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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service**Open to Public
Inspection**

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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 requirements

A For the 2008 calendar year, or tax year beginning Jul 1 , 2008, **and ending** Jun 30 , 2009

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
HARMONY GRAND CHAPTER ORDER OF EASTERN STAR MO, (PHA)
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
c/o Priscilla L. Harris 1228 Pioneer Dr
 City or town, state or country, and ZIP + 4
Saint Louis MO 63132

D Employer identification number
43-6060056

E Telephone number
(314) 997-7990

F Group Exemption Number
1850

G Accounting method: ☒ Cash ☐ Accrual
 Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Organization type (check only one) — ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K 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. ► \$ **87,452.**

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 | 0. |
| 2 | Program service revenue including government fees and contracts | 2 | 36,664. |
| 3 | Membership dues and assessments | 3 | 29,977. |
| 4 | Investment income | 4 | 434. |
| 5a | Gross amount from sale of assets other than inventory | 5a | 0. |
| 5b | Less: cost or other basis and sales expenses | 5b | 0. |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) | 5c | 0. |
| 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | |
| 6a | Gross revenue (not including \$ of contributions reported on line 1) | 6a | 0. |
| 6b | Less: direct expenses other than fundraising expenses | 6b | 0. |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 0. |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 0. |
| 7b | Less: cost of goods sold | 7b | 0. |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0. |
| 8 | Other revenue (describe ► See Other Revenue Statement) | 8 | 20,377. |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 87,452. |
| 10 | Grants and similar amounts paid (attach schedule) See L-10 Stmt | 10 | 7,200. |
| 11 | Benefits paid to or for members | 11 | 4,200. |
| 12 | Salaries, other compensation, and employee benefits | 12 | 0. |
| 13 | Professional fees and other payments to independent contractors | 13 | 475. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 0. |
| 15 | Printing, publications, postage, and shipping | 15 | 3,263. |
| 16 | Other expenses (describe ► See Other Expenses Statement) | 16 | 91,230. |
| 17 | Total expenses (add lines 10 through 16) | 17 | 106,368. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -18,916. |
| 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 | 75,124. |
| 20 | Other changes in net assets or fund balances (attach explanation) See L-20 Stmt | 20 | -4,866. |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 51,342. |

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 | 75,124. | 51,342. |
| 23 Land and buildings | 0. | 0. |
| 24 Other assets (describe ►) | 0. | 0. |
| 25 Total assets | 75,124. | 51,342. |
| 26 Total liabilities (describe ►) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 75,124. | 51,342. |

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

Form 990-EZ (2008)

7M

SCANNED MAR 29 2010

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

What is the organization's primary exempt purpose? Charity, Scholarships & Fraternal Education
 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>Our Education Department Program provides Scholarships and Student aid to worthy students, college and high school without regard to race, creed, religion or color.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 7,200. |
| 29 | <u>Our Charity Department program pays Death Benefits for the deceased members, to their beneficiaries.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 4,200. |
| 30 | <u>Charity Donations to Charitable organizations and individuals</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 3,075. |
| 31 | Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 | 14,475. |

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 |
|--|--|---|---|--|
| <u>Priscilla L. Harris</u> <u>1228 Pioneer Terrace</u> <u>Olivette MO 63117</u> | Grand Worthy Matron | 0. | 0. | 0. |
| <u>Raymond C. Banton</u> <u>9141 E. 90th Terrace</u> <u>Kansas City MO 64138</u> | Grand Worthy Patron | 0. | 0. | 0. |
| <u>Lillian Gasway</u> <u>1517 Banneker Avenue</u> <u>St Louis MO 63117</u> | Gr. Associate Matron | 0. | 0. | 0. |
| <u>Terry Crowder, Jr.</u> <u>6348 Coventry Drive</u> <u>Florissant MO 63033</u> | Grand Associate Patron | 0. | 0. | 0. |
| <u>Beverly Richardson</u> <u>10107 Freemont Avenue</u> <u>Kansas City MO 64130</u> | Grand Conductress | 0. | 0. | 0. |
| <u>Shirley Washington</u> <u>9468 Halls Ferry Road</u> <u>St Louis MO 63136</u> | Grand Associate Conductress | 0. | 0. | 0. |
| <u>Marva J. Johnson</u> <u>10506 Camden Park Drive</u> <u>St Louis MO 63135</u> | Grand Treasurer | 0. | 0. | 0. |
| <u>LaGita M. Scott Williams</u> <u>P.O. Box 270663</u> <u>Kansas City MO 64127</u> | Grand Secretary | 0. | 0. | 0. |
| <u>Virginia Walker</u> <u>201 E. Main Avenue</u> <u>Richmond MO 64085</u> | Grand Charity Secretary | 0. | 0. | 0. |
| <u>William Thompson</u> <u>208 Garth Avenue</u> <u>Columbia MO 65203</u> | Grand Sentinel | 0. | 0. | 0. |
| <u>Shirley Woolfolk</u> <u>608 Bismark Avenue</u> <u>Webster Grove MO 63119</u> | Grand Lecturer | 0. | 0. | 0. |
| <u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u> | | | | |

