

# 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

**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 1545-0047 2008

Department of the Treasury

Open to Public Inspection

Int	ern	al Reve	nue Service		- The organiza	tion may have to	use a copy or t	nis return to saus					44		one mop		
	_ <u>F</u>	or th	e 2008 calen	<u>idar year,</u>	or tax year beg	inning Sep	<u> </u>	, 2008	3, and <b>6</b>	ending	Aug			<u>, 2009</u>			
В	C	heck if	applicable	Please use	C Name of orga	nization					i	D Employ	er Iden	tification No	mher		
	Į	Add	Iress change	IRS label	Order of	The East	tern Sta	r of Tex	as			75 <u>-</u>	0473	3155			
		Nar	ne change	or print or type.	Number and s	treet (or PO box	of mail is not de	livered to street a	addr) R	Room/suite	•	E Telepho	ne nun	nber			
	ı	Init	al return	See specific	1503 W. I	Division			1			(81	7) 2	265-62	63		
		Ter	Termination City, town or country State ZIP code + 4														
		Am	ended return	İ	Arlington	า		TX	760	012		G Gross r	eceipts	\$ 7,380	0,645.		
	Ì	Application pending F Name and address of principal officer H(a) is this a gro											a group return for affiliates? Yes X N				
	١			t .	h Drenne 1503	W. Divisi	on Arlin	aton T	X 760	)12 H		affiliates inc			Yes	No	
ī		Tax.	exempt stati			✓ (insert no)		47(a)(1) or	52		If 'No,' a	attach a list	(see in	structions)			
÷			site: ► N/		.(6) ( 6 )			17 (0)(1) 01	1		c) Group e	exemption ni	ımher l	<b>-</b>			
K			of organization	X Corpora	ation Trust	Association	Other >	1	Voor of I		1884			legal domici	ΥΥ		
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i.	<u> </u>	-															
Ş		2	Check this b		If the organiza	tion discontin	ued its oner	ations or disc	nosed (	of more	than 25	5% of its		. – – – –			
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9	5				nt voting memb				e 1b)				4	10			
i i	2	5	Total numbe	r of emplo	yees (Part V, I	ıne 2a)							5	6			
Activities & Governance					teers (estimate								6	87			
∢	(		-		business reven								7 a			0.	
		b l	Net unrelated	d business	s taxable incom	ne from Form	990-T, Ime	34					7 b	ļ			
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SCANNED Scanned	,	8 Contributions and grants (Part VIII, line 1h)  131  8 Program serving revenue (Part VIII, line 2e)													60,2		
NNW.	9 Program service revenue (Part VIII, line 2g)												06.		650,2		
\$ \$ \$				•	art VIII, column		L		600,5		-	-486 <b>,</b> 7					
<u>m</u> "				-	III, column (A),							195,2			140,9		
	4	12	Total revenu	<u> </u>	nes 8 through 1	11 (must equi:	al Part VIII	<u>rolumn (A) lı</u>	ine 12)	<u> </u>	1	,578,4	23.	!	364,7		
MAR	1	13 (	Grants and s	sımılar am	ounts paid (Pa	rt IX, column	(A), lines 1-	3)		-					870,0	<u>)24.</u>	
Ź		14	Benefits paid	to or for	members (Par	t IX, column	(A), line 4)										
ಅ	,	15	Salaries, oth	er compe	nsation, emplo	yee benefits (	(Part IX, colu	umn (A), lines	s 5-10)	) [					139,3	<u> 358.</u>	
0 201	2	16a I	Professional	fundraisin	ng fees (Part IX	(, column (A)	, line 11e).										
2010 2010	3	ь.	Total fundrai	sına expe	nses (Part IX,	column (D), I	ine 25)►										
<b>≅</b> •	)				IX, column (A)						1	,151,0	74.		438,6	531	
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			Under penaltic	es of perjury, and emplete	I declare that I have Declaration of pre	e examined this reparer (other than	eturn, including a officer) is based	eccompanying sch on all information	nedules a	ind statem h preparer	ents, and thas any k	to the best on nowledge.	of my kn	nowledge and	d belief it is	š	
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П	er	e	Signature	or officer		'	'./		+	<u>.</u>	Dat	е					
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	arı Se		Firm's name (	or Som	merville	& Associ	atés, P	.c.									
	nly		yours if self- employed),	<b>►</b> 303	<pre>0 Matlock</pre>	Rd., Su	ite 201				EIN	v <b>-</b>					
_			address, and ZIP + 4	Arl	ington_			TX 7601	15		Ph	one no	(81	7) 795	5-5046	<u>;</u>	
Ma	ay	the IF	RS discuss th		with the prepar	er shown abo	ove? (see in	structions)						X Ye	es 🗍	No	
					rwork Reductio				ctions			TEFA0101	04/23	2/00 Fr	orm <b>990</b> (	(2008)	

