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990 Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury

Open to Public

Internal I	Reveni	ie Service	 The organization may have to us 	e a copy of this return to sa	atisfy state reporting	ng requirements	Inspection
A Fo	r the	2009 calendar year, o	or tax year beginning	04-01	, 2009, and endi	ng 03	3-31 ,20 10
B Ch	eck if a	pplicable Please	C Name of organization GRAND CHA		ORDER OF		D Employer identification no.
Add	dress c	hange use IRS	Doing Business As % GRANVII	LE L BUSEY			62-0216709
Na	me cha	nge printor	Number and street (or P O box if mail i	s not delivered to street address)		Room/suite	E Telephone number
☐ Init	al retu	n type.	2705 DRIFTWOOD DRIVE				(615) 384-5390
Ter	minate	d Specific Instruc-	City or town, state or country, and ZIP	• 4			G Gross receipts
\equiv	ended	tions.	SPRINGFIELD, TN 37172				s 192,225
\equiv			ne and address of principal officer JEAN			<u> </u>	
			7 HYNDSVER ROAD, MARTIN			H(a) Is this a group re affiliates?	tum for Yes X No
I Ta:	r-exem		(□) ◀ (insert no) 4947(a)(1)			1	
		▶ N/A	1 - / (If "No," attach a l	nctuded? Yes No list (see instructions) 19
		ganization Corporate	on Trust Association Other	DOMERNIZATIONS V	ear of formation 196		
Part		Summary	A Carlo	- 0,0,1 - 1 - 1,0,1 - 1,0	our or rottmation	I W Clare of log	ar don none
(1.41)			organization's mission or most signif	icant activities DOM	ESTIC FRATER	NAL SOCIETY	
	•	,	.gaaor ooo.or oroo. o.g				<u> </u>
A C G				<u></u>			
t o							
l v V e	2	Check this hov	if the organization discontinued its	operations or disposed of	more than 25% of	ite net accete	
i r	3		embers of the governing body (Part)	· ·			- 0
t n i a	4		ent voting members of the governin				0
e n s c	=		loyees (Part V, line 2a)				2
e			nteers (estimate if necessary) • • •				
&							<u> </u>
			business revenue from Part VIII, o				
		ivet unrelated busine	ss taxable income from Form 990-1	, line 34	• • • • • • • •		<u> </u>
R		0-11-1-1	- 1 - (B - 4) (W 1 - 41)			Prior Year	Current Year
e	8		ants (Part VIII, line 1h)			132,85	
ě	9	Program service reve	enue (Part VIII, line 2g) · · · · ·	-: REUL	IVED:	78,61	
n u	10	mvesument income (i	Part VIII, Column (A), lines 3, 4, and	70) ·] · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	29,50	6 21,402
е	11	Other revenue (Part	VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11d)	6 3010 · Q		0
	12	Total revenue - add I	ines 8 through 11 (must equal Part	VIII, column (A), line 12)	10. Srin 105	240,97	7 192,225
-			mounts paid (Part IX, column (A), lir				0
E	14		r members (Part IX, column (A), line	1 1 1 1 1 1 1 1 1	17 . O.	<u>.) </u>	0
X D	15		ensation, employee benefits (Part I	=: :		12,45	6 24,148
ē			sing fees (Part IX, column (A), line 1	·	• • • • • • •		0
n s			enses (Part IX, column (D), line 25)		0		
e s			t IX, column (A), lines 11a-11d, 11f-		• • • • • • •	189,16	
			l lines 13-17 (must equal Part IX, co		• • • • • • •	201,61	
	19	Revenue less expen	ses Subtract line 18 from line 12		• • • • • •	39,35	9 23,178
Net Accets					Ве	ginning of Current Year	End of Year
Assets or	20	Total assets (Part X,	•		• • • • • •	1,147,52	
Fund Bal-	21	Total liabilities (Part	•	• • • • • • • • • • • • • • • • • • • •	• • • • • •		16,625
ances	22	Net assets or fund ba	alances Subtract line 21 from line	20 • • • • • • • • •	• • • • • • •	1,147,52	2 1,154,075
<u> </u>	<u>: 11 </u>	Signature Blo					
<mark>₽ Pari</mark> Pari		Under penalties of perjul	ry, I declare that I have examined this return, i ect, and complete. Declaration of preparer (of	ncluding accompanying schedules her than officer) is based on all info	and statements, and to	o the best of my knowled	ge
<i>≥</i> 20		1	$\mathcal{L}_{\mathcal{L}}$				Aug 0 2-10
Sign		want.	Mo J. Busy			<u> </u>	My. 9,2010
Here بے		Signature of officer	-			D	ate/
SE		GRANVILLE	BUSEY, GRAND TREA				
		Type or print name	and title				
Paid Prepa		Preparer's	$\langle 1 \rangle$	Date	Check if	(lentifying number
		signature	\mathcal{L}	/	setf- employed	see instruct	ions)
Prena	rer's		Musley 1	34 07-28-2		100	134146
Use O	nlv	Firm's name (or yours	Shirley C Cole, CPA		E	in	1211211
m	,	if self-employed),	3530 Central Pike, S	STE 106		62)	1411511
_		address, and ZIP + 4	Hermitage, TN 37076		F	Phone no ► 615-86	8-0015
May th	ne IRS	discuss this return w	with the preparer shown above? (see	e instructions) · · · · ·			· · · · Yes X No

