY 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
KENNETH CRAIG 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
LINDA DEL RIO 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
MARION GLENNON 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
MARY BETH FESSLER 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
MICHAEL DONOGHUE 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
PETER J. MALOY 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
THOMAS J. O'BRIEN 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
THOMAS REEDY 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
WILLIAM H. BESGEN 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR
WILLIAM J. KNOWLES 1011 FIRST AVENUE, NO. 1350 NEW YORK, NY 10022	COUNCILLOR

FR. RICHARD WOLFF
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

MARGARET (MEG) LYONS
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

REVEREND DR. JEFFREY R. TREXLER
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

EXECUTIVE DIRECTOR

JACQUELINE FINNEN
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

CONTROLLER

RAYMOND LAROSE
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

ASST. EXECUTIVE DIRECTOR

MATTHEW LAROSE
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

IT SYSTEMS MGR/ASST. CONTROLL

**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PCReport for the Fiscal Period: 01/01/19 to 12/31/19Attorney General's Account #: 058556Federal ID #: 23-7095245

Electronic Payment Confirmation #: _____

*Attach printout of electronic payment confirmation.*When did the organization first engage in
charitable work in Massachusetts?01/01/1974Has the organization applied for or been granted
IRS tax exempt status?☒ Yes ☐ NoIf yes, date of application **OR** date of determination letter:01/31/1934

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions?☒ Yes ☐ No**Check all items attached***(if applicable)*

- ☒ Filing Fee or Printout of
Electronic Payment
Confirmation
- ☒ Copy of IRS Return
- ☐ Audited Financial
Statements/Review
- ☐ Amended Articles/
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☒ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

Organization DataName: SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHOMailing Address: 1011 FIRST AVENUE, NO. 1350City: NEW YORK State: NY ZIP: 10022Phone Number: (212) 371-1522 Fax Number: 212-486-9427Email: JFINNEN@ORDEROFMALTAAMERICAN.ORG Website: WWW.ORDEROFMALTAAMERICAN.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>15</u>	Organization Purpose Code 1	<u>57</u>
Type of Organization (Table 2)	<u>24</u>	Organization Purpose Code 2	<u>60</u>

Please check box if final return prior to dissolution: ☐

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

23-7095245

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 06/03/1929

2. Where was the organization created? NEW YORK

3. What is the form of organization? (check one)

Corporation <input checked="checked" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* ☐ Yes ☐ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	3,948,288.
B.	Gross support and revenue	5,654,349.
C.	Program services and similar amounts paid out	3,763,175.
D.	Fundraising expenses	0.
E.	Management and general expenses	1,829,206.
F.	Payments to affiliates	0.
G.	Total expenses	5,592,381.
H.	Net assets or fund balances at the end of the year	3,522,008.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	REVEREND DR. JEFFREY R. TREXLER EXECUTIVE DIRECTOR	35.00	200,560.	15,678.	24,146.
2.	RAYMOND LAROSE ASSISTANT EXECUTIVE DIRECTOR	35.00	131,035.	10,483.	23,924.
3.	JACQUELINE FINNEN CONTROLLER	35.00	91,541.	7,686.	22,568.
4.	MATTHEW LAROSE IT SYSTEMS MGR/ASST. CONTROLLER	35.00	101,529.	7,124.	10,533.
5.	CARLA GUNERARD PROGRAM DEVELOPMENT	35.00	88,892.	6,110.	21,553.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).* ☐ Yes ☒ No

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	GRASSI & CO., CPAS, P.C.	57,598.	ADVISORY AND AUDIT
2.	ROBINSON & COLE	73,129.	LEGAL
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address	Phone Number
CITIBANK, N.A.	601 LEXINGTON AVENUE, NEW YORK, NY 10022	212-559-9112
BANK OF AMERICA - USA	100 NORTH TRYON STREET, CHARLOTTE, NC 28202	302-455-6370
TD BANK, N.A.	2035 LIMESTONE ROAD, WILMINGTON, DE 19808	802-879-2173

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: JACQUELINE FINNEN

Street Address: 1011 FIRST AVENUE, SUITE 1350

City: NEW YORK State: NY ZIP Code: 10022

Phone Number: (212) 371-1522

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES

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13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

☒ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?