	90 (2008) Order of The Eastern Star of Texas	75-0	4731	55_		Page 2
Part						
	Briefly describe the organization's mission					
_1	Fraternal Order	- <b></b> -			<del>-</del>	
-		- <b></b> -		<del>-</del>		<b>-</b>
_				<b>-</b>		
2 [	old the organization undertake any significant program services during the year which were not listed on the	05105				
	form 990 or 990-EZ?	prior	П	Yes	X	Ma
	'Yes,' describe these new services on Schedule O		Ш	162		No
	bid the organization cease conducting, or make significant changes in how it conducts, any program service	<b>د</b> ?	П	Yes	X	No
	'Yes,' describe these changes on Schedule O	•		.03	21	110
4 C	lescribe the exempt purpose achievements for each of the organization's three largest program services by	expense	s Sect	on 501	(c)(3)	
a	nd 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all xpenses, and revenue, if any, for each program service reported	ocations	to othe	rs, the	totàl	
C	xpenses, and revenue, if any, for each program service reported					
	Code	evenue	\$			)
_1	he Order of the Eastern Star of Texas provides support to		<b>-</b>			
<u>n</u>	members and local chapters throughout Texas as well as providing	· <del></del>				
<u>,                                    </u>	penevolence programs to its members and scholarship programs	- <b>-</b>				
	o the children and grandchildren of its members.		<b>-</b>			
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440	ther program services (Describe in Schedule O )	-				
	xpenses \$ including grants of \$ ) (Revenue \$				`	
	tal program service expenses ► \$ (Must equal Part IX, Line 25, column (B))		_			
	(must equal r art in, Line 23, Column (B))					

rai	(14   Officerity of Required Scriedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services if 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments If 'Yes,' complete Schedule D, Part V	10	<u>X</u>	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257f 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 8	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S. ?If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States in res, complete Schedule F, Fait III	16		<u>x</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e3f 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a3f 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a7f 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22_	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? Yes, complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 20023f 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŧ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? Yes, complete Schedule L, Part II	26		х_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
3 A A		F	oon /	COUNCY

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
á	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),	<u> </u>		
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	b Have a family member who had a direct or indirect business relationship with the organization If 'Yes,' complete Schedule L, Part IV	28b		Х
(	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations if 'Yes,' complete Schedule N, Part I	31		Х_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?f 'Yes,' complete Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х

BAA

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.Information Returns Enter -0- if not applicable      1a 5			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 6			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts	·		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		<u>X</u>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal ່ນອາເອົາໄດ້ວັດຖືກລະເລີ	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-		
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations.Enter	- 55		
a Initiation fees and capital contributions included on Part VIII, line 12	1		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter	5	**	
a Gross income from other members or shareholders	-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			₹
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	990 (	2008)

Form 990 (2008) Order of The Eastern Star of Texas 75-0473155 Page

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A.	Governing Body and Management			
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, s, or changes in Schedule O See instructions		Yes	No
1:	a Enter the	number of voting members of the governing body			
1	<b>b</b> Enter the	e number of voting members that are independent 1b 10			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business relationship with any other irector, trustee or key employee?	2		
3	Did the o	rganization delegate control over management duties customarily performed by or under the direct supervision s, directors or trustees, or key employees to a management company or other person?	3		х
4		rganization make any significant changes to its organizational documents	4		Х
		prior Form 990 was filed?			
5		rganization become aware during the year of a material diversion of the organization's assets?	5	-	<u>X</u>
6	Does the	organization have members or stockholders?	6	<u>X</u>	
	governin		7a	Х	
١	<b>b</b> Are any	decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the o	rganization contemporaneously document the meetings held or written actions undertaken during the year by ung	ž		,
;	a The gove	rning body?	8a	Х	
1	<b>b</b> Each cor	nmittee with authority to act on behalf of the governing body?	8ь	Х	
9	<b>a</b> Does the	organization have local chapters, branches, or affiliates?	9a	X	
1	<b>b</b> If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of such chapters, affiliates, ches to ensure their operations are consistent with those of the organization?	9Ь	Х	
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed? All organizations must in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	ls there a organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		х
Sec	tion B.	Policies			
				Yes	No
12:	<b>a</b> Does the	organization have a written conflict of interest policy ## 'No,' go to line 13	12a	X	
l	<b>b</b> Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts?	12Ь		Х
(	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the policy? Yes, describe in O how this is done	12 c		х
13	Does the	organization have a written whistleblower policy?	13		X
14	Does the	organization have a written document retention and destruction policy?	14	Х	
15	Did the p	rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision			
	a The orga		15 a		X
I	<b>b</b> Other off	cers of key employees of the organization?	15 b		X
	Describe	the process in Schedule O (see instructions)			
16		rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable -	16a		X
ı	in joint v	has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt	16b		
500		th respect to such arrangements?  Disclosures	IOD		
		tates with which a copy of this Form 990 is required to be filed			
	Section 6	itates with which a copy of this Form 990 is required to be filled	ılable	e for p	oublic
	·	website Another's website X Upon request			
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policits available to the public	y, an	d fina	incial
		name, physical address, and telephone number of the person who possesses the books and records of the organ			5262
	-neil :	Smith Drenner 1503 East Division Arlington TX _ 76012 (81	112	02-0	5263