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

| | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | 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 | | X |
| 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? | | X |
| 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 | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 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? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b | | |
| 39 501(c)(7) organizations. Enter | | |
| a Initiation fees and capital contributions included on line 9 39 a | | |
| b Gross receipts, included on line 9, for public use of club facilities 39 b | | |
| 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 40 b | | |
| 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 40 e | | X |
| 41 List the states with which a copy of this return is filed ▶ <u>MISSOURI</u> | | |

42 a The books are in care of ▶ LeGita M. Scott-Williams Telephone no ▶ (816) 358-4530
 Located at ▶ P.O. Box 270663 Kansas City MO ZIP + 4 ▶ 64127

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)? **42 b**

If 'Yes,' enter the name of the foreign country: ▶ _____

| | Yes | No |
|-------------|-----|----|
| 42 b | | X |
| 42 c | | 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 ? **42 c**

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 **44**

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 **45**

| | Yes | No |
|-----------|-----|----|
| 44 | | X |
| 45 | | X |

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.

| | Yes | No |
|--|------------|----|
| 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If 'Yes,' was the related organization(s) a section 527 organization? | 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 |
|--|--|------------------|---|--|
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| 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 |
|--|---------------------|------------------|
| ----- | | |
| ----- | | |
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| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| 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**

Presilla L Harris
Signature of officer

✓ V-13-10
Date

GRAND WORTHY MATRON

**Paid
Pre-
parer's
Use
Only**Preparer's
signature

Firm's name for JAMES H. BLACK AND ASSOCIATES, INC.

Date
02/13/10

Check if self-employed

Preparer's Identifying Number
(See instructions)
P26616

EIN

36-3103744

Phone no ▶ (773) 660-1274

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

| | | | | |
|---|---|-----|--|----|
| ► | X | Yes | | No |
|---|---|-----|--|----|

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

| (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 |
|---|--|---|---|--|
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Josephine S. Wheat</u> <u>9958 Duke Drive</u> <u>St Louis</u> <u>MO</u> <u>63136</u> Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input type="checkbox"/> | Title <u>C.C.F.C.</u> Hours/Week _____ | 0. | 0. | 0. |
| <u>ALL GRAND OFFICERS SERVE</u> <u>WITHOUT COMPENSATION</u> Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input type="checkbox"/> | Title Hours/Week _____ | | | |
| Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input type="checkbox"/> | Title Hours/Week _____ | | | |
| <u>AL</u> Foreign city _____ Foreign country _____ | Title Hours/Week _____ | | | |

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment

SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|--|--|------------------------|------------------------|
| <u>Scholarship</u> <u>SIU</u> <u>Edwardsville, Ill</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Ayanna D. Barney</u> <u>8027 Braddock Dr</u> <u>St Louis</u> <u>MO</u> <u>63130</u> | NONE _____ _____ | _____ 300. _____ |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| Book Value | How Book Value Determined |
|------------|---------------------------|
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-----------------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Southern U A & M</u> | <u>Erin K Colvin</u> | <u>NONE</u> | |
| <u>Baton Rouge, La</u> | <u>3127 Donnycare Lane</u> | | |
| | <u>St Louis MO 63043</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|----------------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>N.C. A & T Univ</u> | <u>Brea L Daniels</u> | <u>NONE</u> | |
| <u>North Carolina</u> | <u>309 Arlington Glen Ct</u> | | |
| | <u>Fenton MO 63026</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|---------------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>University of Neb.</u> | <u>Cassidy T Danberry</u> | <u>NONE</u> | |
| <u>Lincoln, NE</u> | <u>5259 Elk Trail Drive</u> | | |
| | <u>Florissant MO 63033</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|------------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Spelman College</u> | <u>Meaghan M Hill</u> | <u>NONE</u> | |
| <u>Atlanta, Ga</u> | <u>5819 W. Park st</u> | | |
| | <u>St Louis MO 63110</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|--------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>SEMO</u> | <u>Cara N Mcelmurry</u> | <u>NONE</u> | |
| | <u>2500 Saddlegate Ct</u> | | |
| | <u>Cape Girardeau MO 63701</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|------------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>U of Evansville</u> | <u>Jasmine R Payne</u> | <u>NONE</u> | |
| <u>Evansville, In</u> | <u>2848 Liberty Landing Ct</u> | | |
| | <u>Florissant MO 63033</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment

SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|----------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Langston Univ</u> | <u>Brittany S Vaughn</u> | <u>NONE</u> | |
| <u>Oklahoma</u> | <u>1811 Swope Parkway</u> | | |
| | <u>Kansas City MO 64130</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment

SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|--------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Purdue Univ</u> | <u>Stephen R Adams</u> | <u>NONE</u> | |
| <u>Indiana</u> | <u>#5 North Court</u> | | |
| | <u>Florissant MO 63033</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment

SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|---------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Univ of Mo</u> | <u>James E Aldridge III</u> | <u>NONE</u> | |
| <u>Columbia, Mo</u> | <u>5711 NE Sapphire Pl</u> | | |
| | <u>Lee's Summit MO 64064</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|---------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Univ of Mo</u> | <u>Stephanie L Carr</u> | <u>NONE</u> | |
| <u>Columbia, Mo</u> | <u>6000 Forrest</u> | | |
| | <u>Kansas City MO 64110</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|---------------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>N C A & T Univ</u> | <u>Joy Lynn Daniels</u> | <u>NONE</u> | |
| <u>North Carolina</u> | <u>309 ArlingtonGlen ct</u> | | |
| | <u>Fenton MO 63026</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-----------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Missouri State</u> | <u>Kendra E Green</u> | <u>NONE</u> | |
| <u>Missouri</u> | <u>5227 Franklin</u> | | |
| | <u>Kansas City MO 64130</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|--------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Morehouse</u> | <u>Marttise R Hill</u> | <u>NONE</u> | |
| <u>Atlanta, Ga</u> | <u>5819 West Park Ave</u> | | |
| | <u>St Louis MO 63110</u> | | <u>300.</u> |

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Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Univ of Missouri</u> | <u>Ashley N McDonald</u> | <u>NONE</u> | |
| <u>Columbia, Mo</u> | <u>1502 S Calhoun</u> | | |
| | <u>Mexico MO 65265</u> | | <u>300.</u> |

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Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|--------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Purdue Univ</u> | <u>Aaron L McNeal</u> | <u>NONE</u> | |
| <u>Infiana</u> | <u>2081 Shoreham Dr</u> | | |
| | <u>Florissant MO 63033</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|--------------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Moberly Area</u> | <u>Tyshell N Nunnelly</u> | <u>NONE</u> | |
| <u>Community College</u> | <u>608 N Clark</u> | | |
| | <u>Mexico MO 65265</u> | | <u>300.</u> |

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Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|---------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Hampton Univ</u> | <u>Candice C Robinson</u> | <u>NONE</u> | |
| <u>Virginia</u> | <u>2930 Heatherson Dr</u> | | |
| | <u>St Louis MO 63033</u> | | <u>300.</u> |

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Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|----------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Haward Univ</u> | <u>Christin M Roby</u> | <u>NONE</u> | |
| <u>Washington DC</u> | <u>4479 Clarence Ave</u> | | |
| | <u>St Louis MO 63115</u> | | <u>300.</u> |

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Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|----------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Wichita State</u> | <u>Renoil Simpkins III</u> | <u>NONE</u> | |
| <u>Kansas</u> | <u>4810 Brooklyn</u> | | |
| | <u>Kansas City MO 64130</u> | | <u>300.</u> |

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment STUDENT AID

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-----------------------------|--|------------------------|--------------|
| <u>Student Aid</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Forest Pk Jr college</u> | <u>Antionette q Brown</u> | <u>NONE</u> | |
| <u>Flo Valley, Mo</u> | <u>4255 W Cote Brilliante</u> | | |
| | <u>st Louis MO 63113</u> | | <u>200.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment STUDENT AID

