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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

private foundation)

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

Open to Public Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2009 For the 2009 calendar year, or tax year beginning MAY 1. and ending 2010 C Name of organization D Employer identification number Please Addæss chance use IRS ORDER OF THE EASTERN STAR OF IDAHO label or]Name]change print or O DENISE HUNT, GRAND SECRETARY 82-0151123 type Initial return Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Termin-ated Specific 208-336-9480 2960 SELKIRK City or town, state or country, and ZIP + 4 Amended F Group Exemption |Application |pending 83702 Number > BOISE, ID G Accounting method X Cash Accruat • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Other (specify) Website: ▶ IDAHOOES.ORG H Check ► X if the organization is not Tax-exempt status (check only one) - \times 501(c) (8) \rightarrow (insert no.) \longrightarrow 4947(a)(1) or ___ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 91,676. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 80,597. Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5b b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5¢ Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a b Less: direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).

Other revenue (describe | 17h b Less: cost of goods sold 7c ഗ് 11,079 Other revenue (describe > INTEREST 8 8 Ö SEP 20 2010 91,676 **Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 85 9 9 10 Grants and similar amounts paid (attach schedule) 10 Benefits paid to or for members 11 11 OGDEN. UT 12 12 Salaries, other compensation, and employee benefits. 300. 13 Professional fees and other payments to independent contractors 13 556. SEE STATEMENT 3 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 124,807. Other expenses (describe SEE STATEMENT 16 16 Total expenses Add lines 10 through 16 125,663. 17 17 <33,987.> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 1,069,454. 19 Other changes in net assets or fund balances (attach explanation) 20 035,467 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (B) End of year (A) Beginning of year 1,052,197. 1,076,016. 22 Cash, savings, and investments Land and buildings 23 8,201 7,645. Other assets (describe SEE STATEMENT 2) 24 ,084,217. 25 ,059,842. 14,763. Total liabilities (describe ► OTHER PAYABLES 26 24,375. 069. 035,467. Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) 932 17 1 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

	m 990-EZ (2009) C/O DENISE HUNT, GRAND S			82-	<u>01511</u>	23 Page 2
	art III Statement of Program Service Accomplishm		Part III)		-1	•
	at is the organization's primary exempt purpose? $\overline{ ext{FRATERNAL}}$ ORG					
	scribe what was achieved in carrying out the organization's exempt p			ıbe	1 '''	. •
	services provided, the number of persons benefited, and other relevant	ant information for each prog	gram title		for others)	
28	PAYMENTS MADE TO BENEFICIARIES				1 1	
	•					
	<u> </u>	-	.			
	(Grants \$) If this amount includes foreign	grants, check here			28a	
29						
				 -		
20	(Grants \$) If this amount includes foreign	grants, check here			29a	
30						
			· · · · · · · · · · · · · · · · · · ·			
	(Crosts \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			$\overline{}$	202	
31	(Grants \$) If this amount includes foreign Other program services (attach schedule)	grants, check nere			302	
31		aranta ahaak hara	_	$\overline{\Box}$	210	
32	Total program service expenses (add lines 28a through 31a)	r grants, check here				
		Employees, List each one ex	ven if not compensated	/See the		or Part IV)
دستسا			Ven in not compensated			or artivy
	(a) Nieros and addison	(b) Title and average hours	(c) Compensation	to e	mployee	(e) Expense
	(a) Name and address	Ints (See the instructions for Part III) AN IZATION Toposes. In a clear and concise manner, describent information for each program title grants, check here grants, check here grants, check here Toposes. List each one even if not compensation per week devoted to position 1.00 PAST MATRON 1.00 CHAIRMAN OF BOARD 1.00 PAST PATRON 1.00 PAST GRAND PATRON 1.00 PAST GRAND MATRON 1.00 PAST PATRON 1.0				
		position	-0,			other anowances
JC	DANNE GALBRAITH	PAST MATRON				
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RC	OSIE MEWS	PAST MATRON		i		
		1.00	0.		0.	0.
DA	ARLA REDMAN, PGM	CHAIRMAN OF B	OARD			
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JC	OHN HUGHES	PAST PATRON				
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HA	ARLOW KIBBEY, PGP	PAST GRAND PA	TRON			
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PA	AUL RAMALEY					
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NA	ANCY ROSS		1			
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<u>CH</u>	MARLES ROSE					
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<u>BP</u>	ARBARA HOPKINS				•	_
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9321	172 18-10				Form	990-EZ (2009

