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OLUZ DI HIOLETANIMINE

Department of the Treasury

# 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)

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2009 cal	lendar year, or tax year beginning $APR \ 1$ , $2009$ and ending $R$	MAR 31, 2010	
B c	heck if	Please	C Name of organization	D Employer identifi	cation number
ap	oplicable	use IRS	ORDER OF THE EASTERN STAR		
	Address change	s label or print or	OF NEBRASKA GRAND CHAPTER		
	Name change	type	Doing Business As	47-0	260710
	Initial	See	Number and street (or P 0 box if mail is not delivered to street address) Room/suite	E Telephone numbe	r
	Termin- ated	Specific Instruc-	P. O. BOX 156	(402	) 727-8644
	Amende		City or town, state or country, and ZIP + 4	G Gross receipts \$	579,743.
	Applica	1	FREMONT, NE 68025	H(a) Is this a group re	eturn
	pending	F Nan	ne and address of principal officer:CATHY WAGNER	for affiliates?	Yes X No
		SAM	E AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
ΙŢ	ax-exe	mpt statu	us: X 501(c) ( 8	If "No," attach a	list. (see instructions)
			TP://NEOES.ORG	H(c) Group exemptio	n number 🕨
K F	orm of c	organizatio	on X Corporation	of formation 1875	A State of legal domicile NE
	rt I	Summ	ary		
	1	Inefly de	eribeith organization's mission or most significant activities: THE ORGAN	IZATION IS A	CENTRALLY
Ĕ	Ĭ ***	LOCAU	EDUCETOR FOR ALL THE CHAPTERS OF ORDER (	OF EASTERN S	TAR LOCATED
Ĕ			s box 🕨 🔲 the organization discontinued its operations or disposed of mor	e than 25% of its net as	sets.
<u>ŏ</u>	12/1	vumber o	ւշvotլոց-րթիլեսթյուն the governing body (Part VI, line 1a)	3	5
8	KA	AnHippy o	findependent voting members of the governing body (Part VI, line 1b)	4	5
es	₽ Ţ		toer of employees (Part V, line 2a)	5	3
Σį	ėį T	Foten Gri	bacor volunteere (estimate if necessary)	6	0
Activities & Governance		_	s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	<u>b 1</u>	Net unrela	ated business taxable income from-Form 990-T, line 34	7b	<68,141.>
				Prior Year	Current Year
9			ions and grants (Part VIII, line 1h)	17 625	16.704
Revenue			service revenue (Part VIII, line 2g)	17,635.	16,724.
Be			nt income (Part VIII, courte A.) Indee 164, and Id)	365,383.	192,573.
			enue (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,001.	367,350.
-			nue - add/lines 8 through 11 (must equal Part VIII, column (A), line 12)	678,019.	576,647.
			d similar amounts paid (Part 1), goluith (A), lings 1.3)	317,563.	355,286.
Ì			paid to or for members (Part IX, column (A), line 4)	EQ 047	70 200
Expenses			other compensation, employee tehefits (Part IX, column (A), lines 5-10)	58,047.	78,390.
ë			nal fundraising fees (Part IX, column (A), line 16)		
Ä			draising expenses (Part IX, column (D) line 25)	301,020.	268,894.
_			penses (Part IX, column (A), lines 11a-11d, 11f-24f)	676,630.	702,570.
		•	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,389.	<125,923.>
- <u>S</u>	19 F	Revenue	less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20 -	Fatal	ets (Part X, line 16)	eginning of Current Year 7,847,028.	End of Year 7,693,240.
Bal			Intres (Part X, line 16)	7,047,020.	7,033,240.
				7,847,028.	7,693,240.
	rt II		s or fund balances. Subtract line 21 from line 20 ture Block	7701770200	7703372101
		Under pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my knowled	ge and belief, it is true, correct,
		and comple	te Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		s .L
Sign	,	$\mathbf{X}$	Cather I Jaanen	<b>№</b> 5-7	1-201D
Here	l l	Sign	nature of officer	Date	
		► CA	THY WAGNER, GRAND SECRETARY		
		_	e or print name and title		
Dala		Preparer's			er's identifying number structions)
Paid	- 1	signature		nployed   (see in:	
		Firm's name		EIN >	
Use	····,	self-employ			
		address, an ZIP + 4	OMAHA, NE 68144	Phone no ► 4	02-391-1207
May	the IP	S discus	s this return with the preparer shown above? (see instructions)		X Yes No