☒ Yes ☐ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

STATEMENT 1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

☒ Yes ☐ No

STATEMENT 4

If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT 1
---------	---------------------------------------	-------------

NAME AND ADDRESS

PHONE NUMBER

N/A

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT 2
---------	--	-------------

NAME AND ADDRESS

TITLE

REVEREND DR. JEFFREY R. TREXLER
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

EXECUTIVE DIRECTOR

JACQUELINE FINNEN
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

CONTROLLER

DR. PETER KELLY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

PRESIDENT

EDWARD DELANEY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

CHANCELLOR

JAMES F. O'CONNOR
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

TREASURER

KAROL CORBIN WALKER
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SECRETARY

CAMILLE M. KELLEHER
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

HOSPITALLER

ANNE MARIE HANSEN
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

CHARLOTTE A. WILLIAMS
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

CHRISTOPHER F. POCH
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

CHRISTOPHER RUTKOWSKI
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

FR. NICOLA TEGONI
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

JOHN M. MURPHY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

JOHN O'ROURKE
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

JOSEPH DUTKOWSKY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

KENNETH CRAIG
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

LINDA DEL RIO
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

MARION GLENNON
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

MARY BETH FESSLER
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

MICHAEL DONOGHUE
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

PETER J. MALOY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

THOMAS J. O'BRIEN
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

THOMAS REEDY
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

WILLIAM H. BESGEN
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

WILLIAM J. KNOWLES
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

FR. RICHARD WOLFF
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

MARGARET (MEG) LYONS
1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

COUNCILLOR

FORM PC

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STATEMENT 3

NAME AND ADDRESS

AREA OF RESPONSIBILITY

JACK MCKINNON
3 HITCHING POST LANE
HINGHAM, MA 02043

RESPONSIBLE FOR CUSTODY OF FUNDS

DAMIEN DEVASTO
29 MONUMENT SQUARE
CHARLESTOWN, MA 02129

RESPONSIBLE FOR CUSTODY OF FUNDS

FORM PC

PAGE 4, LINE 19

STATEMENT 4

STATE

REG AGENCY

CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

DATE OF REG

REG NUMBER

OTHER NAMES USED

09/23/15

CHR0059135

SOLICIT DATE

TYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATE

REG AGENCY

ILLINOIS

ATTORNEY GENERAL

DATE OF REG

REG NUMBER

OTHER NAMES USED

01070684

SOLICIT DATE

TYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATE

REG AGENCY

INDIANA

DEPT OF FINANCIAL INSTITUTIONS

DATE OF REG

REG NUMBER

OTHER NAMES USED

0141588306

SOLICIT DATE

TYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATE

REG AGENCY

MICHIGAN

ATTORNEY GENERAL

DATE OF REG

REG NUMBER

OTHER NAMES USED

CS 54148

SOLICIT DATE

TYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATE

REG AGENCY

MINNESOTA

ATTORNEY GENERAL

DATE OF REG

REG NUMBER

OTHER NAMES USED

SOLICIT DATE

TYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATE

REG AGENCY

NEW JERSEY

ATTORNEY GENERAL

DATE OF REG

REG NUMBER

OTHER NAMES USED

10/08/15

CH3834400

SOLICIT DATE

TYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATE

REG AGENCY

NEW YORK

BUREAU OF CHARITABLE ORGANIZATIONS

DATE OF REG

REG NUMBER

OTHER NAMES USED

05-21-39

SOLICIT DATE

TYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATE

REG AGENCY

OHIO

ATTORNEY GENERAL

DATE OF REG

REG NUMBER

OTHER NAMES USED

09/01/14

237095245

SOLICIT DATE

TYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATEREG AGENCY

PENNSYLVANIA

BUREAU OF CHARITABLE ORGANIZATIONS

DATE OF REGREG NUMBEROTHER NAMES USED

11/15/16

104410

SOLICIT DATETYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATEREG AGENCY

TEXAS

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

09/21/15

802299692

SOLICIT DATETYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATEREG AGENCY

WISCONSIN

DEPT OF FINANCIAL INSTITUTIONS

DATE OF REGREG NUMBEROTHER NAMES USED

01/06/16

SOLICIT DATETYPE OF SOLICITATION

09/01/16

MASS MAILINGS

STATEREG AGENCY

WASHINGTON

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

01/07/16

603-573-61

SOLICIT DATETYPE OF SOLICITATION

09/01/16

MASS MAILINGS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No
- (c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

**SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES**

23-7095245

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: REV. DR. JEFFREY R. TREXLER

Title: EXECUTIVE DIRECTOR

Name of Preparer: GRASSI & CO. CPA'S, P.C.