Form	990 (2009) GRAND CHAPTER OF TENNESSEE ORDER OF	62-0216709	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	DOMESTIC FRATERNAL SOCIETY		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·	· · · · · ☐ Yes	X No
	If "Yes," describe these new services on Schedule O.		
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 grant		
	allocations to others, the total expenses, and revenue, if any, for each program service reported	3 and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 68,862 including grants of \$) (Revenue	¢ 5	7,003)
40	DOMESTIC FRATERNAL SOCIETY: DESIGNATED CONTRIBUTIONS \$38,104.33 CHRISTIAN SCHOOL		1,005
	\$6500.00	LIAKSHIF	
	YOUTH SCHOLARSHIP \$21,180.00, EASTERN STAR MAINTENANCE \$2,977.77		
	YOUTH SCHOLARSHIP \$21,180.00, EASTERN STAR MAINTENANCE \$2,977.77		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
		·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 68,862		
			000 (0000)

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 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," Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X_{-} 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," X 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 X 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 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 487 If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 Х 12A Was the organization included in consolidated, independent audited financial statements for the tax year? 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 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 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20

Pa	Checklist of Required Schedules (continued)	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in'the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_ X
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 Schedule K If "No," go to line 25	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	[
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			!
	Parti	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١		
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			!
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	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	38	X	

ra	I V Statements Regarding Other IRS Fillings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
	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 1b 0		Į	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a				<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a				
	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		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			
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		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	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			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ļ
	benefit contract? · · · · · · · · · · · · · · · · · · ·	7e		Х
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		ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required? · · · · · · · · · · · · · · · · · · ·	7h	ļ	
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, have excess business holdings at any time during the year?		 	
_	organization, have exceed seeming at any time daming the year.	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		-
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b 40		90	ļ	-
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · 10a	1		
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
ь 11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	 		
IJ	amounts due or received from them) • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · 12b		 	
~		L	1	

Part VI

62-0216709 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	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			1
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?	_		
	Lany cancer, amount, amount, and can project	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		17
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Old the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3 4		<u>X</u>
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5	· · · · · · · · · · · · · · · · · · ·	6		X
6 70	Does the organization have members or stockholders?	-		<u>X</u>
7a	of the governing body? • • • • • • • • • • • • • • • • • • •	7a		v
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_ <u>X</u> _
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0	the year by the following	į		
•	The governing body? • • • • • • • • • • • • • • • • • • •	8a	Х	
a 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		Λ.	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·	9		Х
800	tion B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	10a	X	
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	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
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		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		X
þ	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		40		
_	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	46h		
_	the organization's exempt status with respect to such arrangements?	16b	L	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		_	
18	available 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			
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 ▶ GRANVILLE BUSEY (615) 384-5390			
	2705 DRIFTWOOD DRIVE SPRINGFIELD, TN 37172			
	•			

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

Section A.

Parit VIII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 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

Check this box if the organization did not compensate a	any current o	fficer,	dire	ctor,	or t	rustee				
(A)	(A) (B) (C)					(D)	(E)	(F)		
Name and Title	Average hours per week	Positi t d n r i d u r i s e v t c i e t d e o u r a o i r	nruststeet ut on al	O f r c e r	K	at apply) H c e m o mp o p p o s s s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JEAN VINCENT										
GRAND SEC	168.00	<u> </u>		X	<u> </u>		_	12,000	0	0
GRANVILLE BUSEY				l				2 600		
GRAND TREA				X				3,600	0	0

