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Form. 990

Return of Organization Exempt From Income Tax

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

APR 01, 2009, and ending

2009

MAR 31,2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For the 2009 calendar year, or tax year beginning

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

Open to Public Inspection

Check if В C Name of organization, number and street, city, town, state, and ZIP code Please D Employer identification number applicable use IRS 06-0480605 Address change label or print or THE GRAND CHAPTER OF CONECTICUT E Telephone number Name change type ORDER OF THE EASTERN STAR INC Initial return See 860-283-8740 Specific G Gross receipts PO BOX 143 203202. Terminated \$ Instruc-Amended return tions. PLYMOUTH CT 06782-H(a) Is this a group return Application Name and address of principal officer. LYNN S Yes 🛛 No WAKEFIELD for affiliates? pendina 3313 AVALON DR EAST HADDAM CT 06423-Are all affiliates included? If "No", attach a list. 501(c)(10) **◄** (insert no) | 4947(a)(1) or | Yes 🛛 No Tax-exempt status (see instructions) WWW.CTOES.COM Group exemption number X Corporation Trust K Form of organization Association Year of formation M State of legal domicile Part | Summary Briefly describe the organization's mission or most significant activities BENEVOLENT FOUNDATION THE ORGANIZATION IS A CHARITABLE, Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 21 Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) 3 Total number of volunteers (estimate if necessary) . . Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 76159 89819. Contributions and grants (Part VIII, line 1h) Revenue 14732.12528 Program service revenue (Part VIII, line 2g) -246144. 33730. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6655 133676. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 271957. -150802 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 23564. 54585. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 24223 23361. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, (Part IX; column (D), line 25) ▶ 69666. 80672. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12 117453. 158618. 113339.-268255. Beginning of Year End of Year 660276. 20 Total assets (Part X, line 16) 7 546937 21 Total liabilities (Part X, line 26) -ž š 660276. 546937. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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 6/14/10 Mikelula Sign Here LYNN S WAKEFIELD PRESIDENT Type or print name and title Preparer's identifying number Check if Date Preparer's (see instructions) self-employed ▶ Paid signature 05/21/2010 P00283377 Preparer's PIERZEY, CPA 06-1278928 Firms name (or your if self-employed) W EIN Use Only HOPMEA 573 SIMSBURY 06070-Phone no.▶ Yes May the IRS discuss this return with the preparer shown above? (See instructions)

Form 990 (2009)

If Yes, 'describe these new services on Schedule O Order program services (Describe in Schedule O) Order program services (D	Form	990 (2009) 1	THE GRAND CHAPTE	R OF CONECTICUT	06-048	30605 Page	2
THE ORGANIZATION IS A CHARITABLE, BENEVOLENT FOUNDATION Did the organization undertake any significant program services during the year which were not tisted on the prior Form 990 or 990-EZ? Yes if 'Yes,' describe these new survices on Schedule O Yes if 'Yes,' describe these new survices on Schedule O	Par	t III State	ment of Program Service	Accomplishments			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form \$90 or \$90-E2? If "Yes," describe these new services on Schedule 0 Did the organization cease conducting, or make significant changes in how it conducts any program services? If "Yes," describe these changes on Schedule 0 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section \$01c(3) and \$01c(4) organizations and section \$497(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code) (Expenses \$ including grants of \$) (Revenue \$ CONTRIBUTIONS TO CHARITY 4b (Code) (Expenses \$ including grants of \$) (Revenue \$ SCHOLARSHIPS TO INDIVIDUALS 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ FINANCIAL ASSISTANCE TO INDIVIDUALS 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)	1						
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Form						Form 990 (200)9)

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 1		Χ
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 similar funds or 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		X
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		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III .	8		X_
9	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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1 1		
	If "Yes," complete Schedule D, Part V	10		X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		<u> X</u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			!
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	•		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		,	5
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	· · -		
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII		•	-
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	•		
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	-,		,
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		,	
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete	· 		7/
	Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No	-		•
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ا مُنا	-	÷
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
	business, and program service activities outside the United States? 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	1 45 1		Х
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		Х
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	'0		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
	If "Yes," complete Schedule G, Part III	20	 -	$\frac{\lambda}{X}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		rm 990	(2009)