Address 488 MADISON AVENUE, 21ST FLOOR

City NEW YORK State NY ZIP Code 10022

Phone Number 212-661-6166

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

N/A

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

JACQUELINE FINNEN

Name and Title: CONTROLLER

Address 1011 FIRST AVENUE, SUITE 1350

City NEW YORK State NY ZIP Code 10022

REV. DR. JEFFREY R. TREXLER

Name and Title: EXECUTIVE DIRECTOR

Address 1011 FIRST AVENUE, SUITE 1350

City NEW YORK State NY ZIP Code 10022

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

JACQUELINE FINNEN

Name and Title: CONTROLLER

Address 1011 FIRST AVENUE, SUITE 1350

City NEW YORK State NY ZIP Code 10022

REV. DR. JEFFREY R. TREXLER

Name and Title: EXECUTIVE DIRECTOR

Address 1011 FIRST AVENUE, SUITE 1350

City NEW YORK State NY ZIP Code 10022

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

N/A

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

JACQUELINE FINNEN

Name and Title: CONTROLLER

Address 1011 FIRST AVENUE, SUITE 1350

City NEW YORK

State NY

ZIP Code 10022

REV. DR. JEFFREY R. TREXLER

Name and Title: EXECUTIVE DIRECTOR

Address 1011 FIRST AVENUE, SUITE 1350

City NEW YORK

State NY

ZIP Code 10022

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

JACQUELINE FINNEN

Name and Title: CONTROLLER

Address 1011 FIRST AVENUE, SUITE 1350

City NEW YORK

State NY

ZIP Code 10022

REV. DR. JEFFREY R. TREXLER

Name and Title: EXECUTIVE DIRECTOR

Address 1011 FIRST AVENUE, SUITE 1350

City NEW YORK

State NY

ZIP Code 10022

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: REV. DR. JEFFREY R. TREXLER

Title: EXECUTIVE DIRECTOR

Signature: _____ Date: _____

Printed Name: JACQUELINE FINNEN

Title: CONTROLLER

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

THE ORDER OF MALTA		Primary purpose or activity: GRANT MAKING		
Name: PILGRIMAGE FOUNDATION				
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/19	1,954,860.	363,407.	376,349.	2,694,616.

MALTA HUMAN SERVICE		Primary purpose or activity: GRANT MAKING		
Name: FOUNDATION				
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/19	0.	2,662,864.	13,687,868.	16,350,732.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name: DR. JEFFREY R. TREXLER		Title: EXECUTIVE DIRECTOR	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
SALARY	200,560.	15,678.	24,146.

Name: RAYMOND LAROSE		Title: ASST. EXECUTIVE DIRECTOR	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
SALARY	131,035.	10,483.	23,942.

Name: JACQUELINE FINNEN		Title: CONTROLLER	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
SALARY	91,541.	7,686.	22,568.

Name: MATTHEW LAROSE		Title: IT SYSTEMS MGR/ASST. CONTROLLER	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
SALARY	101,529.	7,124.	10,533.

Name: CARLA GUNERARD		Title: PROGRAM DEVELOPMENT	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
SALARY	88,892.	6,110.	21,553.

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

☐ Yes ☒ No

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2019

PREPARED FOR:

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES
1011 FIRST AVENUE NO. 1350
NEW YORK, NY 10022

PREPARED BY:

GRASSI & CO. CPA'S, P.C.
488 MADISON AVENUE, 21ST FLOOR
NEW YORK, NY 10022

AMOUNT OF TAX:

BALANCE DUE OF \$25

MAKE CHECK PAYABLE TO:

STATE OF MINNESOTA

MAIL TAX RETURN TO:

MINNESOTA ATTORNEY GENERALS OFFICE
CHARITIES DIVISION
445 MINNESOTA STREET, SUITE 1200
ST. PAUL, MN 55101-2130

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

INCLUDE THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER
AND 2019 ANNUAL REPORT ON THE CHECK OR MONEY ORDER.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

STATE OF MINNESOTA**CHARITABLE ORGANIZATION
ANNUAL REPORT FORM****C2****Website Address:**

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization SOVEREIGN MILITARY HOSPITALLER ORDER OF