Form 990 (2009)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	(		
•	ORDER OF THE EASTERN STAR		
	n 990 (2009) OF NEBRASKA GRAND CHAPTER 47-026	0710	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:	D###	0.77
	THE ORGANIZATION IS A CENTRALLY LOCATED OFFICE FOR ALL THE CHA		OF
	ORDER OF EASTERN STAR LOCATED IN NEBRASKA. THE GRAND CHAPTER DUES, ASSESSMENTS, AND DONATIONS, AND ACTS AS FIDUCIARY IN INV	ESTINC	
	DUES, ASSESSMENTS, AND DONATIONS, AND ACTS AS FIDUCIARY IN INV. AND EXPENDING FUNDS AS DIRECTED BY CHAPTER REPRESENTATIVES.	ESTING	<del>.</del>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Vec	XNo
	If "Yes," describe these new services on Schedule O.		140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(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	/ (- t		)
	TO ACT AS CENTRAL OFFICE FOR ALL CHAPTERS OF ORDER OF EASTERN		
	LOCATED IN NEBRASKA, TO RECEIVE DUES & ASSESSMENTS TO ACT AS F		ARY,
	INVEST AND EXPEND FUNDS AS DIRECTED BY CHAPTER REPRESENTATIVES	•	
4b	(Code: ) (Expenses \$ 41,250 • Including grants of \$ ) (Revenue \$		)
	HAROLD T. LANDERYOU MEMORIAL FUND - TO RECEIVE AWARD FROM GENE	RAL GI	RAND
	CHAPTER, OES AND INDIVIDUAL GIFTS, TO INVEST FUNDS AND AWARD		
	SCHOLARSHIPS FOR YOUNG PEOPLE TRAINING IN RELIGIOUS LEADERSHIP		
	(ESTARL).		
4c	(Code: ) (Expenses \$ 71,500 • including grants of \$ ) (Revenue \$		<u> </u>
	NEBRASKA EASTERN STAR EDUCATION LOAN FUND - TO RECEIVE GIFTS A	ND AW	ards <sup>'</sup>
	TO BE USED IN MAKING LOANS TO PEOPLE ENTERING INSTITUTIONS OF		
	LEARNING - NOTES RECEIVABLE, TOTALING \$488,802.	-	

Other program services. (Describe in Schedule O)

79,625 • including grants of \$
se expenses ▶\$ 355,286 •

) (Revenue \$

Part IV 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_		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		.,	
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		v	
	as applicable	11	X	<del></del>
•	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.			
•	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 16? 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 16? 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 separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
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		<u>X</u>
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? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 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 Part VIII, lines	4.0		v
4.0	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		$\frac{x}{x}$
20	Did the organization operate one or more hospitals: II Tes, complete scriedule II		<b>990</b> (	
			V	/

### Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a Х Schedule K. If "No", go to line 25 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 25a 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 b Is the organization 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 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was Х an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? 34 Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х If "Yes," complete Schedule R, Part V, line 2 35 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 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 Х

Form **990** (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

Part 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	1a	<u> </u>	0					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gamıng						
	(gambling) winnings to prize winners?			1c		L			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ļ							
	filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>	_3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	L			
	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	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?								
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь	<u> </u>	<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ${\bf r}$	autho	onty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		Х			
b	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								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	ļ	<u> </u>			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders and the control of the control o	arding	Prohibited		,				
_	Tax Shelter Transaction?			5c		<del></del>			
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	ganization solicit		:	х			
	any contributions that were not tax deductible?			6a_					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
7	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aaadi	e and senuces						
a	provided to the payor?	good.	s and services	7a	ļ	х			
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	aured		1				
•	to file Form 8282?		1	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		0					
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	persor	nal						
	benefit contract?			7e		L			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f					
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'	?		7 <u>g</u>					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as re	equired?	7h	ļ				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganiz	ations. Did the						
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess b	usiness holdings						
	at any time during the year?			8					
9	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 a distribution to a donor, donor advisor, or related person?			9ь		<del></del>			
10	Section 501(c)(7) organizations. Enter:	140-	1	ľ					
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	-			ĺ			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a	1			ĺ			
	Gross income from other sources (Do not net amounts due or paid to other sources against	118							
	amounts due or received from them)	116							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12ь	1						
			-	Form	agn	2009)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a		5		
b	Enter the number of voting members that are independent	5		
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		<u>X</u>
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		х х х
5	Did the organization 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>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	1_		v
	governing body?	7a		$\frac{x}{x}$
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		v	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	No
10-	Dece the experimental have lead shorters broughed as offiliated?	10a	Yes	NO
	Does the organization have local chapters, branches, or affiliates?	IVa		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10ь	х	
11	and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Х
11A				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
•	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a	i	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, 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		<u>X</u>
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		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	ncıal	
	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 organized MRS $\cdot$ CATHY WAGNER $-$ (402) 727-8644	ation: Þ		
	HWYS 30 & 77, P.O. BOX 156, FREMONT, NE 68025			
		Form	990 (	2009)