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

# ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did no	ot compen	sate a	any o	offic	er,	directo	r, tr	ustee, or key employ	ee	
(A) (B) (c)								(D)	(F)	
Name and Title	Average hours		Position (check all the		hat appl	y)	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	adividi el trustee or director	andulional foistee	Offir-er	Key employee	Higt est coiกฮูซารฟed ศกกุมงyee	₹dın <del>t</del> ı	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
Arthur Drescher										
Director	1.00	Х						0.	0.	0.
Jack Beall								- <del>-</del>		
Director	1.00	Х						0.	0.	0.
Karen Kidd										-
Director	1.00	Х						0.	0.	0.
Keith Mikeworth										
Director	1.00	Х						0.	0.	0.
טוane Davidson	 									
Director	1.00	_X	<u> </u>		l			0.	0.	0.
Lorraine Williams										
Director	1.00	Х						0.	0.	0.
Mickie_Campbell									!	
Director	1.00	Х						0.	0.	0.
Terri Rozell										
Director	1.00	Х						0.	0.	0.
Lori Goldman										
Director	1.00	Х						0.	0.	0.
Kathy Teele										
Director	1.00	Х						_0.	0.	0.
Joyce Nicklas										
Worthy Grand Matron	10.00		Х					0.	0.	0.
Ray Hertenberger										
Worthy Grand Patron	10.00		Х					0.	0.	0.
Bess Caldwell	j									
Assoc Grand Matron	10.00		Х					0.	_ 0.	0.
Bill Wyatt										
Assoc Grand Patron	10.00		Х					0.	0.	0.
Nell Smith Drenner										
Grand Secretary	40.00		Х					18,308.	0.	0.
Betty Prater										_
Grand Treasurer	40.00		Х					5,333.	0.	<u> </u>

Part VII   Section A. Officers, Directors, 1105	iees, r	(ey	LII	ibic	уус	<b>C</b> 5,	an	u mignesi con	iperisateu Eii	ipioyees (com.)
(A)	(B)	` '			c)			(D)	(E)	(F)
Name and Title	Average hours per week	Posi or direct		Check Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	s compensation from the organization
	hours per week	al trustee tor	Institutional trustee		employee	Highest compensate				and related organizations
						ed				
					•			_		
				,						
	! !									
1 b Total							<b>•</b>	23,641.	c	0.
2 Total number of individuals (including those in 1a) v	vho rece	eive	d mo	ore t	han	\$10	0,00	00 in reportable c	ompensation fror	n the
organization > 0									<del></del>	Yes No
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater translusive</li> </ul>	ndıvıdua	1	•	-	-					3 X 3 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens	atio	n fro	om a	any	unre	late	d organization for	services	5 X
Section B. Independent Contractors	iedule 3	101	Suci	пре	130					
Complete this table for your five highest compensate compensation from the organization	ed ınde <sub>l</sub>	pend	lent	con	trac	ctors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	s							(B) Description (	of Services	<b>(C)</b> Compensation
										<u> </u>
		·								
2 Total number of independent contractors (including compensation from the organization ▶ 0	those in	1 1)	who	rec	eıve	ed m	ore	than \$100,000 in		

