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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

► 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

OMB No. 1545-1150

2008

Open to Public
Inspection

A For 2008 calendar year, or tax year beginning SEPTEMBER 01, 2008, and ending AUGUST 31, 2009

B Check if applicable: <input 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 GRAND CHAPTER ORDER OF THE EASTERN STAR		D Employer identification number 83-0136996
		No. & street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		1613 ORD STREET		(307) 745-7855
		City or town, state or country, and ZIP + 4		F Group Exemption Number . . . ►
		LARAMIE WY 82072		

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

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

I Website: ► N/A

H Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) -- ☒ 501(c)(10) ◀ (insert no.) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 70,136

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	37,021
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	11,918
	4	Investment income	4	6,315
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	9,192
	6b	Less: direct expenses other than fundraising expenses	6b	2,151
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,041
	7a	Gross sales of inventory, less returns and allowances	7a	3,814
	7b	Less: cost of goods sold	7b	4,734
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		-920
	8	Other revenue (describe ► See attachment #2)	8	1,876
	9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	63,251
	EXPENSES	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	7,501
13		Professional fees and other payments to independent contractors	13	382
14		Occupancy, rent, utilities, and maintenance	14	650
15		Printing, publications, postage, and shipping	15	4,368
16		Other expenses (describe ► See attachment #4)	16	7,954
17		Total expenses. Add lines 10 through 16	17	47,883
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,368
	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	215,791
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	231,159

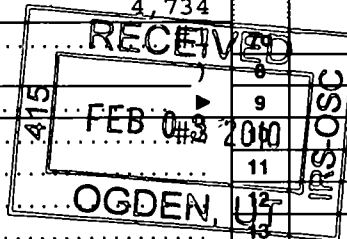
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			208,399	222,677
23	Land and buildings				
24	Other assets (describe ► See attachment #5)			7,392	8,482
25	Total assets			215,791	231,159
26	Total liabilities (describe ►)			0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			215,791	231,159

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

Form 990-EZ (2008)

SCANNED FEB 23 2010



Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
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
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911; section 4912; section 4955		
b Section 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	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The books are in care of See attachment #7 Telephone no. Located at ZIP + 4		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	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	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

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

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(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 & deferred compensation	(e) Expense account and other allowances
NONE				
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
NONE		
Total number of other independent contractors each receiving over \$100,000		

Sign Here

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.

Signature of officer: Sheralyn Farnham Date: 11-26-10

Type or print name and title: SHERALYN FARNHAM GRAND SECRETARY

Paid Preparer's Use Only

Preparer's signature: NONPAID PREPARER Date: _____ Check if self-employed: ☐ Preparer's Identifying No. (See instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: KRAIG KOBERT CPA PC EIN: _____
P O BOX 3889 Phone no.: _____
JACKSON, WY 83001- 307-733-4274

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

Yes ☐ No ☒

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7

Keep for Your Records

Keep For
Your Records

For calendar year 2008 or tax period beginning 09-01-2008 , and ending 08-31-2009.

Name of Organization

GRAND CHAPTER ORDER OF THE EASTERN STAR

Employer Identification Number

83-0136996

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
CHAPTER AND SECRETARY SUPPLIES	3,814	4,734	-920
Total	3,814	4,734	-920

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Name of Organization	Employer Identification Number
GRAND CHAPTER ORDER OF THE EASTERN STAR	83-0136996

Description of Other Revenue	Amount
POSTAGE	113
PROCEEDINGS	490
SPECIAL DISPENSATIONS	110
GENERAL GRAND PIN REBATES	1,048
MISCELLANEOUS	115
Total	1,876

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2008, or tax year period beginning 09-01-2008 and ending 08-31-2009.