932006 02-04-10

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

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

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

**Employees, and Independent Contractors** 

- 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's current key employees. See instructions for definition of "key employees."
- 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)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours per week		neck	Pos all 1	that	арр		Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		Individual trustee or director	Institutional trustae	Officer	Кеу ептрюуев	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
MICHAEL DONHAM TRUSTEE		X						0.	0.	0.
CONNIE HAVEKOST										
TRUSTEE		Х				ļ.,		0.	0.	0.
BETTY KIRBY		,,							0	•
TRUSTEE BETTY GARWOOD	<del>                                     </del>	Х						0.	0.	0.
TRUSTEE		X						0.	0.	0.
JAN THOMAN	<del> </del>	<u> </u>				-		<u> </u>		
TRUSTEE		Х				i		0.	0.	0.
CATHY WAGNER										-
GRAND SECRETARY	40.00			X				35,583.	0.	0.
BILLIE MATTERN										
WORTHY GRAND MATRON				ļ		$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0.
PAM BOSHART									0	0
GRAND TREASURER	-					1	-	0.	0.	0.
JERRIE WILCOX ASSOC GRAND MATRON								0.	0.	0.
JUDY WEHRBEIN	<del> </del>	-			-			· · · · · · ·	•	
ASSOC GRAND CONDUCTRESS								0.	0.	0.
BRUCE RADDATZ										
WORTHY GRAND PATRON								0.	0.	0.
CAROL HUDKINS								_	_	_
GRAND CONDUCTRESS		<u> </u>		_			_	0.	0.	0.
DENNY SMITH									0	0
ASSOCIATE GRAND PATRON	<del> </del>	<b>-</b>				┢	-	0.	0.	0.
					İ					
	<del> </del>	$\vdash$		$\vdash$		┢		<del> </del>		
										1
	· · · · · · · · · · · · · · · · · · ·							<del>                                     </del>	-	
					L	L	L			
						<u> </u>		<u> </u>		F 000 (0000)

EBRASKA	GRAND	CHAPTER	 47-026071

Pa	TVII Section A. Officers, Directors, Tru	ustees, Key Er	mple	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)	·		
	(A) Name and title	(B) Average hours	(c)		Pos		n : app	ly)	( <b>D)</b> Reportable compensation	(E) Reportable compensation		Estir	F) nated unt of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		compe from organ and r	her ensation in the lization elated zations
		-											
											_		- =
	Total						<b>&gt;</b>		35,583.		0.		0.
	Total number of individuals (including but r compensation from the organization	not limited to tr	iose	IISTE	eo ai	00V	e) wi	10 re	eceived more than \$100	,000 in reportable		1.	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated en	nployee on		3	es No X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " co	mple	ete S	Sche	edule	e J 1	for such individual			4	х
5 	Did any person listed on line 1a receive or the organization? If "Yes," complete School				irom	any	y unr	elat	ed organization for servi	ces rendered to		5	Х
1	Complete this table for your five highest contractors  the organization. NONE	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	ation fro	m
	(A) Name and business	address							(B) Description of s	ervices	C	(C) ompens	ation
				_								·	
												<u></u>	
2 	Total number of independent contractors ( \$100,000 in compensation from the organi	-	ot li	mite	d to		se li:	stec	d above) who received m	nore than		For 0'	0 (0000)
												rorm 98	<b>90</b> (2009)

