



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 requirements

Open to Public Inspection

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

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization HARMONY GRAND CHAPTER ORDER OF EASTERN STAR MO, (PHA)		D Employer identification number 43-6060056
		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		E Telephone number (314) 997-7990
		City or town, state or country, and ZIP + 4 Saint Louis MO 63132		F Group Exemption Number 1850

• 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

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

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

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.)

REVENUE	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.
	b Less cost or other basis and sales expenses	5b	0.
	c 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"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0.
b Less direct expenses other than fundraising expenses	6b	0.	
c 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.	
b Less cost of goods sold	7b	0.	
c 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.	
EXPENSES	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.	
ASSETS	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)

SCANNED MAR 29 2010

7AC

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Charity, Scholarships & Fraternal Education</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
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			
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)	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		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	▶ 37a 0.	
37b	Did the organization file Form 1120-POL for this year?		X
38a	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
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	▶ 38b	
39	501(c)(7) organizations. Enter	▶ 39	
39a	Initiation fees and capital contributions included on line 9	▶ 39a	
39b	Gross receipts, included on line 9, for public use of club facilities	▶ 39b	
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____	▶ 40a	
40b	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		
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 40c	
40d	Enter amount of tax on line 40c reimbursed by the organization	▶ 40d	
40e	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		X
41	List the states with which a copy of this return is filed ▶ <u>MISSOURI</u>	▶ 41	

42a 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

		Yes	No
42b	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: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	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 ▶ _____		X

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** |

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		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		
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?		
49b If 'Yes,' was the related organization(s) a section 527 organization?		

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: Priscilla L Harris Date: 2-13-10
 Type or print name and title: PRISCILLA L. HARRIS GRAND WORTHY MATRON

Paid Preparer's Use Only
 Preparer's signature: James H. Black, Jr. Date: 02/13/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: JAMES H. BLACK AND ASSOCIATES, INC.
9201 SOUTH MICHIGAN AVENUE CHICAGO ILL 60619-7224 Preparer's Identifying Number (See instructions): P26616
 EIN: 36-3103744 Phone no: (773) 660-1277

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 BAA Form 990-EZ (2008)

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

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
Scholarship SIU Edwardsville, Ill	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ayanna D. Barney 8027 Braddock Dr St Louis MO 63130	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
Grants and Similar Amounts Paid

Continued

Purpose of Payment SCHOLARSHIP

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

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
Scholarship N.C. A & T Univ North Carolina	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Brea L Daniels 309 Arlington Glen Ct Fenton MO 63026		

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
Scholarship University of Neb. Lincoln, NE	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Cassidy T Danberry 5259 Elk Trail Drive Florissant MO 63033		

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
Scholarship Spelman College Atlanta, Ga	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Meaghan M Hill 5819 W. Park st St Louis MO 63110		

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
Scholarship SEMO	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Cara N Mcelmurry 2500 Saddlegate Ct Cape Girardeau MO 63701		

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
Scholarship U of Evansville Evansville, In	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Jasmine R Payne 2848 Liberty Landing Ct Florissant MO 63033		

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 Paid

Purpose of Payment SCHOLARSHIP

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

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
Scholarship N C A & T Univ North Carolina	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Joy Lynn Daniels 309 ArlingtonGlen ct Fenton MO 63026		

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
Scholarship Missouri State Missouri	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Kendra E Green 5227 Franklin Kansas City MO 64130		

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
Scholarship Morehouse Atlanta, Ga	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Marttise R Hill		
	5819 West Park Ave St Louis MO 63110		

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
Scholarship Univ of Missouri Columbia, Mo	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Ashley N McDonald		
	1502 S Calhoun Mexico MO 65265		

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
Scholarship Purdue Univ Infiana	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Aaron L McNeal		
	2081 Shoreham Dr Florissant MO 63033		

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
Scholarship Moberly Area Community College	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Tyshell N Nunnelly		
	608 N Clark Mexico MO 65265		

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
Scholarship Hampton Univ Virginia	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Candice C Robinson		
	2930 Heatherson Dr St Louis MO 63033		

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
Scholarship Haward Univ Washington DC	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	300.
	Christin M Roby		
	4479 Clarence Ave St Louis MO 63115		

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
Grants and Similar Amounts Paid

Continued

Purpose of Payment SCHOLARSHIP

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

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
Student Aid Forest Pk Jr college Flo Valley, Mo	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	200.
	Antionette g Brown 4255 W Cote Brilliante st Louis MO 63113		

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
Student Aid Univ of Ark Pine Bluff, Ak	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	200.
	Morgan A Mackey 277 Baxter Rd Ballwin MO 63011		

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
Student Aid Tenn State U Tennessee	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	200.
	Carla A Brown 11812 Bristol Ave Kansas City MO 64134		

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
Student Aid Columbia College Chgo, Ill	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	200.
	Donoven B Dansberry 5259 Elk Trail Drive Florissant MO 63033		

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
Student Aid Murray St Univ Kentucky	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	NONE	200.
	Rashad Fambro 200 Windwood Lake Dr Cape Girardeau MO 63701		

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
Grants and Similar Amounts Paid

Continued

Purpose of Payment STUDENT AID

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

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, Page 1, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Description	Amount
Decrease in Fund Balances due to increase in functional and operating expenses	-4,866.
Total	<u>-4,866.</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
Dorothy Harris	Thelma Butler
Willa Doyle	Joyce Guess
Rebecca B. Logan	Damien Turner
David Booker	Cedric & David Booker
Margaret Trawick	Fred Trawick
Josephine Taylor	Anitra White
Lillian E. Dickens	Keith G. Dickens
Corinthian James	Gladys Collins
Sue E. Hawkins	Vicky & Sharon Hawkins
Raychael Shannon	Jasmine Starling
Rudy Duncan	Annette Flechter
Dora Mack	James Mack
Wilma Hunt	Mabel M. Toliver
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	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.	
File by the due date for filing your return See instructions	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 |

RECEIVED
SEP 19 2009
CHICAGO, IL (DEARBORN)

- The books are in the care of ► Carol Barksdale, Grand Secretary -----
- 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)