Form **990** (2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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			•
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	. ~	-	-
С	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 3			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-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		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country		, ,	3
	See the instructions for exceptions and filing requirements for Form 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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	} }	1	
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	i	
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		į	
	gifts were not tax deductible?	6ь	l	
7	Organizations that may receive deductible contributions under section 170(c).			- 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		_ X
	If "Yes," indicate the number of Forms 8282 filed during the year		Ę.	- 1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	, ,	<u>-</u> j	
	benefit contract?	7e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	اا	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-	-	!
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	ت. ایرا	i	
	have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1	1	-
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ا۔ ۔	_
10	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u>.</u>		, ,
11	1			~
a	Gross income from members or shareholders	•		
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	140-1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	E	rm gan	(2009)
			550	(=555)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	d for a	'No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	ctions.		
Secti	on A Governing Body and Management		Yes	No
			-	_
	Enter the number of voting members of the governing body	1 1		
b	Enter the number of voting members that are independent	=,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	; 		· · ·
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	-	X
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			١
	of the governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			•
	the year by the following?			r
	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	'		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	X	
	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	. 14		X
15	Did the process for determining compensation of the following persons include a review and approval by		, ·	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	:		سا شم
а	The organization's CEO, Executive Director, or top management official?	15a		Х
b	Other officers or key employees of the organization?	15b		Х
	Describe the process in Schedule O (see instructions)	,		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		· ,	
	with a taxable entity during the year?	16a		X
b	If "Yes." has the organization adopted a written policy or procedure requiring the organization to evaluate	•		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		,	
	the organization's exempt status with respect to such arrangements?	16b		l
Secti	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ▶ N O N E			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
-	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
13	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization ►ANNE-MARIE ARN 34 COUNTRY WINDSOR CT 06095-860-683	3-26	29	
	Organization Pinter Printer Title St. Courter Court Court Courter Cour			
		orm 9	90	(2009

US990**\$\$**6

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- 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) of 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.

(A) Name and Title	(B) Average			(C)			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	-		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARILYN C MATO	٠,,			ļ .		ŀ		11000		0
SECRETARY	30	Х		X_	<u> </u>		┝	11000.	0	0
ANN-MARIE ARNO TREASURER	12			X	ĺ	}	l	4000.	0	0
LYNN S WAKEFIE	12	X		<u>^</u>	-		 	4000.	<u> </u>	
PRESIDENT	- ₁₂	x	İ					О	o	0
FRANCIS C LAPL	12	 ^- -			-	_			<u> </u>	
VICE PRESIDENT	12	х	{	l	l	l		О	0	0
JEAN ANNA PUDL	1-12		 	├-	-			<u> </u>		
DIRECTOR	12	1		x				О	0	0
F ROBERT BRUSC	+	 		-	╁	 	-		<u>-</u>	
DIRECTOR	12			x	1	ł	İ	o	0	O
LINDA RUFF	+			f			-	 	<u> </u>	
DIRECTOR	12	Ì		x		1		o	0	0
FRANCINE BAILE		1								
DIRECTOR	8	İ	ĺ	Х	İ	ļ	ĺ	0	0	0
HERBERT GROMME	1									
DIRECTOR	8	1	ĺ	X	ſ	ĺ _	(0	0	0
MELANIE WARNER										
DIRECTOR	8		<u> </u>	X_	<u> </u>		L.	0	0	0
GERALD THOMPSO							1			
DIRECTOR	8	<u> </u>		X	<u> </u>	<u> </u>	<u> </u>	0	0	0
JOYCE ARMONOTH	_							_		_
DIRECTOR	8	<u> </u>	<u> </u>	X	╙	<u> </u>	<u> </u>	0	0	0
PAUL RICE				Ì		ļ				_
DIRECTOR	8	<u> </u>		X_	<u> </u>	<u> </u>		0	0	0
GAIL EVERTS	_		ì			ì		_		
DIRECTOR	8			X	ـــ	↓		00	0	0
GARY ADAMS)							
DIRECTOR	8	ļ	Ļ _	X		 	\vdash	0	0	00
ELLEN_HENDRICK	-									0
WGM	8	ل	<u> </u>	×	<u></u>	<u> </u>	Ь.	0	0	Form 990 (2009)