932009 02-04-10

### Part IX Statement of Functional Expenses

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

Do r 7b, 8	not include amounts reported on lines 6b, 8b, 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	355,286.	355,286.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				······
•	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			elitek 'itterleren ritarra ettisele ir firk	11. 111. 1/1iiiiii/iiii
	Compensation of current officers, directors,				
	trustees, and key employees	35,583.		35,583.	
	Compensation not included above, to disqualified		_		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	34,661.		34,661.	
7	Other salaries and wages				
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	2,604.		2,604.	-
	Payroll taxes	5,542.		5,542.	
11	Fees for services (non-employees):			-	· · ·
а	Management				
ь	Legal			'	•
c	Accounting	11,450.		11,450.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				•
f	Investment management fees	3,382.		3,382.	
9	Other				
12	Advertising and promotion	3,300.		3,300.	
13	Office expenses	3,255.		3,255.	
14	Information technology				
15	Royalties				
16	Occupancy	9,706.		9,706.	
17	Travel	6,025.		6,025.	<u></u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 )				
а	GRAND CHAPTER EXPENSE	57,511.		57,511.	······································
b	GRAND OFFICERS' EXPENSE	32,000.		32,000.	
c	RESTITUTION FUND EXPEND	15,090.		15,090.	
d	FREMONT HOME	15,000.		15,000.	
e	GENERAL GRAND CHAPTER	14,543.		14,543.	
f	All other expenses	97,632.		97,632.	
25	Total functional expenses. Add lines 1 through 24f	702,570.	355,286.	347,284.	0
26	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				

				(A) Beginning of year		( <b>B</b> ) End of year
_						•
-	1	Cash · non-interest-bearing	_	286,074.	1	258,370
	2	Savings and temporary cash investments			2	<u>_</u>
	3	Pledges and grants receivable, net	ļ		3	
	4	Accounts receivable, net	ļ		4	
	5	Receivables from current and former officers, directors, trustees, ke	еу			
		employees, and highest compensated employees. Complete Part I	l j			
ı		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sect	ion			
١		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	te			
-		Part II of Schedule L		<del> </del>	6	
	7	Notes and loans receivable, net	471,246.	7	488,80	
ı	8	Inventories for sale or use		5,426.	8	4,60
	9	Prepaid expenses and deferred charges	<u></u>		9	
-	10a	Land, buildings, and equipment: cost or other				
	•	basis. Complete Part VI of Schedule D 10a	1,300.			
-	b	Less: accumulated depreciation 10b	_	1,300.	10c	1,30
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		7,008,204.	12	6,855,94
İ	13	Investments - program-related See Part IV, line 11			13	· · ·
-	14	Intangible assets			14	-
	15	Other assets. See Part IV, line 11		74,778.	15	84,21
1	16	Total assets. Add lines 1 through 15 (must equal line 34)		7,847,028.	16	84,21 7,693,24
7	17	Accounts payable and accrued expenses			17	
-	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
	22	Payables to current and former officers, directors, trustees, key em				
		highest compensated employees, and disqualified persons. Compl				
		of Schedule L	oto i dit ii		22	
	23	Secured mortgages and notes payable to unrelated third parties	-		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	0.	26	
+	20		complete	•	20	······································
			complete			
	92	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	ľ		27	
	27		<del> </del>		28	<del></del>
	28	Temporarily restricted net assets	<del></del>			<del> </del>
	29	Permanently restricted net assets	X and		29	
		,	<u>∆</u> and			
		complete lines 30 through 34.		7 947 020	00	7 602 24
	30	Capital stock or trust principal, or current funds	<del> </del>	7,847,028.	30	7,693,24
	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>		31	1
	32 33	Retained earnings, endowment, accumulated income, or other func Total net assets or fund balances	ds	0. 7,847,028.	32	7,693,24 7,693,24