Federal EIN: 23-7095245

Fiscal Year-End: 12312019

mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

Mailing Address: JACQUELINE FINNEN <hr/> Contact Person 1011 FIRST AVENUE, NO. 1350 <hr/> Street Address NEW YORK, NY 10022 <hr/> City, State, and ZIP Code (212) 371-1522 <hr/> Phone Number JFINNEN@ORDEROFMALTAAMERICAN. <hr/> Email Address	Physical Address: <hr/> Contact Person 1011 FIRST AVENUE, NO. 1350 <hr/> Street Address NEW YORK, NY 10022 <hr/> City, State, and ZIP Code (212) 371-1522 <hr/> Phone Number JFINNEN@ORDEROFMALTAAMERICAN.ORG <hr/> Email Address
---	---

1. Organization's website: WWW.ORDEROFMALTAAMERICAN.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

☐ Alternate ☐ Former
☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF
RHODES AND OF MALTA, AMERICAN ASSOCIATION

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☐ Yes ☒ No

5. Total amount of contributions the organization received from Minnesota donors: \$ 8,582.

6. Has the organization's tax-exempt status with the IRS changed?

☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

☐ Yes ☒ No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?

☐ Yes ☒ No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No

If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser

Compensation

Street Address

City, State, and ZIP Code

10. Is the organization a food shelf? ☐ Yes ☒ No

If yes, is the organization required to file an audit? ☐ Yes, audit attached ☐ No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? ☒ Yes ☐ No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
REVEREND DR. JEFFREY R. TREXLER EXECUTIVE DIRECTOR	200,560.	39,824.
RAYMOND LAROSE ASST. EXECUTIVE DIRECTOR	131,035.	34,407.
MATTHEW LAROSE IT SYSTEMS MGR/ASST. CONT	101,529.	17,657.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	18

FUND BALANCE/NET WORTH

FUND BALANCE/NET WORTH	\$ _____
(Line 14 minus Line 18)	

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
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 contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

EXECUTIVE DIRECTOR (Title) and CONTROLLER (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

_____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20____, approving the contents of the document, and do hereby certify that the

_____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

REV. DR. JEFFREY R. TREXLER

Name (Print)

Signature

EXECUTIVE DIRECTOR

Title

Date

JACQUELINE FINNEN

Name (Print)

Signature

CONTROLLER

Title

Date

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

DECEMBER 31, 2019

PREPARED FOR:

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES
1011 FIRST AVENUE NO. 1350
NEW YORK, NY 10022

PREPARED BY:

GRASSI & CO. CPA'S, P.C.
488 MADISON AVENUE, 21ST FLOOR
NEW YORK, NY 10022

AMOUNT OF TAX:

BALANCE DUE OF \$250

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW JERSEY FORM FORM CRI-300R SHOULD BE FILED VIA THE WEB AT:
[HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/](https://njconsumeraffairs.state.nj.us/sign-in/)

RETURN MUST BE MAILED ON OR BEFORE:

DECEMBER 31, 2020

SPECIAL INSTRUCTIONS:

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

All questions must be answered.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2019
month day year

2. Federal ID Number (EIN) 23-7095245 2a. N.J. Charities Registration Number: CH: 3834400

3. Full legal name of the registering organization: SOVEREIGN MILITARY HOSPITALLER ORDER OF
In care of: (if necessary, otherwise leave this line blank) JACQUELINE FINNEN

4. Mailing Address: 1011 FIRST AVENUE, NEW YORK, NY 10022 ☐ Change of Address
Street Address City State ZIP Code

5. The principal street address of the registering organization _____
☒ **Same as Mailing Address** _____
Street Address City State ZIP Code

JACQUELINE FINNEN 1011 FIRST AVENUE, SUITE 1350 NEW YORK, NY 10022

Contact person Street address City State ZIP Code

(212) 371-1522 212-486-9427

Telephone number (include area code) Fax number (include area code)

☒ Nonprofit corporation
 ☐ Foundation
 ☐ Individual
 ☐ Association
 ☐ Society
☐ Partnership
☐ Trust
☐ Other (Specify)

9. Where and when was the organization legally established?

Date: 06/03/1929

State: NY

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?

☐ Yes

☒ No

If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public?

☒ Yes

☐ No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?

☒ Yes

☐ No

If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

CT, IL, MA, MI, MN, NY, OH, TX, PA, WI, WA, IN

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?