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Part VII Section A. Officers, Directors,		Key E	mploy			High	est (1	·	I · <u>-</u> .
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			T	all t			Reportable	Reportable	Estimated
	hours per	Individual trustee or director	Institutional trustee	Officer	<u>&</u>	Highest compensated employee	Former	compensation	compensation	amount of
	week	lire	itut	Cer	Key employee	Beg.	me	from	from related	other
		et al	on.		뤛	ee c		the	organizations	compensation
		1	al tr		ye	Į		organization	(W-2/1099-MISC)	from the
		stee	ust		(0)	ě		(W-2/1099-MISC)		organization
			e			l at				and related
	ļ			<u> </u>		ä	<u> </u>			organizations
CARL LARSON				1						
WGP	8			X			_	00	0	0
THELMA HAMMERM	_[
AGM	8			X				0	0	_ 0
MILLARD ROLSTO										
AGP	8			X			<u> </u>	0	0	0
JANET BERRY										-
CONDUCTRESS	8			X				l o	0	0
DEBORAH BOYCHU										= :
CONDUCTRESS	1 8			X				0	0	0
	1					·				<u> </u>
	1			l			ŀ			
	 	 		-	-					<u> </u>
	4									
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	4									
	<u> </u>			<u> </u>	L	ļ	<u> </u>			
- ,					_					
				ł						
	7			1						
Ib Total			• • • • • • • • • • • • • • • • • • • •		<u> </u>			15000.	0	0
2 Total number of individuals (including but				_	ove) who		·	L	
from the organization	not in mod	.000	0	u uu		,	-	1100 111010 111011 \$ 100	,ooo iii Toportabio oo	mperioadori
nom the organization P										Van Na
Did the executed but anyther a efficient	d ata - a		a kau				hiah	ant components d		Yes No
B Did the organization list anyformer officer						ee, Oi 1	lign	esi compensated		
employee on line 1a? If "Yes," complete S									• • • • • • • • • • • • • • • • • • • •	3 X
For any individual listed on line 1a, is the										
the organization and related organizations	greater tha	an \$15	0,000	? If "	Yes,	," com	plete	Schedule J for such	1	L
ındıvıdual					••		••			4 X
5 Did any person listed on line 1a receive or	accrue co	mpens	ation t	rom	any	unrela	ated	organization for		
services rendered to the organization? If "	Yes," comp	lete So	chedu	le J 1	for s	uch pe	ersoi	n		. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest of	ompensate	d inde	ende	nt co	ontra	ctors	hat	received more than \$	100,000 of	
compensation from the organization.	•	·								
(A)								(B)		(C)
Name and busine	ss address							Description of s	services	Compensation
Hame and busine							\vdash			20po000001
							-			
							-			
										
							<u> </u>			
2 Total number of independent contractors	(including b	ut not	limited	d to t	thos	e liste	d ab	ove) who received m	ore than	
\$100,000 in compensation from the organ	uzation ▶						_			
BCA Converbit form software only 2009 Universal Tax 5		li nahts n	eserved			U	59905	\$8 Rev 1		Form 990 (2009