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ORDER OF THE EASTERN STAR OF NEBRASKA GRAND CHAPTER

Employer identification number 47-0260710

Pa	† I Organizations Maintaining Donor Advise		s or Accounts Complete if the
Fa			3 Of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Total comband and of year	(4) 201101 2241302 101103	(b) I chas and chief accounts
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 donor advisors in		
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Pa	mpermissible private benefit?  II Conservation Easements. Complete if the organization.	panization annivered "Voc" to Form 000	
		· · · · · · · · · · · · · · · · · · ·	rant IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or p	. —	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fled conservation contribution in the form	or a conservation easement on the last
	day of the tax year.		Hold at the Fed of the Tay Year
	Table with a state of a second		Held at the End of the Tax Year
a	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	, ,	2c   2d
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	le organization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- · · · · · · · · · · · · · · · · · · ·	Yes No
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		-
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
0	In Part XIV, describe how the organization reports conservat	ion accoments in its revenue and expans	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ition's ilitaricial statements that describes	strie organization's accounting for
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes" to Form		7,000.0
1a	If the organization elected, as permitted under SFAS 116, no	of to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures
-	or other similar assets held for public exhibition, education, of		
	these items:	or research in further arises of pooling service	o, provide the following amounts relating to
	(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 art, historical tre	asures, or other similar assets for financi	
-	the following amounts required to be reported under SFAS 1		a. gain, provido
а	Revenues included in Form 990, Part VIII, line 1	. 5 . 5. 5. 6. mg to those norms.	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		• s • s
	, 555.5 molecoo in Form 500, Falt A	•	Ψ

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Part III	Organiz	zations	Mainta	ining	g Col	lection	ons of Ar	t, His
	(Form 990)						GRAND	
			ORI	ER	OF	THE	EAST	ERN

Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, c	or Oth	er Sim	ilar Asse	ts (cont	inued)	)
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following that	t are a s	significan	it use of its	collection	n Item	IS
	(check all that apply):										
а	a Public exhibition d Loan or exchange programs										
b	Scholarly research	е		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ney further t	he organizatio	on's exe	empt pur	pose in Pai	t XIV.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical trea	sures, or othe	er sımıla	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?				Yes		<u>No</u>
Pai	t W Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if org	anization ar	nswered "Yes	s" to Fo	rm 990, I	Part IV, line	9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for	contribution	s or other as	sets no	t include	d			_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing 1	table:							
									Amoun	<u> </u>	
С	c Beginning balance										
d	d Additions during the year										
е	e Distributions during the year										
f											
2a										No	
ь	If "Yes," explain the arrangement in Part XIV.										
Pa			swered	"Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	63,277.		1,891.							
b	Contributions	2,626.		1,386.		•••					
c	Net investment earnings, gains, and losses		-					***************************************		*********	
d	Grants or scholarships										
е	Other expenditures for facilities							***************************************			
-	and programs										
f	Administrative expenses			•				***************************************			
g	End of year balance	65,903.	6	3,277.	<del>,'i</del>		· · · · · · · · · · · · · · · · · · ·	<del>menner mel</del>	11111111111	<del>!,!::- :'+!</del>	******
2	Provide the estimated percentage of the year end balance held as.										
а	Board designated or quasi-endowment		%								
b	Permanent endowment ► 100.00	%									
c		<u></u>									
3a	Are there endowment funds not in the posse	<del>, ,</del>	ation the	at are held a	nd administe	red for t	the organ	nization			
	by:								ſ	Yes	No
	·						3a(i)		X		
	(ii) related organizations							3a(ii)		X	
ь	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?							3b		<u> </u>	
_	Describe in Part XIV the intended uses of the organization's endowment funds.										
Par					. Part X. line 1	10.					
L	Description of investment	(a) Cost or of			or other		Accumula	ted	(d) Bool	k valu	
	a societies of introduction	basis (investri			(other)		preciation		,_,		-
1a	Land									-	
b	Buildings	-					**********				
c	Leasehold improvements	-									
d	1 200					00.					
e	• •				-,		<del></del>			-, -	- <del></del>
	l. Add lines 1a through 1e. (Column (d) must e	gual Form 900 Port	X colur	nn (R) line 1	(O(c) )					1.3	00.
	n Add mies Ta unough Te. [Column Joj must e	quaironni 330, rait	n, colui	D, iii d	U1U/./				D (Farm	•	0000