☐ Yes

☒ No

If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

THE ORDER OF MALTA IS A WORLDWIDE, LAY, RELIGIOUS ORDER OF THE ROMAN CATHOLIC CHURCH, WHICH SEEKS TO GLORIFY GOD BY PROMOTING THE SANCTIFICATIONS OF EACH MEMBER THROUGH HIS OR HER WORK WITH THE SICK AND THE POOR AND WITNESS TO THE CATHOLIC FAITH.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration. **SEE STATEMENT 1**

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?

☐ Yes

☒ No

If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?

☐ Yes

☒ No

If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?

☐ Yes

☒ No

If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?

☒ Yes

☐ No

a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.

☐ Yes

☒ No

b. Has a tax exemption been granted under another I.R.S. code?

☐ Yes

☒ No

If "Yes," advise which one: _____

c. Has an I.R.S. tax exemption been refused, changed or revoked?

☐ Yes

☒ No

If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☒ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☒ No
If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☒ No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 2				

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: SOVEREIGN MILITARY HOSPITALLER ORDER OF

Fiscal year-end being reported: 12/31/2019 Federal ID Number (EIN) 23-7095245
month day year

Mailing address:

1011 FIRST AVENUE, NEW YORK, NY 10022

Mailing Address

P.O. Box Number or Suite

City

State

ZIP Code

Street address of the registering organization:

Street Address

City

State

ZIP Code

New Jersey Charities Registration number: CH 3834400 -00 Telephone number: (212) 371-1522

(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

☒ In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- | | | |
|------|---|-------|
| (1) | Direct mail | _____ |
| (2) | Telephone solicitation | _____ |
| (3) | Commercial co-venture | _____ |
| (4) | Gross receipts from fund-raising events | _____ |
| (5) | Canisters, counter cards, door to door etc | _____ |
| (6) | Corporations and other businesses | _____ |
| (7) | Foundations and trusts | _____ |
| (8) | Donated land, buildings, property, equipment
and materials | _____ |
| (9) | Legacies and bequests | _____ |
| (10) | Membership dues solely resulting from
solicitations | _____ |
| (11) | Other support (specify) | _____ |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) _____

Line A1c. Indirect Public Support received from the following sources:

- | | | |
|-----|--|-------|
| (1) | Federated fund-raising organization | _____ |
| (2) | From an affiliated organization | _____ |
| (3) | From another fund-raising organization | _____ |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) _____

Line A1e. Total Gross Contributions (add lines A1b and A1d) _____

Line A2. Government grants including purchase of service contracts (specify agency)

a. _____

b. _____

c. _____

d. _____

Line A2e. Total Government Grants (add lines 2a thru 2d) _____

Line A3. Other Support

a. Bona fide membership _____

b. Program service revenue _____

c. Professional services rendered by volunteers _____

d. Miscellaneous income (specify) _____

Line A3e. Total Other Support (add the total of lines A3a thru A3d) _____

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) _____

B. Expenses

Line B1. Program expenses _____

Line B2. Management and general expenses _____

Line B3. Fund-raising expenses _____

Line B4. Payments to state/national affiliates (if applicable) _____

Line B5. Total Expenses (add the totals of line B1 thru B4) _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) _____

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year _____

Line D2. Other changes in net assets or fund balances (attach explanation) _____

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) _____

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: SOVEREIGN MILITARY HOSPITALLER ORDER OF

N.J. Charities Registration Number: CH- 3834400 -00

Federal ID Number (EIN) 23-7095245

Fiscal Year-End being reported: 12/31/2019
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? ☒ Yes ☐ No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships. **SEE STATEMENT 3**

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name REV. DR. JEFFREY R. TREXLER Title EXECUTIVE DIRECTOR Date _____

Signature _____ Name JACQUELINE FINNEN Title CONTROLLER Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R

SPECIFIC PROGRAMS AND CHARITABLE PURPOSES

STATEMENT 1

PAGE 2, LINE 14A

PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-PILGRIMAGE TO LOURDES, FRANCE

ALREADY EXISTS-GRANTS ARE GIVEN TO CHARITIES NATIONALLY AND INTERNAT

ALREADY EXISTS-INVESTITURE PROGRAM ACCEPTING CANDIDATES INTO THE ORD

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 2

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CARLA GUNERARD

PROGRAM DEVELOPMENT

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

88,892.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RAYMOND LAROSE

ASST. EXECUTIVE
DIRECTOR

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

131,035.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MATTHEW LAROSE

IT SYSTEMS MGR/ASST.
CONTROLLE

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

101,529.