Name of Organization

GRAND CHAPTER ORDER OF THE EASTERN STAR

Employer Identification Number
83-0136996

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
ESTARL	ESTARL 119 1/2 N THIRD DOUGLAS, WY 82633		PROVIDE SCHOLARSHIPS FOR YOUNG ADULTS
CHARITABLE DONATION	WYOMING CANCER FUND 1220 ELKHORN DR CASPER, WY 82609		ENTERING OR CURRENTLY ATTENDING SEMINARY PROVIDE ASSISTANCE FOR MEDICAL BILLS FOR PATIENTS W/ CANCER RELATED ILLNESSES
CHARITABLE DONATION	INTERNATIONAL TEMPLE FUND		INTERNATIONAL

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		2,770			
		15,200			
Total		17,970			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 3: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2008, or tax year period beginning 09-01-2008 and ending 08-31-2009.	
Name of Organization		Employer Identification Number	
GRAND CHAPTER ORDER OF THE EASTERN STAR		83-0136996	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
CHARITABLE DONATION	1618 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009 INTERNATIONAL HEADWATERS FUND 1618 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009		BUILDING SUPPORT FUND GENERAL SUPPORT FOR THE INTERNATIONAL ORGANIZATION OF OES
CHARITABLE DONATION	WYOMING YOUTH SCHOLARSHIP FUND 4115 HIGH CLIFF COURT GILLETTE, WY 82718		PROVIDE ASSISTANCE FOR COLLEGE EXPENSES
CHARITABLE DONATION	GRAND LODGE OF WYOMING P.O. BOX 597 SARATOGA, WY 82331		PROVIDE ASSISTANCE TO WY GRAND LODGE
Relationship	Description of Property	Book Value	How Book Value is Determined
		330	
		2,883	
		5,000	
		50	
Total		8,263	
Relationship	Description of Property	How FMV is Determined	Date of Gift

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 3: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection

For Calendar year 2008, or tax year period beginning 09-01-2008 and ending 08-31-2009.

Name of Organization

GRAND CHAPTER ORDER OF THE EASTERN STAR

Employer Identification Number
83-0136996

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
CHARITABLE DONATION	WYOMING JOB'S DAUGHTERS 1613 ORD STREET LARAMIE, WY 82072		PROVIDE ASSISTANCE TO WY JOB'S DAUGHTERS		
CHARITABLE DONATION	WYOMING SUSAN G KOMAN FUND P.O. BOX 20594 CHEYENNE, WY 82003		PROVIDE ASSISTANCE TO WY SUSAN G KOMAN FUND		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		50			
		745			
Total			795		

SCHEDULE OF OTHER EXPENSES

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning 09-01-2008, and ending 08-31-2009.
Name of Organization GRAND CHAPTER ORDER OF THE EASTERN STAR	Employer Identification Number 83-0136996

Description of Other Expenses	Amount
INSURANCE	1,676
OFFICE EXPENSE	871
PAYROLL TAXES	632
TRAVEL EXPENSES	4,576
MISCELLANEOUS	199
Total	7,954

Attachment 5: page 1 - 990-EZ Page 1, Part I, Line 24

For calendar year 2008 or tax period beginning 09-01-2008, and ending 08-31-2009.

Employer Identification Number

83-0136996

Totals

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 09-01-2008, and ending 08-31-2009.			
Name of Organization GRAND CHAPTER ORDER OF THE EASTERN STAR			Employer Identification Number 83-0136996	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
SHERALYN FARNHAM 1613 ORD STREET LARAMIE, WY 82072	GRAND SECRETARY 20.00	6,531	0	0
SARAH NORRIS 2706 DEGRAW CHEYENNE, WY 82009	GRAND TREASURER 10.00	970	0	0
JANA KRMPOTICH 313 AGATE ROCK SPRINGS, WY 82901	WORTHY GRAND MATRON 20.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 09-01, and ending 08-31-2009.
Name of Organization GRAND CHAPTER ORDER OF THE EASTERN STAR	Employer Identification Number 83-0136996
Part V - Line 42a	

Individual Name SHERALYN FARNHAM, GRAND SECRETARY
or
Business Name:

Street Address 1613 ORD STREET

U.S. Address:

Zip code 82072 City LARAMIE State WY
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (307) 745-7855

Fax Number

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **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 GRAND CHAPTER ORDER OF THE EASTERN STAR	Employer identification number 83-0136996
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1613 ORD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LARAMIE WY 82072	

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

- The books are in the care of ► See attachment #7

Telephone No. ► _____ FAX No. ► _____

- 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 APRIL 15, 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 SEPTEMBER 01, 20 08, and ending AUGUST 31, 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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)