, Nar	ne and Title	Average hours per week	Positi		_		at apply))]	Reportable	Reportable	Estimated
			ndisteor videor	nr su ts tte	l f	Key employee	H - gheensated	L M	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
									-		
					_						
				ļ							
								_			
b Total · · · · · ·			•••	• •	• •	• •	• • •	▶	15,600	0	0
	iduals (including but not limited tion from the organization	to those listed	above	e) w	ho r	ecer	ved m	ore t	han \$100,000 in	0	
	ist any former officer, director of	r tructoo kov	omplo	V00	or h	va b	net cor	nner	ested		Yes No
-	If "Yes," complete Schedule J f	-		-		_					3 X
	ed on line 1a, is the sum of repo										
	related organizations greater tha										
											4 X
• •	on line 1a receive or accrue coi the organization? If "Yes," comp			-			_				5 X
Section B. Independent		nete ochedate	3 0 101	300	ii pe	13011					
Complete this table for	or your five highest compensate	d independen	t contr	racto	ors tl	nat r	eceive	d mo	ore than \$100,000	of	
compensation from the									1		
	(A)	•							(B)		(C)
	Name and business addres	<u>. </u>							Description of s	el vices	Compensation
											
									1	1	

Part \	/III	Statement of Revenue					
		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a			100011110		9,2,0,0,0,0,0
	b	Membership dues · · · · · · · · 1b	69,822				
Contn-	C	Fundraising events 1c	6,720				
butions, gifts,	d	Related organizations · · · · · · · 1d	0,120				
grants	e	Government grants (contributions) - · 1e	44,092				·
and		• • •	44,032				
other similar	T	All other contributions, gifts, grants, and similar amounts not included above					
amounts	g	Noncash contributions included in lines 1a-1f \$	<u>l</u>				1
	h	Total. Add lines 1a-1f		120,634			,
•		Tour. Add lifes 1a-11	Business Code	120,034			
	2a	Christian Scholarship	900099				
		Youth Scholarship	900099	11,219	11,219		
Program		O.E.S. Maintenance	900099	1,566	1,566		-
Service Revenue		Designated Contribution	900099	37,404	37,404		
NCTO RE	e	20019	300033				
	-	All other program service revenue · · · · · ·					-
		Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·		50,189]
	Ť			51,551			
	3	Investment income (including dividends, interest other similar amounts)	, anu	21,402	21,402		
	4	Income from investment of tax-exempt bond pro-		•	•		
	•	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents · · · · · ·	(II) Fersonal				
	l	Less rental expenses · · · ·					İ
	l	Rental income or (loss) · · ·					
	l	Net rental income or (loss) · · · · · · · ·					
		·	(II) Other				
	/a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	۱ ,	Less cost or other basis					
	"	and sales expenses · · · ·					
0	c	Gain or (loss)					
h		Net gain or (loss) · · · · · · · · · · · · · · · · · ·	• • • • • • •				
e		Gross income from fundraising					
r		events (not including \$ 6,720					
R		of contributions reported on line 1c)					
e v		See Part IV, line 18 · · · · · · · a					
e	b	Less direct expenses · · · · · · b					
n u	ı	Net income or (loss) from fundraising events	•••••	-			
e	l	Gross income from gaming activities				 	
		See Part IV, line 19 · · · · · · · a					}
	Ь	Less direct expenses · · · · · · b					
	I	Net income or (loss) from gaming activities • •					
	1	Gross sales of inventory, less					
		returns and allowances · · · · · · · a					
	b	Less cost of goods sold $\cdot \cdot \cdot \cdot \cdot \cdot b$					
		Net income or (loss) from sales of inventory • •	• • • • • • • •				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d · · · · · · · · ·	• • • • • • •				
	12	Total revenue. See instructions		192,225	71,591		0

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Part IX

Statement of Functional Expenses
. Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column		•		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				•
_	organizations in the U.S. See Part IV, line 21				
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 • • • • • • • • • • • • • • • • • • •				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees · · · · · · · · · ·	15,600		15,600	
6	Compensation not included above, to disqualified	13,000		13,000	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages · · · · · · · · · · · · · · · · · · ·				
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions) • • • • •				
9	Other employee benefits · · · · · · · · · · · · · · · · · · ·	7,100		7,100	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	1,448		1,448	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting	1,700		1,700	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g	Other				
12	Advertising and promotion				
13	Office expenses · · · · · · · · · · · · · · · · · ·	1,800		1,800	
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · [
17	Travel · · · · · · · · · · · · · · · · · · ·				
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				1
_	5% of total expenses shown on line 25 below) SCHEDULE	70 527		72 527	<u></u>
a	DESIGNATED CONTRIBUTIONS	72,537	38,104	72,537	
D	DESIGNATED CONTRIBUTIONS OES MAINTENANCE	38,104 2,978	2,978		
C H	YOUTH SCHOLARSHIPS	21,280	21,280		
a	CHRISTIAN SCHOLARSHIPS	6,500	6,500		
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	169,047	68,862	100,185	
26	Joint Costs. Check here If following		33,002		
	SOP 98-2 Complete this line only if the		•		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
_	randrationing definition of the state of the		•		Form 990 (2009)