ra	T VIII   Statement of Revenue		<del></del>			r
			(A) Total revenue	( <b>B</b> ) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	1a Federated campaigns 1	l a		1010.00		312, 313, 3131
NTS TTS		l b				
A S	· · · · · · · · · · · · · · · · · · ·	l c				
TS,		<del></del>				
F		l d		4 ************************************		
NS,	e Government grants (contributions)	l e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	<del></del>	60,282.				
N ON	g Noncash contribns included in Ins 1a-1f	\$				
<u>5                                    </u>	h Total. Add lines 1a-1f		60,282.			<u> </u>
PROGRAM SERVICE REVENUE		Business Code	ļ <u>.</u>			
:VEI	2a Registration Fees	999999	102,741.	102,741.	0.	0.
R	b Dues	999999	476,415.	476,415.	0.	0.
VICE	c Bulletin	999999	71,106.	71,106.	0.	0.
ER	d					
W.	e					
GR/	f All other program service revenue	_				
õ	g Total. Add lines 2a-2f	<u></u>	650,262.	<u>*</u>		
-		<del></del>	030,202.	<u> </u>		
	3 Investment income (including divide other similar amounts)	nds, interest and	533,085.	o.	0.	533,085.
	· · · · · · · · · · · · · · · · · · ·	nnt hand arasands	333,003.	· ·	<del>.</del>	333,003.
	4 Income from investment of tax-exen	iibi noura broceeas				
	5 Royalties	() D		* *	*,	
	(i) Real	(II) Personal		ĺ		
	6a Gross Rents		×	3 2	, 1	
	<b>b</b> Less rental expenses	-		Ť		
	c Rental income or (loss)			<u> </u>		
	d Net rental income or (loss)	<u> </u>				
	72 Gross amount from sales of (i) Securitie	s (II) Other				
	assets other than inventory 5,915,83	35.	, ,,,,			
	<b>b</b> Less, cost or other basis					
	and sales expenses 6, 935, 64	44.	`			~
	c Gain or (loss) -1,019,8	09.				
	d Net gain or (loss)	<b>•</b>	-1,019,809.	0.	0.	-1,019,809.
a n	8a Gross income from fundraising even (not including \$	nts				
	of contributions reported on line 1c)			***************************************		
OTHER REVEN	See Part IV, line 18	a				
띺	<b>b</b> Less direct expenses	b				
5	c Net income or (loss) from fundraisin					
		-				
	9a Gross income from gaming activities					
	See Part IV, line 19	a		, i		4
	b Less direct expenses	b			<u> </u>	
	c Net income or (loss) from gaming a	ctivities				
	10a Gross sales of inventory, less return	is 104 710				
	and allowances	a 194,710.				
	<b>b</b> Less cost of goods sold	b 80,262.				
	c Net income or (loss) from sales of in		114,448.	114,448.	0.	0.
ļ	Miscellaneous Revenue	Business Code				
	11a Other Income	_ 999999	13,471.	0.	0.	13,471.
	<pre>b Administrative income</pre>	999999	13,000.	13,000.	0.	0.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	<b>•</b>	26,471.	, , , , , , , , , , , , , , , , , , , ,		
	12 Total Revenue. Add lines 1h, 2g, 3,	1 5 6d 7d 8a 9a				
ļ	10c, and 11e	+, 5, 0a, 7a, 8c, 3c, ►	364,739.	777,710.	0.	-473,253.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<i>6b</i> ,	7b, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	832,024.	expenses	general expenses	expenses_
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	38,000.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	33,000.			
4	Benefits paid to or for members Compensation of current officers, directors.				
,	trustees, and key employees	33,362.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)		:		
7	Other salaries and wages	96,307.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,689.			
11	Fees for services (non-employees)				
ā	Management				
t	Legal	2,560.			
•	Accounting	24,675.			
•	Lobbying				
•	Prof fundraising svcs See Part IV, In 17		, , ,		
f	Investment management fees				
ç	Other	2,265.			
_	Advertising and promotion				
13	Office expenses	168,684.			
14	mionnation lechnology	2,616.			
15	Royalties				
16	Occupancy	29,470.			
17	Travel	13,242.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,647.			
20	Interest				
21	Payments to affiliates	44,752.			
22	Depreciation, depletion, and amortization	13,637.			
	Insurance	57,687.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25			*	\$* · · ·
	below)				` <u>.</u>
	Miscellaneous	511.	<u>-</u>		
	Awards	1,200.			
	:Trust_Fees	27,685.			
C	I				<del></del>
e					
	All other expenses				
	Total functional expenses Add lines 1 through 24f	1,448,013.		_	
	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2008)