SOVEREIGN MILITARY HOSPITALLER ORDER OF

23-7095245

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

REVEREND DR. JEFFREY R. TREXLER

EXECUTIVE DIRECTOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

200,560.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JACQUELINE FINNEN

CONTROLLER

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

91,541.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DR. PETER KELLY

PRESIDENT

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

EDWARD DELANEY

CHANCELLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

SOVEREIGN MILITARY HOSPITALLER ORDER OF

23-7095245

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JAMES F. O'CONNOR

TREASURER

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

KAROL CORBIN WALKER

SECRETARY

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CAMILLE M. KELLEHER

HOSPITALLER

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ANNE MARIE HANSEN

COUNCILLOR

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

CHARLOTTE A. WILLIAMS

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

CHRISTOPHER F. POCH

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

CHRISTOPHER RUTKOWSKI

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

FR. NICOLA TEGONI

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JOHN M. MURPHY

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JOHN O'ROURKE

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JOSEPH DUTKOWSKY

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

KENNETH CRAIG

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

SOVEREIGN MILITARY HOSPITALLER ORDER OF

23-7095245

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

LINDA DEL RIO

COUNCILLOR

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARION GLENNON

COUNCILLOR

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARY BETH FESSLER

COUNCILLOR

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL DONOGHUE

COUNCILLOR

ADDRESS

1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

PETER J. MALOY

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

THOMAS J. O'BRIEN

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

THOMAS REEDY

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

WILLIAM H. BESGEN

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

WILLIAM J. KNOWLES

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

FR. RICHARD WOLFF

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MARGARET (MEG) LYONS

COUNCILLOR

ADDRESS1011 FIRST AVENUE, NO. 1350
NEW YORK, NY 10022SALARY

0.

FORM CRI-300RC

EXPLANATION OF RELATIONSHIP
PAGE 6, LINE 24

STATEMENT 3

RAYMOND AND MATTHEW LAROSE ARE BLOOD RELATED

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name REV. DR. JEFFREY R. TREX Title EXECUTIVE DIRECTOR Date _____

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name JACQUELINE FINNEN Title CONTROLLER Date _____

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2019

PREPARED FOR:

SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES
1011 FIRST AVENUE NO. 1350
NEW YORK, NY 10022

PREPARED BY:

GRASSI & CO. CPA'S, P.C.
488 MADISON AVENUE, 21ST FLOOR
NEW YORK, NY 10022

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
28 LIBERTY STREET
NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED
AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019

**Open to Public
Inspection**

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/2019		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: SOVEREIGN MILITARY HOSPITALLER ORDER OF	Employer Identification Number (EIN): 23-7095245
	Mailing Address: 1011 FIRST AVENUE, NO. 1350	NY Registration Number: 05-21-39
	City / State / ZIP: NEW YORK, NY 10022	Telephone: 212 371-1522
	Website: WWW.ORDEROFMALTAAMERICAN.ORG	Email: JFINNEN@ORDEROFMALT
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:

Signature

JEFFREY R. TREXLER
EXECUTIVE DIRECTOR

Print Name and Title

Date

Chief Financial Officer or Treasurer:

Signature

JACQUELINE FINNEN
CONTROLLER

Print Name and Title

Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☐ Yes

☒ No

4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☐ Yes

☒ No

4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☐ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☐ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- ☒ Audit Report if you received total revenue and support greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☒ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☐ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☐ \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.**DUAL** filers are registered under both 7A and EPTL.**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 104410

(N/A if initial registration)

Fiscal year ended: 12/31/2019

MM DD YYYY

FEIN: 23-7095245

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

☒ Organization is exempt from registration because

RELIGIOUS ORGANIZATION

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM OF RHODES

☐ Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

3. Contact person: JACQUELINE FINNEN

Contact's E-mail: JFINNEN@ORDEROFMALTAAMERICAN

4. Physical address of organization:

Mailing address: (If different than physical)

1011 FIRST AVENUE, NO. 1350

NEW YORK

NY 10022

County: NEW YORK

Phone number: (212) 371-1522

800 number: _____

Fax number: _____

Email (if different than Contact's email): _____

Website: WWW.ORDEROFMALTAAMERICAN.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
NON-PROFIT CORPORATION