Parit	X	Balance Sheet		,	
			(A)		(B)
			Beginning of year		End of year
	`1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	105,070	1	113,539
1	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	1,042,452	2	1,057,161
1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	,
l	6	Receivables from other disqualified persons (as defined under section			
A		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
ŝ		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
s	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use		8	
s	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 · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities See Part IV, line 11		12	
ĺ	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,147,522	16	1,170,700
	17	Accounts payable and accrued expenses		17	16,625
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
L	19	Deferred revenue		19	
į į	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·	-	20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	• • • • • • • • • • • • • • • • • • • •
ĩ	22	Payables to current and former officers, directors, trustees, key			
!		employees, highest compensated employees, and disqualified		ŀ	
t		persons Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
S	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	0	26	16,625
		Organizations that follow SFAS 117, check here			
l F		complete lines 27 through 29, and lines 33 and 34.			
u	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	274,340	27	306,392
n d	28	Temporarily restricted net assets	873,182	28	847,683
a	29	Permanently restricted net assets	·	29	
В		Organizations that do not follow SFAS 117, check here			
a		and complete lines 30 through 34.			
a	30	Capital stock or trust principal, or current funds		30	
n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
c e	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	1,147,522	33	1,154,075
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	1,147,522	34	1,170,700

Form	990	(2009	١
rorm	990	12009	

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Pa	rt*XIII Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			10
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
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		Х
	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			ne
	Separate basis Consolidated basis Both consolidated and separate basis		No.	
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		Х
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	3b		
	EEA	Form	990 (2	2009)

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► See separate instructions. ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2009