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-----------------------|--|------------------------|--------------|
| <u>Student Aid</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Univ of Ark</u> | <u>Morgan A Mackey</u> | <u>NONE</u> | |
| <u>Pine Bluff, Ak</u> | <u>277 Baxter Rd</u> | | |
| | <u>Ballwin MO 63011</u> | | <u>200.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment STUDENT AID

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|---------------------|--|------------------------|--------------|
| <u>Student Aid</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Tenn State U</u> | <u>Carla A Brown</u> | <u>NONE</u> | |
| <u>Tennessee</u> | <u>11812 Bristol Ave</u> | | |
| | <u>Kansas City MO 64134</u> | | <u>200.</u> |

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Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment STUDENT AID

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------------|--|------------------------|--------------|
| <u>Student Aid</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Columbia College</u> | <u>Donoven B Dansberry</u> | <u>NONE</u> | |
| <u>Chgo, Ill</u> | <u>5259 Elk Trail Drive</u> | | |
| | <u>Florissant MO 63033</u> | | <u>200.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment STUDENT AID

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-----------------------|--|------------------------|--------------|
| <u>Student Aid</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Murray St Univ</u> | <u>Rashad Fambro</u> | <u>NONE</u> | |
| <u>Kentucky</u> | <u>200 Windwood Lake Dr</u> | | |
| | <u>Cape Girardeau MO 63701</u> | | <u>200.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment

STUDENT AID

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|--------------------|--|------------------------|--------------|
| <u>Student Aid</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> | | |
| <u>Ottawa Univ</u> | <u>Earl F Mooring</u> | <u>NONE</u> | |
| <u>Ill</u> | <u>3831 E 71st St</u> | | |
| | <u>Kansas City MO 65265</u> | | <u>200.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| Book Value | How Book Value Determined |
|------------|---------------------------|
| <u>FMV</u> | <u>How FMV Determined</u> |

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

Other Changes in Net Assets or Fund Balances

| Description | Amount |
|---|-----------------------|
| <u>Decrease in Fund Balances due to increase in functional and operating expenses</u> | <u>-4,866.</u> |
| Total | <u><u>-4,866.</u></u> |

Supporting Statement of:

Form 990-EZ/Line 2

| Description | Amount |
|--|----------------|
| Part I, Line 2, Program Service Revenue: | |
| Charity tax for death benefits | 20,074. |
| | 15,615. |
| | 50. |
| Student Aid & Charity Donations | 775. |
| | 150. |
| Total | <u>36,664.</u> |

Supporting Statement of:

Form 990-EZ/Line 3

| Description | Amount |
|---|----------------|
| Part I, Line 3; Membership Dues & Assessments | |
| Grand Chapter Per Capita Tax | 25,655. |
| Reinstatement Fees | 538. |
| Other Taxes and Fees | 3,784. |
| Total | <u>29,977.</u> |

Supporting Statement of:

Form 990-EZ/Line 11

| Description | Amount |
|--|---------------|
| Death Claims Paid: | |
| Name of Deceased Beneficiary | |
| Floyd Nicholson Bobbie Nicholson | 300. |
| Dorothy Harris Thelma Butler | 300. |
| Willa Doyle Joyce Guess | 300. |
| Rebecca B. Logan Damien Turner | 300. |
| David Booker Cedric & David Booker | 300. |
| Margaret Trawick Fred Trawick | 300. |
| Josephine Taylor Anita White | 300. |
| Lillian E. Dickens Keith G. Dickens | 300. |
| Corinthian James Gladys Collins | 300. |
| Sue E. Hawkins Vicky & Sharon Hawkins | 300. |
| Raychael Shannon Jasmine Starling | 300. |
| Rudy Duncan Annette Flechter | 300. |
| Dora Mack James Mack | 300. |
| Wilma Hunt Mabel M. Toliver | 300. |
| Total | <u>4,200.</u> |

COPY

Form **8868**

(Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only . . . ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|--|--|--------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization | Employer identification number |
| | HARMONY GRAND CHAPTER ORDER OF EASTERN STAR MO, (PHA) | 43-6060056 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | |
| | c/o Josephine Stokes-Wheat 9958 Duke Dr. | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | Saint Louis | MO 63136 |

Check type of return to be filed (file a separate application for each return):

| | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► Carol Barksdale, Grand Secretary **CHICAGO, IL (DEARBORN)**
- Telephone No. ► (816) 233-1045 FAX No. ► (314) 388-4435
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 16, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning Jul 1, 20 08, and ending Jun 30, 20 09.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|----|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2008)