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2009

Open to Public
Inspection

990-EZ

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or 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.

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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning June 1, 2009, and ending May 31, 2010.

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Brecksville Chapter #537

Order of the Eastern Star

Number and street (or P.O. box, if mail is not delivered to street address)

8922 Brecksville Road

Room/suite

City or town, state or country, and ZIP + 4

Brecksville, Ohio 44141

D Employer identification number

34-0680705

E Telephone number

(440) 237-5802

F Group Exemption

Number ►

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► None

J Tax-exempt status (check only one) — ☒ 501(c) (1 0) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 95,529

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,663
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	7,206
	4	Investment income	4	2,868
	5a	Gross amount from sale of assets other than inventory	5a	76,658
	5b	Less: cost or other basis and sales expenses	5b	-
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	76,658
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	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	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► _____)	8	5,134
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	95,529
	10	Grants and similar amounts paid (attach schedule)	10	1,943
	11	Benefits paid to or for members	11	2,666
Net Assets	12	Salaries, other compensation, and employee benefits	12	1,627
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,380
	16	Other expenses (describe ► See Attached)	16	15,830
	17	Total expenses. Add lines 10 through 16	17	23,446
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	72,083
	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)	19	95,690
	20	Other changes in net assets or fund balances (attach explanation)	20	-
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	167,773	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	95,690	22 167,773
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	95,690	25 167,773
26 Total liabilities (describe ► _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,690	27 167,773

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)

SCANNED AUG 12 2010

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19

Expenses

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

28	Provide donations assistance to Charitable Associations including the Ohio Eastern Home in Mt Vernon, OH (Grants \$ NONE) If this amount includes foreign grants, check here ☐	28a	1,943
29	 (Grants \$ NONE) If this amount includes foreign grants, check here ☐	29a	
30	 (Grants \$ NONE) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule) ☐ (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ☐	32	

[illegible]

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

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► , section 4955 ►		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ► <u>OHIO</u> 5802		
42a	The organization's books are in care of ► <u>Norita Harris, Secretary</u> Telephone no. ► <u>(440) 237-4443</u> Located at <u>8152 Edgerton Road N. Royalton, OH</u> ZIP + 4 ► <u>44133</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country ►		X
	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.?		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 ► 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

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

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **47** **48** **49a** **49b**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** **49a** **49b**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** **49b**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Norita Harris Date 7/21/2010

Type or print name and title Norita Harris, Secretary

Paid Preparer's Use Only

Preparer's signature Wilbur Smith Date 7/15/2010 Check if self-employed ☐ Preparer's identifying number (See instructions) 3205-42250R

Firm's name (or yours if self-employed), address, and ZIP + 4 Wilbur Smith, CPA EIN

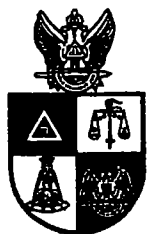
10242 Crystal Springs Dr. Phone no

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

North Royalton, OH 44133

Form **990-EZ** (2009)





32° Masons

VALLEY OF CLEVELAND • 3615 EUCLID AVENUE • CLEVELAND, OHIO 44115-2570
III.°. ALAN W. JONES, 33°, Secretary PHONE: 216/432-2370 • FAX: 216/391-3159

STATEMENT MADE PART OF
U.S. Tax Return Form 990 EZ
For the year Jun. 1 2009/May 31, 2010
Fein: 34-0680705

Line 5a Gross Amount from Sale of Assets other than inventory: \$ 76,658

Represents sale of stock in Lodge Building to the city
of Richfield, Ohio

Line 1 Contributions, Gifts Grants and similar amounts received \$ 3,663

Cash Balance received from a merged Chapter	2,850
Benevolent Gifts from members	813

Line 8 Other Revenue:

Collections at meeting for "Sunshine"	\$ 512
Collections from Membership	3,166
All other under \$ 50.00 Each	1,456

	<u>\$ 5,134</u>

Line 16 – Other Expenses:

Funeral Flowers & Death Notices	\$ 981
Refreshments	621
Installation and Inspection Expenses	1,098
Chapter Dresses	2,091
Chapter Set-up	305
Scholarships	400
3 rd District Dues	220
Grand Chapter Banquet	1,290
REPAIR Organ	652
Reception for Worthy Grand Warder	2,385
“66” Dinner Dance	1,440
Benevolence Assistance	2,850
Grand Chapter Breakfast	550
All Other items under \$100.00 each	947

	<u><u>\$ 15,830</u></u>