Department of the Treasury Internal Rèvenue Service Name of the organization

Open to Public Inspection

Employer identification number

GRA	ND (CHAPTER OF TENN								216709			
Pa				y Status (All organiza				See instru	ictions				
The	orgai	nization is not a privat	e foundation becau	use it is (For lines 1 thro	ugh 11, ch	eck only o	ne box)						
1		A church, convention	n of churches, or as	ssociation of churches de	escribed in	section 1	70(b)(1)(A)	(i).					
2		A school described ii	n section 170(b)(1)	(A)(ii). (Attach Schedule	E)								
3		A hospital or a coope	erative hospital ser	vice organization describ	ed in sect	ion 170(b)	(1)(A)(iii).						
4		A medical research of	organization operat	ted in conjunction with a	hospital de	escribed in	section 1	70(b)(1)(A)(iii). Enter	the hospit	al's nam	е,	
		city, and state											
5		An organization oper	rated for the benefi	t of a college or universit	ty owned o	r operated	by a gove	rnmental	unit descril	oed in			
		section 170(b)(1)(A)((iv). (Complete Par	t II)									
6		A federal, state, or lo	ocal government or	governmental unit descr	ribed in sec	ction 170(I	b)(1)(A)(v).						
7		An organization that	normally receives	a substantial part of its s	upport fron	n a govern	mental un	it or from t	he genera	l public			
		described in section	170(b)(1)(A)(vi). (C	Complete Part II)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Compl	ete Part II j)							
9	\mathbf{X}	An organization that	normally receives	(1) more than 33 1/3% of	of its suppo	rt from co	ntributions	, members	ship fees, a	and gross			
		receipts from activities	es related to its exe	empt functions - subject t	o certain e	xceptions,	and (2) no	more tha	ın 33 1/3%	of its			
		support from gross in	nvestment income	and unrelated business t	axable inc	ome (less	section 51	1 tax) fror	n business	es			
		acquired by the orga	nızatıon after June	30, 1975 See section 5	i09(a)(2). ((Complete I	Part III)						
10		An organization orga	anized and operate	d exclusively to test for p	ublic safet	y See sec	tion 509(a)(4).					
11		An organization orga	anized and operate	d exclusively for the ben-	efit of, to p	erform the	functions	of, or to ca	arry out the)			
		purposes of one or n	nore publicly suppo	orted organizations descr	ribed in sec	ction 509(a	a)(1) or sec	ction 509(a	a)(2) See	section			
		509(a)(3). Check the	box that describes	the type of supporting o	rganızatıor	and com	plete lines	11e throu	gh 11h				
		a 💹 Type I	b Type	L	-		lly integrate		d	Type I	II-Other		
е		· ·	=	rganization is not control	-								
		persons other than for	oundation manage	rs and other than one or	more publ	icly suppo	rted organ	zations de	escribed in	section			
		509(a)(1) or section											
f		If the organization re	ceived a written de	etermination from the IRS	that it is a	Type I, T	ype II, or T	ype III sup	porting				
		organization, check t			• • • • •						• • • •	• • •	· • 🗀
g		•	06, has the organiz	zation accepted any gift of	or contribut	ion from a	ny of the						
		following persons?									ſ		
		•	•	controls, either alone or	_	ith person	is describe	d in (ii)				Yes	No_
		• • •		y of the supported organi			• • • • •				11g(i)		
		•	·	cribed in (i) above? ••					• • • • •		11g(ii)		
			• •	n described in (i) or (ii) a					• • • • •	• • • • •	11g(ii)		
<u>h</u>			i —	the supported organizat	T		43.54		42.		63		
	(1) 1	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	-	(v) Did you the organi	•	(vi) organizati			Amount o upport	or
				above or IRC section	governing d		∞l (i)		(i) organiz	ed in the		•	
				(see instructions))	Yes	No	Yes	No No	Yes	S?			
					163	140	165	140	163	140			
			···-						 				
				-	t		 		1				
_					 		 						
_													
				L	L_	1							
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked the	box on line 5, 7,	or 8 of Part I)				
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each						
	person (other than a governmental unit or				i		
	publicly supported organization) included					}	
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		ļ				
6	Public support. Subtract line 5 from In 4						
Sec	tion B. Total Support			•			
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) • • • • • • • • • •						
11	Total support. Add lines 7 through 10 •						
12	Gross receipts from related activities, etc. (s	see instructions)	• • • • • • • •		• • • • • • • • •	· [12]	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first,	second, third, fou	rth, or fifth tax yea	r as a section 501(c)(3)	▶□
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Sche						%
16a							
	and stop here. The organization qualifies a		•				• • • • • □
b	33 1/3% support test - 2008. If the organiza						
	box and stop here. The organization qualifi						• • • • • • □
17a	10%-facts-and-circumstances test - 2009.	-					
	more, and if the organization meets the "fac		•		·		▶ [~]
	organization meets the "facts-and-circumst		•		.,		• • • • • • • • • • • • • • • • • • •
b	10%-facts-and-circumstances test - 2008.	•		•			
	more, and if the organization meets the "fac						▶ [
18	organization meets the "facts-and-circumsti- Private foundation. If the organization did r		-	• •			· · · · · · • □

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

GRAND CHAPTER OF TENNESSEE ORDER OF

_							
	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(-)	(0) 2000	(0, 200)	(=) = 0	(0,200	(1) / 010.
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	79,775	69,534	77,191	68,232	69,822	364,554
2	Gross receipts from admissions, merchandise sold or services performed, or fac-						
	lities furnished in any activity that is related to the organization's tax-exempt purpose	113,475	100,993	175,817	172,744	101,001	664,030
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·	193,250	170,527	253,008	240,976	170,823	1,028,584
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						·
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						1,028,584
	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 100	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	193,250	170,527	253,008	240,976	170,823	1,028,584
ıva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,458	21,406	25,005	29,506	21,402	114,777
	554.555						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · ·	17,458	21,406	25,005	29,506	21,402	114,777
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12) • • • • • • • • • • • • • • • • • • •						1,143,361
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganızatıon's first, se	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3)	▶ 📋
Se	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, o	* *	•			15	89.96 %
16	Public support percentage from 2008 Sched					16	%
	ction D. Computation of Investme			olumn (f)	 	17	10.04.04
17 18	Investment income percentage for 2009 (line investment income percentage from 2008 Section 2008)		•			17	10.04 %
	33 1/3% support tests - 2009. If the organiza	ation did not check	the box on line 14,	and line 15 is mor	י e than 33 1/3%, ar	nd line	· · · · · ▶ 🗓
b	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 33	3 1/3%, and	
20	Private Foundation: If the organization did r		•	•	• • • •		▶ 🗀
		-					

SCHEDULÉ D (Form 990)

Department of the Treasury

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

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number GRAND CHAPTER OF TENNESSEE ORDER OF 62-0216709 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ► \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

	CDAND CHARGED OF	##\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NTD 00		60, 001 65	.00	Dan	
	ule D (Form 990) 2009 GRAND CHAPTER OF			·	62-02167		Pag	
<u>12231</u> 3	organizations Maintaining C Using the organization's acquisition, accession, a					sets (co	Tilliueu)	<u>'</u> —
•	collection items (check all that apply)	ina other records, cri	eck any of the follow	wing that are a sig	Jillicant use of its			
а	Public exhibition	d 🗌 Loan	or exchange progra	ime				
b	Scholarly research	e Other	*	11113				
c	Preservation for future generations	C Other		· · · · · · · · · · · · · · · · · · ·				
4	Provide a description of the organization's collect	ions and evoluin ho	v they further the or	nanization's even	ant nurnose in			
7	Part XIV	ions and explain not	v they lutther the or	gamzation s exem	ipt parpose iii			
5	During the year, did the organization solicit or rec	eive donations of an	historical treasure	s or other similar				
•	assets to be sold to raise funds rather than to be					. []Y	es 🗌	No
Da	€ Escrow and Custodial Arran							_
(HELLI)	Part IV, line 9, or reported an amount	on Form 990, Part X	, line 21		,			
1a	Is the organization an agent, trustee, custodian o			other assets not				_
	included on Form 990, Part X?					. Y	es 🗌	No
b	If "Yes," explain the arrangement in Part XIV and	complete the follow	ng table					
					Amo	unt		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance · · · · · · · · · · · · · · · · · · ·			[1f			
2a	Did the organization include an amount on Form	990, Part X, line 217	• • • • • • • •			· 🔲 Y	es 🗌	No
b	If "Yes," explain the arrangement in Part XIV							
Pa	RW Endowment Funds. Complete if	the organization an	swered "Yes" to For	m 990, Part IV, Iır	ne 10	,		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four	years bac	.k
1a	Beginning of year balance	213,900	213,900			<u> </u>		
b	Contributions					ļ		
С	Net investment earnings, gains, and losses •	7,870	8,476					
d	Grants or scholarships · · · · · · · · ·							
е	Other expenditures for facilities							
	and programs	7,870	8,476					
f	Administrative expenses					<u> </u>		
9	End of year balance	213,900	213,900					
2	Provide the estimated percentage of the year end							
а	Board designated or quasi-endowment	%						
b	Permanent endowment ► 100.00 %							
C	Term endowment ▶ %							
3a	Are there endowment funds not in the possessio	n or the organization	that are held and a	iaministered for th	е	ı	Vac	Alc
	organization by					0-(1)		No
	(i) unrelated organizations · · · · · · · · · · · · · · · · · · ·					3a(i)		X
L								X
b	If "Yes" to 3a(ii), are the related organizations list				• • • • • • • • • • •	3b		
4	Describe in Part XIV the intended uses of the org			NOO Boot V line 41	<u> </u>			
JPa	নিং পা Investments - Land, Buildin	gs, and Equipn	nent. See Form 9	390, Paπ X, line 10	·			

(a) Cost or other basis

(investment)

Description of investment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

1a

b

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

(d) Book value

organization's liability for uncertain tax positions under FIN 48

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12	· · · · · · · · · · · · · · · · · · ·	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year market	
Fınancıal deri	vatives · · · · · · · · · · · · · · · · · · ·			
Closely-held	equity interests			
Other				
				· · · · · · · · · · · · · · · · · · ·
				•
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation	n
	(-)	(2) 25512.25	Cost or end-of-year market	
•				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990, Part X, III	ne 15		
		i) Description		(b) Book value
	-			
				
	- · · · · · · · · · · · · · · · · · · ·			
				<u>-</u>
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line			
Part X	Other Liabilities. See Form 990, Part X	, line 25		
1	(a) Description of liability	(b) Amount		
Federal incor	ne taxes			
			7	
			7	
			7	
			7	
			7	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	•	7	
	otnote In Part XIV, provide the text of the footnote	 	stements that reports the	

EEA

chec	ule D (Form 990) 2009 GRAND CHAPTER OF TENNESSEE ORDER OF	62-0216709	Page 4
<u>Pa</u>	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	3	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	192,225
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	169,047
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,178
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses • • • • • • • • • • • • • • • • • •	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
В	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·	8	
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	23,178
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	192,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·	7	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	192,225
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·	_	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	192,225
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	169,047
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities · · · · · · · · · · · · · · · 2a		
b	Prior year adjustments		
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	169,047
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV)		
	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	169,047
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
nd	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
his	part to provide any additional information		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 Inspection