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Pa	IT V Other Information (Note the statement requirements in the instructions for Part V)			
	to the state of th		Yes	No
- 33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did-the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37ь		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.			
а	37/3			
Ь	27/3	1 '		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1 '		
	section 4911 ► N/A ; section 4912 ► N/A , section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь	N/	A
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE			
42 a	The organization's books are in care of ▶ GRAND SECRETARY Telephone no ▶ 208-33	6-9	480	
	Located at ► 2960 SELKIRK, BOISE, ID ZIP+4 ► 8			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	1	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45	L_	X
		Form 9	90-FZ	(2009)

C/O DENISE HUNT, GRAND SECRETARY

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Form 990-EZ (2009)

Part V	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt chantable and 51						
46 Did	the organization engage in direct or indirect political campaign activitie	es on behalf of or in opposition to o	andidates for public		1	Yes	No
	ice? If "Yes," complete Schedule C, Part I						
	Did the orgànization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
	ie organization a school as described in section 170(b)(1)(A)(ii)? If "Y				48		
	the organization make any transfers to an exempt non-charitable relat				49a		
b If "Y	es,* was the related organization a section 527 organization?				49b		
	rplete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, er	- '	s, trustees and key e	employees) who ea	ich rec	eived	more
	(a) Name and address of each employee paid more than \$100,000 ${f N/A}$	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e) Expe count r allov	
51 Con	al number of other employees paid over \$100,000 inplete this table for the organization's five highest compensated independication. If there is none, enter "None."		ved more than \$100		ation fro	_	
d Tota	al number of other independent contractors each receiving over \$100,	000	>				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and compute Declaration of preparer (other than officer) is based on Signature of officer Type or print name and title	g accompanying schedules and statemer all information of which preparer has any SECRET.	knowledge	ny knowledge and be 9 /6 Date	lief, it is	true,	
Paid Preparer' Use Only	1 0 0 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0						tr)
ose omy	firm's name (or yours DEATON & COMPANY, CHA	Pho no.	ne▶	222 525			
Adam Aba II	address and ZIP+4 POCATELLO ID 83201 BS discuss this return with the preparer shown above? See instruction		1	208-2	3 <u>2 - :</u> X Ye	202	2.5 No

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ PAGE 1

990-EZ

Current Year Deduction	0	0	556.	556.	
Current Sec 179				0	
Accumulated Depreciation	4,095.	5,271.	2,010.	11,376.	
Basis For Depreciation	4,095.	5,271.	3,957.	13,323.	
Reduction In Basis				0	
Bus % Excl					
Unadjusted Cost Or Basis	4,095.	5,271.	3,957.	13,323.	
No No	17	17	17		
Lıfe	00.5	00.			
Method	00DB	00DB7	00DB7	•	
Date Acquired	043004200DB5.00	043005200DB7.00	043007200DB7.00		
Description	1COMPUTERS	20FFICE EQUIPMENT		TOTAL 330-EA FG I DEPR	
Asset No		. 4	ν.,		

928102 06-24-09

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BENEVOLENT FUND EXPENSES		38,074.
ESTARL AWARD PAYMENT		9,151.
COMMITTEE EXPENSES		415.
EXCHANGE NIGHT		200.
SUPPLIES		1,000.
GRAND OFFICER EXPENSES		4,345.
GRAND SECRETARY EXPENSES		12,525.
GRAND TREASURER EXPENSES		2,907.
INSURANCE		993.
MASONIC FAMILY GIFTS		200.
MISCELLANEOUS		500.
PRINTING		4,742.
SUPPLIES		2,087.
GGC PROJECT EXPENSE		2,598.
PER CAPITA		3,521.
LODGING		
MEALS		726.
SESSION COMMITTEES		317.
VPLM EXPENSE		10,330.
SCHOLARSHIP FUND		17,913.
SESSION PRINTING		1,093.
EQUIPMENT REPAIR		55.
SESSION FACILITY EXPENSE		488
REPAIRS		477.
TRAVEL		7.5
WEB PAGE		75.
GENERAL ARRANGEMENTS GS SESSION ASSIST		1,000. 45.
MEMORIAL SERVICE		43.
WGM PROJECT EXPENSE		9,059.
SESSION BADGES		381.
PAST GRAND MEMORIAL TO SUB CHA	ΔD	15.
BANK CHARGES		20.
TOTAL TO FORM 990-EZ, LINE 16		124,807.

FORM 990-EZ	OTHER ASSETS	STATEMENT 2
DESCRIPTION	BEG. OF YEA	R END OF YEAR
INVENTORIES OTHER DEPRECIABLE ASSETS	6,25 1,94	
TOTAL TO FORM 990-EZ, LINE 24	8,20	7,645.
FORM 990-EZ OCCUPANCY, RENT	r, UTILITIES AND MAINTENANCE	STATEMENT 3
DESCRIPTION		AMOUNT
DEPRECIATION		556.
TOTAL TO FORM 990-EZ, LINE 14		556.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS STATEMENT 4 ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO