



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirementsOpen to Public
Inspection

A For the 2008 calendar year, or tax year beginning May 1, 2008, and ending Apr 30, 2009

B Check if applicable

<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type
<input type="checkbox"/> Name change	
<input type="checkbox"/> Initial return	
<input type="checkbox"/> Termination	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	

C Name of organization GRAND CHAPTER OF MS ORDER OF EASTERN STAR	D Employer identification number 64-0163818
Number and street (or P O box, if mail is not delivered to street address) 205 WILDWOOD BOULEVARD	E Telephone number (601) 373-3629
City or town, state or country, and ZIP + 4 JACKSON	F Group Exemption Number MS 39212-9618

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► N/A

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) — 501(c) (8) ▶ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 178,802.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 38,569.
3 Membership dues and assessments	3 54,380.
4 Investment income	4 19,489.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 45,772.
b Less direct expenses other than fundraising expenses	6b 36,645.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 9,127.
7a Gross sales of inventory, less returns and allowances	7a 20,592.
b Less cost of goods sold	7b 12,991.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 7,601.
8 Other revenue (describe ► _____)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 129,166.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 24,500.
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 3,600.
15 Printing, publications, postage, and shipping	15 2,751.
16 Other expenses (describe ► See Other Expenses Statement)	16 121,675.
17 Total expenses (add lines 10 through 16)	17 152,526.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -23,360.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 760,967.
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20 1,039.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 738,646.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	760,967.	22 738,446.
23 Land and buildings	0.	23 0.
24 Other assets (describe ► See L-24 Stmt)	0.	24 200.
25 Total assets	760,967.	25 738,646.
26 Total liabilities (describe ► _____)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	760,967.	27 738,646.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)



Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? RELIGIOUS AND CHARITABLE ACTIVITIES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts, optional
for others)

28	<u>SCHOLARSHIP ASSISTANCE TO STUDENTS ATTENDING SEMINARY</u>		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 16,500.
29	<u>DONATIONS TO PROVIDE ASSISTANCE AND RELIEF FOR INDIVIDUALS AFFECTED BY DISASTERS (FLOODS, HURRICANES, ETC.)</u>		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a 24,500.
30	<u>PROVIDE FUNDS FOR THE OPERATION AND MAINTENANCE OF THE ROB MORRIS LITTLE RED SCHOOLHOUSE OES SHRINE MUSEUM</u>		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a 22,932.
31	Other program services (attach schedule) SEE ATTACHED		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a 10,137.
32	<u>Total program service expenses</u> (add lines 28a through 31a)		► <input type="checkbox"/> 32 74,069.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
PAULETTE FIORETTI	GR SECT	18,500.	0.	
205 WILDWOOD JACKSON	MS 39212	40.00		
GERALDINE ROBERTS	GR TREAS	0.	0.	
2380 SCR 503 RALEIGH	MS 39153	1.00		
HELEN WRIGHT	GRAND MATRON	0.	0.	
15 AZALEA LANE AMORY	MS 38821	20.00		
LARRY THOMPSON	GRAND PATRON	0.	0.	
87 W. THOMPSON RD. BROOKLYN	MS 39425	10.00		

Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.

b Did the organization file Form 1120-POL for this year?

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization ► _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► Mississippi

42 a The books are in care of ► PAULETTE FIORETTI Telephone no ► (601) 373-3629
Located at ► 205 WILDWOOD BLVD JACKSON MS ZIP + 4 ► 39212

b 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)?

If 'Yes,' enter the name of the foreign country ► _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

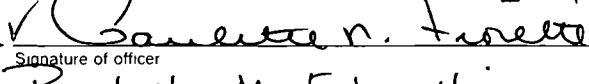
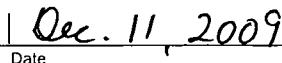
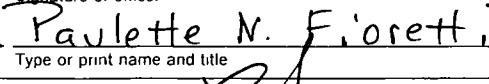
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

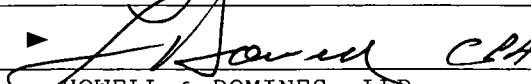
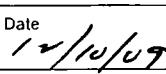
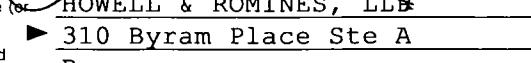
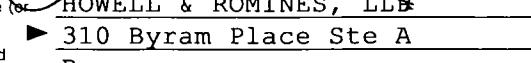
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ►		

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:  Dec. 11, 2009
►  Type or print name and title: Paulette N. Fioretti

Paid Preparer's Use Only ►  Preparer's signature Date:  12/10/09 Check if self-employed ► Preparer's Identifying Number (See instructions) 
Firm's name: HOWELL & ROMINES, LLP EIN: 
yours if self-employed, ► 310 Byram Place Ste A Phone no: (601) 373-5188
address, and MS 39272 ZIP + 4: Byram
BAA

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2008)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Open to Public
Inspection**

Name of the organization

Employer identification number

GRAND CHAPTER OF MS ORDER OF EASTERN STAR

64-0163818

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>SOCIAL EVENTS</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	42,389.			42,389.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	42,389.			42,389.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	35,205.			35,205.
	8 Direct expense summary Add lines 4- through 7 in column (d)				35,205.
	9 Net income summary Combine lines 3 and 8 in column (d)				7,184.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash 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 Combine lines 1 and 7 in column (d)				

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

YES	NO
9a	

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a

b If 'Yes,' Explain _____

11 Does the organization operate gaming activities with nonmembers?

11

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?

12

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	YES	NO
13a	%	
13b	%	

14 Provide 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 contact with a third party from whom the organization receives gaming revenue?

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

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

Form 990-EZ, Part I, Line 16

Other Expenses Statement

• Other expenses (describe)

<u>SCHOLARSHIPS</u>	<u>16,500.</u>
<u>BENEVOLENCE FUND DONATIONS</u>	<u>14,800.</u>
<u>DONATIONS TO CHARITABLE ORGANIZATIONS</u>	<u>10,137.</u>
<u>LRSH-INSURANCE</u>	<u>4,538.</u>
<u>LRSH-UTILITIES</u>	<u>5,908.</u>
<u>LRSH-MAINTENANCE & OTHER</u>	<u>6,486.</u>
<u>RELIEF FUND PAYMENTS</u>	<u>9,700.</u>
<u>CONTINGENCY FUNDS</u>	<u>10,500.</u>
<u>DDGM EXPENSE</u>	<u>4,525.</u>
<u>GENERAL GRAND CHAPTER PER CAPITA</u>	<u>6,654.</u>
<u>GA-PROCEEDINGS</u>	<u>7,122.</u>
<u>GA-RENTAL EXPENSE</u>	<u>4,000.</u>
<u>GA-PER DIEM</u>	<u>2,060.</u>
<u>GA-PROGRAMS</u>	<u>1,443.</u>
<u>GA-MISCELLANEOUS</u>	<u>5,008.</u>
<u>ESTARL EXPENSE</u>	<u>150.</u>
<u>GCO-PAYROLL TAX</u>	<u>1,970.</u>
<u>GCO-POSTAGE</u>	<u>2,714.</u>
<u>GCO-UTILITIES</u>	<u>2,546.</u>
<u>GCO-MISCELLANEOUS</u>	<u>4,914.</u>
 Total	<u>121,675.</u>

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
RECORD DONATED CERTIFICATE OF DEPOSIT FROM PRIOR YEARS	<u>1,000.</u>
RECORD FEDERAL TAX WITHHELD FROM INVESTMENT INCOME IN FYE 2008	<u>39.</u>
Total	<u>1,039.</u>

Supporting Statement of:

Form 990-EZ/Other Program Service Exp

Description	Amount
DONATIONS TO OTHER CHARITABLE ORGANIZATIONS	10,137.
Total	<u>10,137.</u>