BCA

Form	990 (2009) THE GRAND CHAPTER OF COM	NECTICUT		06-0480	605 Page 9
Part	VIII	Statement of Revenue		(5)	(0)	(5)
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants amounts	1a b c	Federated campaigns 1a Membership dues 1b 47145. Fundraising events 1c	-			
Contributions, gifts, grants and other similar amounts	d e f	Related organizations Government grants (contributions) All other contributions gifts, grants, and similar amounts not included above 1d 1e 42674.		-	÷ , ;	· ', '
	g h_	not included above	89819.	- ,		
une		Business Code	105561			,
Program Service Revenue	2a _ b _ c	ANNUAL SESSION INCOM RITUALS & PROCEEDING	12556. 2176.	12556. 2176.		
ım Servi	d _ e _					
Progra	f g	All other program service revenue Total. Add lines 2a-2f	14732.			
	3	Investment income (including dividends, interest, and other similar amounts) ► Income from investment of tax-exempt bond proceeds	14482.	14482.		
	5	Royalties				
	6a b	Gross Rents Less rental expenses Rental income or (loss)				
	d 7a	Net rental income or (loss) Gross amount from (i) Securities (ii) Other			**	<u></u>
	b	sales of assets other than inventory Less cost or other basis and sales	- ' 	-		region de la companya
	c	expenses 55409. Gain or (loss) 19248. Net gain or (loss)	19248.		· · · · · · · · · · · · · · · · · · ·	. .
en	8a	Gross income from fundraising events (not including \$	· -	·		·
Other Revenue	ь	of contributions reported on line 1c) See Part IV, line 18 Less direct expenses . b				- · · · · · · · · · · · · · · · · · · ·
Ö	9a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 a			<u> </u>	
	b	Less direct expenses b Net income or (loss) from gaming activities ▶	<u> </u>	· ·	<u> </u>	
	10a	Gross sales of inventory, less returns and allowances a Less. cost of goods sold b	_		•	
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		•		
	11a		9512.	9512.	,	
	b	UNREALIZED GAIN SECU	124164.	124164.		
	d	All other revenue				
	e 12	Total Add lines 11a-11d Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	133676.			
		9c, 10c, and 11e	271957.	162890.	<u> </u>	Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must complete c			columns (B), (C) and (I	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		-	·	
	organizations in the U.S. See Part IV, line 21	40784.	40784		
2	Grants and other assistance to individuals in				*. * .
	the U.S. See Part IV, line 22	13801.	13801.		- ,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				그 그
4	Benefits paid to or for members			y a na na na na na na na na na na na na n	
5	Compensation of current officers, directors,			<u> </u>	
	trustees, and key employees	11467.	11467.		
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 salanes and wages	5374.	5374.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6520.	6520.		
11	Fees for services (non-employees)				
' ' a	Management				
b	Legal				
c	Accounting .	2950.	2950.		
d	Lobbying		2 3 3 0 .		
	· ·				
e	Professional fundraising services See Part IV line 17	8779.	8779.		
f	Investment management fees .	- 0775.	0113.		
g 10	Other				
12	Advertising and promotion	19773.	19773.		
13	Office expenses	19773.	19113.		
14	Information technology				
15	Royalties	6600.	6600.		
16	Occupancy	165.	165.		
17	Travel .	165.	103.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	02026	02026		
19	Conferences, conventions, and meetings	23836.	23836.		
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	10003	10000		
23	Insurance	10883.	10883.		
24	Other expenses Itemize expenses not		-	~ ~~	
	covered above (Expenses grouped together				27
	and labeled miscellaneous may not exceed	53		* *	• • • • •
	5% of total expenses shown on line 25 below.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
а	ANNUAL RTNS & INTL H	4090.	4090.		
b	WGP VISITS & EZPENSE	2500.	2500.		
С	MISC	1096.	1096.		
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	158618.	158618.		
26	Joint Costs Check here ▶ If following				
	SOP 98-2 Complete this line only if the org	[
	reported in column (B) joint costs from a combined	į			
	educational campaign and fundraising solicitation				