Employer identification number

GRAND CHAPTER OF TENNESSEE ORDER OF	62-0216709
01. Form 990 governing body review (Part VI, line 11)	
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
2. Governing documents, etc, available to public (Part VI, line 19)	
NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED	
·	

GRAND CHAPTER OF TENNESSEE ORDER OF THE EASTERN STAR

CASH IN CHECKING AND SAVINGS APRIL 1, 2009 THROUGH MARCH 31, 2010

•	·	THROUGH MAR	CH 31, 2010		
	Beginning			Ending	
	Balance	Receipts	Disbursements	Balance	
General Funds	\$ 112,330.41	\$ 170,234.30	\$ 163,339.63	\$ 119,225.08	
General Fund FAIR account	162,009.67	25157 58		\$ 187,167 25	
Eastern Star Maintenance	94,550 04		2,977.77	· ·	
Christian Scholarship	236,947.49		•	•	
Youth Scholarship	228,804.75		·	•	
•	213,899.66			•	
Contingency Fund	•		•	·	
Pasto Most Worth Fund	4,189.50	4.14	50.00	·	
Special Project Account				\$ -	
Benevolence	94,790.99			\$ 81,456.60	
Total Cash	\$1,147,522.51	\$ 294,161.48	\$ 270,983 82	\$1,170,700.17	
GRAND CHAPTER OF TENNES	SEE				
ORDER OF THE EASTERN STA	۸R				
3/31/2010					
0.0 1.20 10			3/31/2009	3/31/2010	
GENERAL FUNDS:			Beginning	Ending	
Regionss checking acct. No 0234	14102		\$ 83,330.41	\$ 90,225.08	
	14 192				
Regions CD 83557342	2004				
Regions FAIR Acct. No. 1000265			162,009.67		
	Total		274,340.08	306,392.33	
EASTERN STAR MAINTENANC					
Regions checking Acct. No 534-4	405-7		17,550.04		
Regions CD 5980063968			27,000.00	27,000.00	
Regions CD 5980063971			50,000.00	50,000.00	
•	Total		94,550.04	96,170.32	
PAST MOST WORTHY FUND:					
Regions Checking Acct. No. 0158	85786		4,189.50	4,143.64	
CHRISTIAN SCHOLARSHIP - ES	STARL				
Regions checking Acct. No. 3440	136-4		11,889 77	5,389 77	
Regions CD 5980063926			69,166 94	69,166 94	
Regions CD 5980063939			69,166.93	69,166.93	
Regions FAIR 100015-764-8			86,723.85		
110gions 7411 1000 10-704-0	Total		236,947.49		
YOUTH SCHOLARSHIP FUND	Total		200,047.40	240,020 04	
	272.00		3,900.00	1,000.00	
Regions checking Acct. No. 313-					
Regions checking Acct. No. 1000	7157363		139,904.75		
Regions CD 5980063942			50,000.00	•	
Regions CD 5980063955			35,000.00		
	Total		228,804.75	222,311.58	
SPECIAL PROJECTS FUND:					
Regions FAIR 10001576 48			181,519.84	184,059.00	
See Christian Scholarship ESTA	RL		- 86,728 85	- 102,602.40	
•	Total		94,790 99		
CONTINGENCY FUND:	•		- 4	,	
Regions checking Acct. No. 0135	53851		13,899.66	13,899.66	
Regions CD 5980063887			50,000.00	·	
Regions CD 5980063890			50,000.00	•	
			50,000.00		
Regions CD 5980063900					
Regions CD 5980063913	T-4-1		50,000.00		
	Total		213,899 66	213,899.66	

Total all funds

\$1,147,522.51 \$1,170,700.17

GRAND CHAPTER OF TENNESSEE					
ORDÈR OF EASTERN STAR					
April 2009 through March 2010					
REVENUE:					
SALES OF SUPPLIES 18,196.24	L				
PER CAPITA TAXES 69,822.00)				
REGISTRATION 6,720.00	94,738.24				
INTEREST INCOME	21,401.63				
CHRISTIAN SCHOLARSHIP					
YOUTH SCHOLARSHIP 11,219.19)				
EASTERN STAR MAINTENANCE 1,566.17	,				
2009-10 CALENDAR 6,813.00)				
2010-11 CALENDAR 14,231.00)				
VOID CHECKS 130 50)				
CERTIFICATES OF GOOD STANDING 488.00)				
CLOSING OF CHAPTERS 293.50)				
SPECIAL PROJECTS 2,295.00)				
POSTAGE 699.50)				
SALES OF PARAPHERNALIA 250.00)				
DESIGNATED CONTRIBUTIONS 37,404.33	3				
HOSPITALITY COMMITTEE 625.00)				
FINES	<u>) </u>				
76,085.19	76085.19				
	192,225 06				