					(A) Beginning of year		( <b>B</b> ) End of y	rear
	1	Cash - non-interest-bearing			93,387.	1	186	771
	2	Savings and temporary cash investments			2,718,704.	2	585	,787
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			94,557.	4	21	,949
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trus L	stees, key employees,		5		
	6	Receivables from other disqualified persons (as defin	ed und	der section 4958(f)(1))	······································			
		and persons described in section 4958(c)(3)(B). Com	plete F	Part II of Schedule L		6		
ASSETS	7	Notes and loans receivable, net				7		
Ē	8	Inventories for sale or use			31,379.	8	36	,159
Ś	9	Prepaid expenses and deferred charges			37,206.	9	30	,954
	10 a	Land, buildings, and equipment cost basis	10a	171,439.				
	b	Less accumulated depreciation Complete Part VI of					·	
		Schedule D	10 ь	107,587.	37,963.	10 c	63	,852
	11	Investments – publicly-traded securities			13,856,337.	11	14,931	,460
	12	Investments – other securities See Part IV, line 11				12		
	13	Investments - program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11				15		
	16	Total assets Add lines 1 through 15 (must equal line	34)		16,869,533.	16	15,856	, 932
	17	Accounts payable and accrued expenses			9,106.	17	11	,849
	18	Grants payable				18		
	19	Deferred revenue			183,244.	19	184	,835
Ļ	20	Tax-exempt bond liabilities				20		
A B	21	Escrow account liability Complete Part IV of Schedul	e D			21		
L	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	key employees, Complete Part II	*		*	·	
- 1		of Schedule L		ļ		22		
S	23	Secured mortgages and notes payable to unrelated the	urd pa	rties		23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			2,413,688.	25	2,504	
	26	Total liabilities. Add lines 17 through 25			2,606,038.	26	2,700	,837
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X aı	nd complete lines	*	2		
Ą	27	Unrestricted net assets		-	4,902,847.	27	3,795	,447
ASSE	28	Temporarily restricted net assets			0.	28	•	
Š	29	Permanently restricted net assets		Ī	9,360,648.	29	9,360	,648
R		Organizations that do not follow SFAS 117, check he	re►	and complete	······································		• .	
		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31	-	
BALAZCES	32	Retained earnings, endowment, accumulated income,				32	-	
Ñ	33	Total net assets or fund balances.		Ī	14,263,495.	33	13,156	,095
E S	34	Total liabilities and net assets/fund balances			16,869,533.	34	15,856	
Pa	rt XI	Financial Statements and Reporting			· · · · · · · · · · · · · · · · · · ·	·		<u> </u>
1	Aco	counting method used to prepare the Form 990  \textsq C	ash	X Accrual	Other		Ye	es No
		re the organization's financial statements compiled or					2a	Х
_		re the organization's financial statements audited by a		•			2b	Х
	c If "	Yes' to 2a or 2b, does the organization have a committ iew, or compilation of its financial statements and sele	ee tha	it assumes responsibility	y for oversight of the a untant?	udıt,	2c	
3		a result of a federal award, was the organization requidit Act and OMB Circular A-133?				Single		
							3a	<del>  X</del>
D A		Yes,' did the organization undergo the required audit or	audit	<u>s′</u>	<del></del>		3b  Form 99	 
BA	Δ.						Form 95	9 <b>0</b> (20

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6. 7. 8. 9. 10. 11. or 12.

Open to Public Inspection

чатте	of the organization			<sub>P</sub>	noyer identification	Hamber
Or	der of The Eastern Star of Te	xas		75-	-0473155	
Pa	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe o Form 990, Part IV, line	er Similar Fun 6.	ds or Accoun	ts Complete	: If
		(a) Donor advised f	funds	(b) Funds	and other acc	counts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year				· -	
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the	assets held in do	onor advised	☐ Yes	□No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for	rs, and donor advisors in writin	ng that grant fund	ls may be		
	impermissible private benefit??	the benefit of the donor of don	01 441301 01 0111	C1	Yes	No
Pa	rt II   Conservation Easements Comple	ete if the organization ans	swered 'Yes' t	to Form 990, F	Part IV, line	7.
1	Purpose(s) of conservation easements held by	y the organization (check all the	at apply).			
	Preservation of land for public use (e g , r	ecreation or pleasure)	Preservation o	f an historically ii	mportant land	area
	Protection of natural habitat		Preservation o	of certified historic	structure	
	Preservation of open space					
2	Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contrib	oution in the form	of a conservatio	n easement on	the last day
				Hel	d at the End of	f the Year
	a Total number of conservation easements			2a		
1	b Total acreage restricted by conservation ease	ments		2 b		
	Number of conservation easements on a certi	fied historic structure included	ın (a)	2c		
(	d Number of conservation easements included i	n (c) acquired after 8/17/06.		2 d		
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminat	ed by the organiz	zation during th	ie taxable
	year ÷					
4	Number of states where property subject to co			_		
5	Does the organization have a written policy re enforcement of the conservation easement it	garding the periodic monitoring holds?	g, inspection, vio	lations, and	Yes	☐ No
6	Staff or volunteer hours devoted to monitoring		_			
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing easen	nents during the	yea <del>*</del> \$	<del></del>	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of se	ction	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote conservation easements.	ports conservation easements in the organization's financial s	n its revenue and statements that d	d expense statem escribes the orga	nent, and balan anization's acco	ice sheet, and ounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990,	Treasures, or Part IV, line	Other Similar 8.	Assets	
1 :	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or res	earch in furthera	ent and balance s nce of public serv	sheet works of vice, provide, in	art, historical n Part XIV,
ı	b If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, not to report in its lic exhibition, education, or res	revenue stateme earch in furthera	ent and balance s nce of public serv	sheet works of vice, provide th	art, historical se following
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 relating to these items:	r sımılar assets f	or financial gain,	provide the fol	lowing
	a Revenues included in Form 990, Part VIII, line	e 1			<b>►</b> \$	
ı	Assets included in Form 990, Part X				<b>►</b> \$	