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Par	t X	Balance Sheet				
				(A)		(B)
	,			Beginning of year		End of year
	1	Cash - non-interest-bearing		1558.	1	10448.
	2	Savings and temporary cash investments .		177962.	2	134792.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		~	4	,
	5	Receivables from current and former officers, dir	ectors, trustees, key	- 1 t		*
	1	employees, and highest compensated employee	s Complete Part II of Sch L		5	
	6	Receivables from other disqualified persons (as	defined under section	•	٠.	
		4958(f)(1)) and persons described in section 495	8(c)(3)(B) Complete			
		Part II of Schedule L .			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	[8	
Ä	9	Prepaid expenses and deferred charges .			9	
	10a	Land, buildings, and equipment cost or other		-		•
		basis Complete Part VI of Schedule D	10a			÷
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities .		367417.	11	515036.
	12	Investments - other securities. See Part IV, line 1	1		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 equa	l line 34)	546937.	16	660276.
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable	[18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
w	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
ii.	22	Payables to current and former officers, directors	, trustees, key			
Liabilities	1	employees, highest compensated employees, ar	d disqualified			e di la la la la la la la la la la la la la
Ë	ŀ	persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties [23	
	24	Unsecured notes and loans payable to unrelated	third parties[24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities Add lines 17 through 25	· · · · <u>· · · · · · · · · · · · · · · </u>		26	
		Organizations that follow SFAS 117, check her	e ▶ X and			
ιn.		complete lines 27 through 29, and lines 33 and	34.			
ĕ	27	Unrestricted net assets		546937.	27	660276.
alar	28	Temporarily restricted net assets	(28	
Net Assets or Fund Balances	29	Permanently restricted net assets	<u>.</u> (29	
Ě		Organizations that do not follow SFAS 117, ch	eck here 🕨 📙			
or F		and complete lines 30 through 34.			,	
ıts (30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
Ä	32	Retained earnings, endowment, accumulated in	,		32	
Š	33	Total net assets or fund balances		546937.	33	660276.
	34	Total liabilities and net assets/fund balances		546937.	34	660276.
						Form 990 (2000

Form 990 (2009)

Form 990 (2009)

3a

3b

Χ

3a

b

the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits?

ns ns ns OMB No. 1545-0047 Schedule I (Form 990) 2009 (h) Purpose of grant Open to Public Inspection Employer identification number X or assistance 2009 GENERAL GENERAL GENERAL ∏ Yes 06-0480605 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 non-cash assistance **A**: (g) Description of 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 (f) Method of valuation (book, FMV, appraisal, ► Complete if the organization answered ``Yes," of Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (d) Amount of cash (e) Amount of non-cash assistance than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 6,683 12,779 12,000 grant For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations of applicable General Information on Grants and Assistance (c) IRC section THE GRAND CHAPTER OF CONECTICUT (b) EIN used to award the grants or assistance? ... Enter total number of other organizations AMERICAN HEART ASS AMERICAN CANCER SO EASTERN STAR CHARI MAS 06492- CT organization or government BROO 06492- CT 538 PR 06451- CT 1 (a) Name and address of Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part ഗ

ŝ

Part III

orn 990) 2009 THE GRAND CHAPTER OF CONECTICUT 06-0480605

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. Schedule I (Form 990) 2009

Page 2

(a) Type of grant or assistance	(b) Number of	(c) Amount of cash	(d) Amount of	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	grant	non-cash assistance	(book, FMV, appraisal, other)	
SCHOLARSHIPS	19	4,700.			
MILITARY FAMILY ASSISTANCE	-	601.	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
SCHOLARSHIPS	4	7,000.			
UTILITY ASSISTANCE	-	1,500.			
Part IV Supplemental Information. Complete this part i		the information red	uired in Part I. line	2. and any other ad	o provide the information required in Part I. line 2. and any other additional information.

Schedule I (Form 990) 2009

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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No. 1545-0047 2009

Open to Public

Attach to Form 550.	moposition
lame of the organization THE GRAND CHAPTER OF CONECTICUT	Employer identification number 06-0480605
FORM 990, PART III, LINE 4D- OTHER PROGRAM SERVICES	
NONE	
FORM 990, PART VI, LINE 10B-POLICIES AND PROCEDURES GOVE	RNING CHAPTERS
ALL AFFILIATES FOLLOW SIMILAR WRITTEN POLICIES AND PROCE	DURES.
FORM 990, PART VI, LINE 11 - ORGANIZATION'S PROCESS USE	D TO REVIEW
FORM 990.	
FORM 990 IS REVIEWED BY THE TREASURER BEFORE IT IS FILED	
FORM 990, PART VI, LINE 10 - GOVERNING DOCUMENTS	
TORN 990, PART VI, BINE 10 GOVERNING BOCOMENTS	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO MEMBERS UPON F	REQUEST.