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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

2009

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending MAR 31, 2010

B Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization GRAND CHAPTER OF MASS ORDER OF THE EASTERN STAR	D Employer identification number 04-6144335
	Number and street (or P.O. box, if mail is not delivered to street address) 302 WALNUT STREET, P.O. BOX 600583	Room/suite
	City or town, state or country, and ZIP + 4 NEWTONVILLE, MA 02460-0006	F Group Exemption Number ►

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

G Accounting method: Cash Accrual
Other (specify) ►I Website ► **N/A**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — 501(c) (8) (insert no.) 4947(a)(1) or 527
K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 236,600.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1 113,705.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 63,794.
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
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
b Less: direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► SEE STATEMENT 2)	8 59,101.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 236,600.
10 Grants and similar amounts paid (attach schedule)	STMT 3
11 Benefits paid to or for members	10 85,655.
12 Salaries, other compensation, and employee benefits	11 6,879.
13 Professional fees and other payments to independent contractors	12 29,000.
14 Occupancy, rent, utilities, and maintenance	13 6,070.
15 Printing, publications, postage, and shipping	14 6,000.
16 Other expenses (describe ► SEE STATEMENT 1)	15 18,339.
17 Total expenses Add lines 10 through 16	16 121,714.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 273,657.
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)	18 -37,057.
20 Other changes in net assets or fund balances (attach explanation)	19 385,620.
21 Net assets or fund balances at end of year Combine lines 18 through 20	20 0.
22 Cash, savings, and investments	21 348,563.
23 Land and buildings	
24 Other assets (describe ► SEE STATEMENT 1)	
25 Total assets	
26 Total liabilities (describe ► SEE STATEMENT 1)	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	385,620.	22 348,563.
23 Land and buildings		23
24 Other assets (describe ► SEE STATEMENT 1)		24
25 Total assets	385,620.	25 348,563.
26 Total liabilities (describe ► SEE STATEMENT 1)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	385,620.	27 348,563.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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, and other relevant information for each program title

Expenses

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

28 FRATERNAL MEETINGS AND OTHER VARIOUS CHARITYABLE FUNCTIONS

(Grants \$) If this amount includes foreign grants, check here

29

28a

(Grants \$) If this amount includes foreign grants, check here

30

29a

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (attach schedule)

If this amount includes foreign grants, check here.

32 Total program service expenses (add lines 28a through 31a)

30a

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

Part IV List of Officers, Directors, Trustees, and Key Employees.

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

Yes	No
33	X
34	X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
 b If "Yes," has it filed a tax return on Form 990-T for this year?
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N
 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?

35a	X
35b	N/A

36	X
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 outstanding at the end of the period covered by this return?
 b If "Yes," complete Schedule L, Part II and enter the total amount involved
 39 Section 501(c)(7) organizations. Enter:
 a Initiation fees and capital contributions included on line 9
 b Gross receipts, included on line 9, for public use of club facilities

38b	N/A
39a	N/A
39b	N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
 section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A
 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► N/A
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► N/A
 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

40b	N/A
40e	X

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

42a The organization's books are in care of ► BARBARA MILLER Telephone no. ► 617-964-0312
 Located at ► 302 WALNUT STREET P O BOX 600583, NEWTONVILLE, M ZIP + 4 ► 02460-0006

Yes	No
42b	X
42c	X

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.
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ►

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

► 43 N/A

Yes	No
44	X
45	X

Form 990-EZ (2009)

GRAND CHAPTER OF MASS ORDER OF THE
EASTERN STAR

Form 990-EZ (2009)

04-6144335

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Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

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

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 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 a section 527 organization?

50 Complete this table for the organization's 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 N/A	(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

f Total number of other employees paid over \$100,000 ► _____

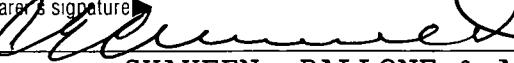
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d 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		
	6/12/2010		
<input checked="" type="checkbox"/> Signature of officer <input checked="" type="checkbox"/> Barbara L. Miller, Grand Treasurer <input type="checkbox"/> Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instr.)
		06/02/10	<input type="checkbox"/>	
Firm's name (or yours if self-employed), address and ZIP + 4		EIN ► _____		
SHAHEEN, PALLONE & ASSOCIATES, PC 861 TURNPIKE STREET NORTH ANDOVER, MA 01845		Phone ► _____ no (978) 686-7200		

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
GRAND CHAPTER OPERATIONS		75,893.
CHARITABLE GIFTS		26,452.
OTHER ADMINISTRATION		19,369.
TOTAL TO FORM 990-EZ, LINE 16		121,714.

FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST		12,378.
INSURANCE		17,674.
COST REIMBURSEMENT		1,848.
SALE OF SUPPLIES, FINES, ETC.		8,807.
GRAND CHAPTER REGISTRATION		6,830.
GRAND CHAPTER SESSION OTHER INCOME		10,129.
TRANSFER FROM OTHER FUNDS		1,435.
TOTAL TO FORM 990-EZ, LINE 8		59,101.

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 3

AFFILIATE'S NAME

AFFILIATES ADDRESS

CHARITABLE AND EDUCATION FUNDS

302 WALNUT ST
NEWTONVILLE, MA 02460

PURPOSE OF PAYMENT

AMOUNT

CHARITABLE

85,655.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

85,655.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FRATERNAL MEETINGS AND MASSACHUSETTS GRAND CHAPTER SESSIONS AND OTHER
VARIOUS CHARITABLE FUNCTIONS.