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	GRAND CHAPTER		4/	-0200/10 Page 3
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
Financial derivatives Closely-held equity interests				
OtherVARIOUS SECURITIES (DETAIL				
AVAILABLE UPON REQUEST)	6,855,940.	COST		
Total. (Coi (b) must equal Form 990, Part X, coi (B) line 12 ) ► Part VIII Investments - Program Related. S	6,855,940.			
(a) Description of investment type	(b) Book value	-	(c) Method of valua	
<u> </u>				
		<del></del>	· · · · · · · · · · · · · · · · · · ·	
			<del></del>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX Other Assets. See Form 990, Part X, line			·	
(a)	Description			(b) Book value
	<del>.</del>	••		
				· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,	9 15.) June 25		<b>_</b>	· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability		(b) Amount	<u> </u>	······································
Federal Income taxes			1	
			]	
			]	
			1	
			4	
			1	
			1	
			1	
			]	
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 25 ) ▶		<u></u>	
O FINIAGE CALLS IN DOLANGE THE RESERVE AND A SECOND OF THE				

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

Schedule D (Form 990) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Inspection

Name of the organization ORDER OF THE EASTERN STAR OF NEBRASKA GRAND CHAPTER	THE EASTE	RN STAR CHAPTER					Employer identification number 47-0260710
Part i General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	
	Istance?	•		0			Yes X No
S Describe in Part IV the organization's procedures for monitoring the use or grant funds in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any	Governments an	d Organizations in the	se or grant runds in the United States.	omplete if the ord	anization answered "Y	es* to 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 needed	\$5,000. Check this	s box if no one recipier	nt received more th	lan \$5,000. Use Pe	irt IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) 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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASONIC HOME-DLATTSMOHTH			9 571	0			
MASONIC HOME-FREMONT				o			
PROJECTS - W.G.M.				0			
			30,729.	0			
HEART FUND			1,787.	.0			
CANCER FUND			1,712.	*0			
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	and government o	ganizations					<b>A A</b>
4	uction Act Notice	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

# ORDER OF THE EASTERN STAR

OF NEBRASKA GRAND CHAPTER

Part III

Page 2

47-0260710

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

932102 02-02-10

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

ORDER OF THE EASTERN STAR

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No 1545-0047

**Employer identification number** 

(h) Purpose of grant or assistance 47-0260710 (g) Description of non-cash assistance Part 1 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, (e) Amount of non-cash assistance Ö 。 ö ö ö ö ö ö 1,318. 750. (d) Amount of cash grant 22,425. 6,101. 79,625. 1,250 41,250 71,500 (c) IRC section if applicable OF NEBRASKA GRAND CHAPTER (P) EIN NE EASTERN STAR ED LOAN FUND (a) Name and address of organization or government HAROLD T. LANDERYOU FUND INTERNATIONAL TEMPLE M.E.S. STUDENT FUND Name of the organization OUR WORLD OF YOUTH SCHOLARSHIP FUND EYE FUND OTHER

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

Schedule I-1 (Form 990) 2009

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Part 1 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) ORDER OF THE EASTERN STAR OF NEBRASKA GRAND CHAPTER Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

OMB No 1545-0047 2009 Open to Public Inspection

(h) Purpose of grant or assistance Employer identification number 47-0260710 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö 。 ö ö ö °. (e) Amount of non-cash assistance 641. 1,135. (d) Amount of cash grant 1,650. 10,270. 869 6 27,823 (c) IRC section if applicable (P) EIN MAKE-A-WISH FOUNDATION OF NE (a) Name and address of organization or government SHRINE HOSPITAL EDUCATION ASSOC SALVATION ARMY DISASTER FUND SCOTTISH RITE

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Schedule I-1 (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.

2009
Open to Public Inspection

Name of the organization

ORDER OF THE EASTERN STAR OF NEBRASKA GRAND CHAPTER

Employer identification number 47-0260710

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN NEBRASKA. THE GRAND CHAPTER RECEIVES DUES, ASSESSMENTS, AND
DONATIONS, AND ACTS AS FIDUCIARY IN INVESTING AND EXPENDING FUNDS AS
DIRECTED BY CHAPTER REPRESENTATIVES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MASONIC EASTERN STAR STUDENT FUND - TO RECEIVE GIFTS AND AWARDS AND TO
MAKE GRANTS FOR TUITION AND LIVING EXPENSE FOR RECOMMENDED YOUNG
PEOPLE.
EXPENSES \$ 79625. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO MAILING FORM 990 TO THE
IRS, THE GRAND SECRETARY REVIEWS THE RETURN AND SIGNS IT.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES FORM 990
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE INSPECTION WOULD BE
COORDINATED BY THE GRAND SECRETARY.
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.