Where established: NEW YORK

Date established*: 06/03/1929

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

NO PHYSICAL OFFICE LOCATED IN PENNSYLVANIA

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

- ☐ §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- ☐ §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- ☐ §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- ☐ §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- ☒ Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____
MM DD YYYY
Other _____
9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000. _____
MM DD YYYY
Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status? ☒ Yes ☐ No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

- B. Has the organization's tax-exempt status ever been denied, revoked or modified? ☐ Yes ☒ No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? ☒ Yes ☐ No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT MAIL AND INTERNET

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

CONTRIBUTIONS ARE USED TOWARDS AN ANNUAL PILGRIMAGE TO LOURDES, FRANCE, GRANTS TO CHARITIES NATIONALLY AND INTERNATIONALLY, THE ORGANIZATION'S INVESTITURE PROGRAM OF PREPARING CANDIDATES TO BE ACCEPTED INTO THE ORDER AND OTHER CHARITABLE MISSION ACTIVITIES. ALL PROGRAMS ABOVE ARE CURRENTLY IN EXISTENCE.

14. Is the organization registered to solicit contributions in any other state or municipality?

☒ Yes ☐ No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

CT, IL, IN, MA, MI, MN, NJ, NY, OH, TX, WA, WI

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) ☐ Yes ☒ No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____

Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 1

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 2

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization:
(Attach a separate sheet if necessary)

NONE

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☒ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

☐ Yes ☐ No ☒ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
(Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 3

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

REV. DR. JEFFREY R. TREXLER

1011 FIRST AVENUE NEW YORK, NY 10022

B. Have final responsibility for the custody of contributions:

REV. DR. JEFFREY R. TREXLER

1011 FIRST AVENUE NEW YORK, NY 10022

C. Have final responsibility for final distribution of contributions:

REV. DR. JEFFREY R. TREXLER

1011 FIRST AVENUE NEW YORK, NY 10022

D. Are responsible for custody of financial records:

JACQUELINE FINNEN

1011 FIRST AVENUE NEW YORK, NY 10022

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? ☒ Yes ☐ No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
☐ Yes ☒ No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? ☐ Yes ☒ No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☒ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

JACQUELINE FINNEN, CONTROLLER

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

REV. DR. JEFFREY R. TREXLER, EXECUTIVE DIRECTOR

Type or print name and title of Other Authorized Officer

Checklist for registration:

- ☒ Completed registration statement properly signed and dated.
- ☒ A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- ☐ Public Disclosure Form BCO-23 (if required)
- ☒ Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- ☒ Registration fee and any late filing fees
- ☐ Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESSPHONE NUMBER

NONE

CONTRACT BEGIN DATECONTRACT END DATESOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESSPHONE NUMBER

NONE

CONTRACT BEGIN DATECONTRACT END DATESERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 3

NAME AND ADDRESSTITLEREVEREND DR. JEFFREY R. TREXLER
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

EXECUTIVE DIRECTOR

NAME AND ADDRESSTITLERAYMOND LAROSE
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

ASSISTANT EXECUTIVE DIRECTOR

NAME AND ADDRESSTITLEJACQUELINE FINNEN
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

CONTROLLER

NAME AND ADDRESS

DR. PETER KELLY
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

PRESIDENT

NAME AND ADDRESS

EDWARD DELANEY
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

CHANCELLOR

NAME AND ADDRESS

JAMES F. O'CONNOR
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

TREASURER

NAME AND ADDRESS

KAROL CORBIN WALKER
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

SECRETARY

NAME AND ADDRESS

CAMILLE M. KELLEHER
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

HOSPITALLER

NAME AND ADDRESS

ANNE MARIE HANSEN
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

CHARLOTTE A. WILLIAMS
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

CHRISTOPHER F. POCH
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

CHRISTOPHER RUTKOWSKI
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

FR. NICOLA TEGONI
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

JOHN M. MURPHY
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

JOHN O'ROUKE
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

JOSEPH DUTKOWSKY
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

KENNETH CRAIG
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

LINDA DEL RIO
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

MARION GLENNON
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

MARY BETH FESSLER
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

MICHAEL DONOGHUE
1011 FIRST AVENUE, SUITE 1350
NEW YORK, NY 10022

TITLE

COUNCILLOR

NAME AND ADDRESS

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