Sched <u>ule <b>D</b> (Form 990) 2008 - Orde</u> i	r of The Eas	<u>stern Star o</u>	of Te	exas		75-047	<u>3155</u>		Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical	Treasures, o	r Other	Similar Ass	ets (c	ontını	ied)
3 Using the organization's accession that apply)	on and other recor	ds, check any of th	ne follo	owing that are a s	ignificant	use of its coll	ection it	ems (c	heck all
a Public exhibition		<b>d</b> Loan	or exc	hange programs					
<b>b</b> Scholarly research		e 🔲 Other							
c Preservation for future gener	rations								
4 Provide a description of the organ Part XIV.	nızatıon's collection	ons and explain hov	w they	further the organ	nization's	exempt purpor	se in		
5 During the year, did the organiza assets to be sold to raise funds in	ather than to be r	naintained as part o	of the	organization's co	Ilection?		Yes		No
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Arranç an amount on	jements Comple Form 990, Part	ete if	organization ne 21.	answere	ed 'Yes' to F	orm 9	90, P	art 
1a Is the organization an agent, trus included on Form 990, Part X?		_			ner assets	not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and c	complete the following	ing tac	oie			Amoun		
- December halosses					1.		Amoun		
c Beginning balance					1c				
d Additions during the year					1 d				
e Distributions during the year					<u>1e</u>				
f Ending balance					1f		<del></del>	-	
2a Did the organization include an a	mount on Form 9	90, Part X, line 21?	•				Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement									
Part V   Endowment Funds Co	mplete if orgar	<u>nization answere</u>	<u>ed 'Y</u>	es' to Form 99	<u> 90, Part</u>	IV, line 10.			
	(a) Current year	(b) Prior year	r _	(c) Two years bac	k (d)	Three years back	(e)	our year	s back
1 a Beginning of year balance	10,095,94								
<b>b</b> Contributions			37						
c Investment earnings or losses									
d Grants or scholarships		, K,	` .		1%		4	,	*
<ul> <li>Other expenditures for facilities and programs</li> </ul>	18,92	6.							
f Administrative expenses						···· · · · · · · · · · · · · · · ·	,	· · ·	
<b>g</b> End of year balance	10,077,01	6.							
2 Provide the estimated percentage	e of tine year end	baiance hélü ās							
a Board designated or quasi-endov	vment ►	4.02%							
<b>b</b> Permanent endowment ►	95.98%								
c Term endowment ►	*								
3a Are there endowment funds not a organization by	n the possession	of the organization	that a	re held and admi	ınıstered f	or the	٢	Yes	No
(i) unrelated organizations							3a(i)		X
_									X
(ii) related organizations			ان المصمان	- D2			3a(ii)		
b If 'Yes' to 3a(II), are the related of	-	•					3b		<u> </u>
4 Describe in Part XIV the intended					line 10				
Part VI Investments—Land, B									
Description of investment	(a) (	Cost or other basis (investment)	( <b>b)</b>	Cost or other asis (other)	(c) De	preciation	(d) E	Book Va	alue 
1a Land	<u> </u>			0.000					
<b>b</b> Buildings	<u> </u>	-		9,898.		4,489.		5,	<u>,409.</u>
c Leasehold improvements							_		
<b>d</b> Equipment				108,766.	_	97,820.			<u>,946.</u>
<b>e</b> Other				52,775.		5,278.		47	,497.
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 99	90, Part X, column	(B), lır	ne 10(c))		•		63,	<u>,852.</u>
BAA				· —		Sched	lule <b>D</b> (F	orm 99	90) 2008

Part VII Investments—Other Securities See F	orm 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products.		
Closely-held equity interests		
Other		
Total (Column (b) should equal Form 990 Part X, col. (B) line 12)		
Part VIII Investments—Program Related (See	Form 990, Part X, line	e 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book Value	Cost or end-of-year market value
		· · · - · · · · · · · · · · · · · · · ·
<del> </del>		
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)		
Part IX Other Assets (See Form 990, Part X,	line 15)	
(a) De	escription	(b) Book value
· · ·		
Total. Column (b) Total (should equal Form 990, Part X, co	ol (B), line 15)	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part		
(a) Description of Liability	(b) Amount	»' ×
Federal Income Taxes	(1)	_
Endowed Membership Agency Fund	2,504,153	
<u> </u>		,
		7
		_
		_
		-
· · · · · · · · · · · · · · · · · · ·		
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	<b>2,504,153</b>	-
In Part XIV, provide the text of the footnote to the organiza		

Schedule D (Form 990) 2008 Order of The Eastern Star of Texas

75-0473155

Page 3

Schedule D (Form 990) 2008 Order of The Eastern Star of Texas	75-0473155	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial State	ments	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)	<u> </u>	
9 Total adjustments (net) Add lines 4-8		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	
1 Total expenses and losses per audited financial statements	1 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	
Part XIV   Supplemental Information		
line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
BAA TEEA3304 12/23/08	Schedule <b>D</b> (Form	1 990) 2008

TEEA3304 12/23/08

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Schedule <b>D</b>	(Form 990) 2008	Order of 1	ine Eastern	Star of 16	exas		10-04/3100	Page :
Part XIV	Supplemental	Information	(continued)			_		
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization arrewered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

ONB No 1545-0047

Open to Public Inspection

Employer identification number 75-0473155 **≗** □

X Yes

General Information on Grants and Assistance Order of The Eastern Star of Texas Part

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is neeced

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<b>1 (a)</b> Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eastern Star Home of Texa 1503 W. Division Arlington TX 76012	75-2244311	501(c)(3)	657,117.				General Suppor
D. Nicklas Organ Donor Aw 516 Estate Dr. Grand Prairie TX 75052	75-2596046	501(c)(3)	12,936.				General Suppor
Shriners Burn Hospital 815 Market St. Galveston TX 77550	36-2193608	501(c)(3)	11,152.				General Suppor
Scottish Rite Hospital	75-0818178	501(c)(3)	11,152.				General Suppor
International Order of Ra. PO_Box_797625 Dallas TX 75379	75-2964361	501(c)(3)	5,657.				General Suppor
OES Orange_Chapter_No21. <u>PO_Box_971</u> Orange_TX_77631	76-0258209	501(c)(8)	5,113.				General Suppor
OES Houston Heights Chapt 472 Hickory Downs Dr Houston TX 77084	23-7135149	501(c)(8)	6,066.				General Suppor
OES Polytechnic_Chapter_# 1429_Wildwood_Trail	75-0944246	501(c)(8)	9,086.				General Suppor
2 Enter total number of section 501(c)(3) and government organizations	(3) and government	organizations				•	5

Schedule I (Form 990) 2008

TEEA3901 12/19/08

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

3 Enter total number of other organizations

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 1900 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization						Employer identification number	n number
اں	ras					75-0473155	
Part   Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	r Assistan	ce to Governments	and Organization	s in the U.S. (Sche	Jule I (Form 990	), Part II.)	•
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OES Mansfield Chapter #87  274 Michelle Court. 75-1517116 Mansfield TX 76063	7116	501(c)(8)	5,520.				General Suppor
OES Lancaster Chapter #94 6300 Shadow Valley Burleson TX 76028	4815		6,113.				General Suppor
OES Groves/Port_Arthur_Ch 340 Lake Street Bridge City TX 77611 23-7523669	3669	501(c)(8)	11,346.				General Suppor
OES Frank Lynn Chapter #1 PO Box 1696 Tomball TX 77377 23-7523720	3720	501(c)(8)	6,026.				General Suppor
OES_Aldine_Chapter_#1088_ 524_Chateawoods_Pkwx Conroe_TX_7738523-7523779	3779	501(c)(8)	6,013.				General Suppor
<ul><li>2 Enter total number of Section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	overnment or	ganizations		-			

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) \_The\_organization\_does\_not\_monitor\_the\_funds\_after\_they\_are\_released (d) Amount of non cash assistance 33,000. (c) Amount of cash grant 55 (b) Number of recipients \_by\_the\_organization.\_ (a) Type of grant or assistance Schedule I (Form 990) 2008 Scholarships Pt\_I Line 2 Pt\_I\_Line\_2 Part III