GRAND CHAPTER OF TENNESSEE ORDER OF THE EASTERN STAR APRIL 2009 THROUGH MARCH 31, 2010 62-0216709

PART III, PAGE 2, LINE 22 (A) YOUTH SCHOLARSHIP (B) CHRISTIAN SCHOLARSHIP (C) OES Maintenance (D) DESIGNATED CONTRIBUTION TOTAL	21,280.00 6,500.00 2,977.77 IS 38,104.33 68,862.10	68,862.10
990, Part III OES MAINTENANCE		
MARY CRISP EMOGENE MILLER CLARA THOMAS LINDA JONES YOVNNE HEADY (GIFT)	910.00 910.00 235.00 910.00 12.77 2,977.77	2,977.77
990, PART III CHRISTIAN SCHOLARSHIP AWARD ROACH SWITZER MARRHEW JOLLY MAGAN HAMMER THOMAS MOORE	2,250.00 2,250.00 1,000.00 1,000.00	
GRAND CHAPTER OF TENNESSEE ORDER OF EASTERN STAR APRIL 2009 THROUGH MARCH 31, 2010 990 PART III YOUTH SCHOLARSHIP AWARD	6,500.00	6,500.00 2-0216709
AMANDA BERRY JANIE BUSEY MEAGAN FERGUSON TRAVIS JOLLY ERICA KENNINGTON	940.00 940.00 940.00 940.00 940.00	
CHARLEY QUARLES JUSTIN STOKES NANCY THOMPSON KAREN WALTERS	940 00 940.00 940.00 940.00	
BRYAN WUNNER JESSICA BALENTINE JASON BARNES SARAH BECKET DAKOTA MAYS	940.00 1,100.00 1,100.00 1,100.00 1,100.00	
TEFFANY L. HERNANDEZ SHARON A. JACKSON NICHOLAS LANGLE JULIA ELIZABETH LONG EMILY R. MOLES	1,100.00 1,100.00 1,100.00 1,100.00 1,100.00	
SHERRY ADCOCK REBECA LYNN BARBER	940.00 940.00 21,180.00	21,180.00

GRAND CHAPTER OF TENNESSEE ORDER OF EASTERN STAR APRIL 2009 THROUGH MARCH 31, 2010 DISBURSEMENTS:

WORTHY GRAND MATRON	1,872.00
WORTHY GRAND PATRON	1,128.00
ASSOCIATE GRAND MATRON	432 00
ASSOCIATE GRAND PATRON	228.00
GRAND CONDUCTRESS	360.00
ASSOCIATE GRAND CONDUCTRESS	450 00
Sub-Total Sub-Total	4,470.00
SALARIES AND OTHER ALLOWANCES:	
GRAND SECRETARY	12,000.00
GRAND TREASURER	3,600.00
OFFICE ALLOWANCE, GRAND SECRETARY	6,500.00
OFFICE ALLOWANCE, GRAND TREASURER	600 00
INTERNATIONAL HEADQUARTERS	4,295.00
PER DIEM FOR GANERAL GRAND CHAPTER	905.25
RETIREES HONORARIUM	1,960.44
GRAND INSTRUCTOR	4,500.00
GENERAL GRAND CHAPTER HONORARIUMS	450.00
ARRANGEMENTS COMMITTEE	5,000.00
MEMORIAL COMMITTEE	200.00
GRAND CHOIR	100.00
OFFICE RENT	1,800.00
AUDIT	1,700.00
JEWELS AND BADGES	2,794.95
PAYROLL TAXES	1,448 40
POSTAGE	525.38
PER CAPITA	19,232.00
PRINTING	9,799.69
DISTINGUISHED GUESTS (2009 SESSION)	1,266.28
SUPPLIES, GENERAL GRAND CHAPTER	4,334.72
TN BREAKFAST AT GENERAL GRAND CHAPTER	200 00
LOCK BOX RENT	43 20
PRINTING 2009 CALENDAR	10,315.58
DELIVERY CHARGE 2009 CALENDAR	126.50
REFUND ON 2009 CALENDAR	` 200.00
POSTAGE METER LEASE	999 36
SCHOOL OF INSTRUCTIONS	325.28
REIMBURSE HOSPITALITY	50.00
FUNERAL DESIGNS	193 27
GRAND ASSEMBLY RAINBOW FOR GIRLS	300.00
	95,765.30