BAA

Schedule I (Form 990) 2008

## SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer identification number
Order of The Eastern Star of Texas	75-0473155
Pt_XI, Line_2cThe organization's financial statements were a	udited,
however, the audited financial statements were	issued_on_a
consolidated_basis	
Pt_VI-B, Line 15 The top_management_official_of_the_organizatio	n <u>is</u>
a non-paid position. The two officers' salarie	s are
decided by the board and voted on by the membe	rs.
that elect the governing body.	
Pt VI-A, Line 10 The Form 990 is e-mailed to the members of the	
board of directors prior to filing with the IR	
Pt VI-C, Line 19 The organization makes its governing documents	
conflict of interest policy, and financial sta	tements
available_upon_reguest	
Pt_VI-A, Line 7a The voting members cleet the officers and dire	ctors of the
organization.	
Pt VI-A, Line 7b The voting members vote on the budget, any res	olutions
of the board, and any changes to the constitut	ion of
the organization.	
Pt VI-A, Line 6 The organization has voting members and nonvot	ing
members. In order to be a voting member, you	must
be either the current Worthy Matron or Worthy	Patron
or a Past Matron or Past Patron.	
Part VI-B, Line 13 As of the end of the fiscal year, the organiza	tion did
not have a written whistleblower policy. Howe	ver,
the organization will adopt one before the end	of the
fiscal year.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2008

OMB No 1545 0047

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Internal Revenue Service	See separate instructions.	structions.			Inspection
Name of the organization				Employer identification rumber	ication number
Order of The Eastern Star of Texas		,		75-0473155	55
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations	ns				
(A) Name, address, and EIN of related organization	(B) Primary ac ivity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Eastern Star Home of Texas 75-2244311 1503 W. Division, Arlington TX 76012	Charitable Care	TX	501(c)(3)	7	N/A
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.	TE	TEEA5001 12/23/08	Schedu	Schedule R (Form 990) (2008)

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Order of	of Relate
R (Form 990) 2008	] Identification o
Schedule	Part III

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Gene mana parti	S	
Code V-UBI amount in Box 20 of Schedule K-I		
opor- nate tions?	g g	
of end-of-year Di assets alle		
Share		
Share of total income Share of end-of-year assets		
(E) Precominant income (related, investment, unrelated)		
(C) (D) Legal Direct domicile controlling entity (state or foreign foreign		
Legal domicile (state or foreign		
(B) Primary Activity		
(A) Name, address, and EIN of related organization		

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	The second secon

(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (stale or foreign	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Activity Legal domicile Direct Type of entity (C corp, S corp, country) (C corp, S corp, country)	(G) Share of end-of-year assets	(H) Percentage ownership
ВАА		TEEA5002 12/23/08	733/08			Schedule R (Form 990) (2008)	990) (2008)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		X.	Yes	٩ N
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)	-	1 6	×	
c Gift, grant, or capital contribution from other organization(s)		10	_	×
<b>d</b> Loans or loan guarantees to or for other organization(s)		J P L	^	×
e Loans or loan guarantees by other organization(s)		9 7		,
		2	+	- آه
f Sale of assets to other organization(s)		11	^	] ×
<b>g</b> Purchase of assets from other organization(s)		19	^	×
		٦,	_	×
i Lease of facilities, equipment, or other assets to other organization(s)		;=	_	١×
j Lease of facilities, equipment, or other assets from other organization(s)		-	_	×
k Performance of services or membership or fundraising solicitations for other orgarization(s)		1 4	_	×
1 Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		1 m	×	1
n Sharing of paid employees		1n }	X	
<b>o</b> Reimbursement paid to other organization for expenses		10		×
<b>p</b> Reimbursement paid by other organization for expenses		10	<u> </u>	×
			-	[
<b>q</b> Other transfer of cash or property to other organization(s)		10	^	×
r Other transfer of cash or property from other organization(s)		-	_	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction thresho	splo		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	_
				1
(1) Eastern Star Home of Texas		657,	,111	7:
(2)				i
(3)				1
(4)				
(£)				1
(9)				
BAAEEA5003 07/02/08	Schedule	Schedule R (Form 990) (2008)	0) (50(	8

# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross

Name, address, and EIN of entity	Primary activity	Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3)	( <b>E)</b> Share of end-of-year assets	(F) Disproportionate allocations?	Code V.UBI amount in Box 20 of Schedule K-1	(H) General or managing partner?	(H) General or managing partner?
			Yes No	:	Yes No	(2001)	Yes	Š
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