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## Form 990

## **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

Depa	artment nal Rev	of the Treasury enue Service	ļ	► The organizat	ion may have to us	e a copy of t	his return to sati	sfy state repo	rting require	ments	Оре	n to Public In	śpection
		ne 2009 calendar	year,					, and endi				, 2010	
В	Check Ad Na In Te	of applicable ddress change ame change of that return if applicable if applicable stronge of the	ease use RS label or print or type. See specific instruc-	C ORDER OF C/O ROBER 2163 CRAE	THE EASTE	E				34-0 E Telephon	680 ne numb 426	-0136	, 676.
	$\vdash \vdash$	<del></del>	Name a	nd address of princ	ipal officer				H(a) is this	a group return			T
	<u></u> .		AME A	S C ABOVE						affiliates inclu		Yes	
ī	Tax	-exempt status	X 501	(c) (10 )	✓ (insert no )	49	47(a)(1) or	527	II INO,	' attach a list (	see ins	tructions) —	
J	We	bsite: ► N/A							H(c) Group	exemption лиг	nber Þ	0101	
ĸ	Form	n of organization	Corpora	tion Trust	Association	Other ►	L	Year of Forma	ation	M St	ate of i	egal domicile	
Pa	rt l												
Activities & Governance		Briefly describe WHERE MEME SOCIAL ACT	ERS_ IVIT	SUPPORT_A IES_EQCUS	WIDE VAR ED ON SPI	IETY O RITUAL	CHARITA VALUES.	BLE PU	RSUITS	WHILE 1	<u>ENG</u> 2	AGING IN	[ <u>ON</u>
ŏ		Number of voting						,030a 01 III	ore triair E	.5 /0 0/ 11.5 0	3	•	6
80		Number of indep				rning body	y (Part VI, line	e 1b)		[	4		6
¥		Total number of					•				5		4
Acti		Total number of Total gross unre				II oolumn	(C) line 12			-	6 7a		0.
	Į.	Net unrelated bu								}	7b		0.
SCANNED NOV 2 2010		14ct dinicialed be	23111033	taxable incom	10 1101111 01111 3	30-1, IIIC				Prior Year		Current \	
7	8	Contributions an	nd aran	ts (Part VIII lir	ne 1h)				<del>-</del>	226, 7	46		,054.
ĕ‱	9	Program service	-	•					<u> </u>	351,4			3,912.
~	_	Investment inco				and 7d)				61,7			1,465.
<u>≥</u> ₹		Other revenue (								8,6			734.
<u>z</u> _	12	Total revenue -	add III	nes 8 through	11 (must equal	Part VIII,	column (A), I	ine 12)		648,5	94.	584	1,165.
$\Box$	13	Grants and simil	lar amo	ounts paid (Par	rt IX, column (A	(), lines 1	-3)			435,3	07.	121	.,965.
	1	Benefits paid to											
Ī,	15	Salaries, other of	comper	sation, employ	ee benefits (P	art IX, col	umn (A), line:	s 5-10)		25,3	98.	21	L,529
	16a	Professional fun	ıdraısın	g fees (Part IX	l, column (A), I	ne 11e)							
W.	Ь	Total fundraising	g exper	nses (Part IX, d	column (D), line	25)				在一种	2	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>~ : : : : : : : : : : : : : : : : : : :</u>
ш	17	Other expenses	(Part I	X, column (A),	lines 11a-11d,	11f-24f)	•			191,4	19.	479	9,179.
	18	Total expenses	Add Iır	nes 13-17 (mus	st equal Par <b>(</b> ÎX	, сонити	(A), line 25)	-		652,1	24.	622	2,673.
	19	Revenue less ex	penses	s Subtract line	18 from line 1	2 75	CEIVED			-3,5	30.	-38	3,508.
0 0					l-			70	Begi	nning of Ye	ar	_ End of Y	ear
Net Assets or Fund Balances	20	Total assets (Pa		•	311	1 OC1	2 2 2010	18080 18080		1,776,22		1,775	,273.
₽ Ā	21	Total liabilities (	Part X,	line 26)			S & COID	Ø,	<u> </u>		0.		0.
	22	Net assets or fu			t line 21 from li	ne@	PEN IPE			1,776,2	21.	1,775	5,273.
Pa	rt II.	Signature	Bloc	:k	· ·		EIA, UI						
		Under penalties of true, correct, and	f perjury, complete	I declare that I have Declaration of pres	e examined this retu parer (other than off	rn, including icer) is based	accompanying sch	nedules and st	atements, an	d to the best of	f my kn	owledge and belie	i, it is
Sig	ın	- Rilia	· 	L. A.	٠_ــــــــــــــــــــــــــــــــــــ	•		,	1	10/18	1		
He	re	Signature of o	officer	<b>3</b> . <b>3</b> . <b></b>					D	ate			
		► Roha	rt a	G. No	10,d - G	r. Se	cretari						
		Type or print r		title			<u> </u>		-				_
	e- rer's	Preparer's signature	DEN		ISLER, INC			Date 10/04/1	s	check if elf- mployed		eparer's identifying ee instructions) 00719845	number
Us	е	Firm's name (or yours if self-	206	SOUTH MU		EET				···· > 21	1_10	173594	
Or	ıly	employed), address, and ZIP + 4	MOU		OH 43050		<u> </u>				(740)	)73584 D) 397-17	21
	v the l	IRS discuss this i					structions)			hone no	(/4)	X Yes	No

	5 990 (2009) ORDER OF THE EASTERN STAR OF OHIO	34-0	680705	F	<sup>2</sup> age <b>2</b>
Par	t III∰ Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
	A NON-PROFIT FRATERNAL ORGANIZATION WHERE MEMBERS SUPPORT A WIL	DE VARIET	Y OF		
	CHARITABLE PURSUITS WHILE ENGAGING IN SOCIAL ACTIVITIES FOCUSE			LUES	
			=		
	Did the organization undertake any significant program services during the year which were not listed	d on the prior	<del></del>		
2		on the prior	□ v	ডিল	NI-
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O			-	
3	3,	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 servand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	ices by expen	ses Section	501(c)(	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported	and allocation	ns to others,	the tota	al
	expenses, and revenue, if any, for each program service reported				
			_		
4 a	a (Code:) (Expenses \$ including grants of \$	) (Revenue	\$		)
			<del>-</del>		
		· <del></del>		<b></b> -	- <del>-</del> -
		- <b></b>			
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4b	(Code. (Expenses \$ including grants of \$	_) (Revenue	\$		)
		. <b>_</b>			
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40	(Code:) (Expenses \$ including grants of \$	) (Revenue	Ś		``
40	, (Code) (Expenses y including grants or y	_> (revenue	۲		
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		. <b></b>			
		. <b></b>			
			<b>-</b>		
		<b>-</b>			
	Other program services (Describe in Schedule O )				
40		. •		,	
	(Expenses \$ including grants of \$ ) (Revenue	: >	<del></del> -		
4e	e Total program service expenses ▶				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	動		
•	• Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No	融網		\$ 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
142	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Dud the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		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		<u>X</u>
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part Х IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 L 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 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III X 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28b c 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 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II Х 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 34 Х 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 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х 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 X 38

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Form 990 (2009)

ORDER OF THE EASTERN STAR OF OHIO Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 0 Information Returns Enter -0- if not applicable 1 a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х this return? 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ **4**a financial account in a foreign country (such as a bank account, securities account, or other financial account) **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 Х Х 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 a Х 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f 7g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

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Form 990 (2009)

12a

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Section A. Governing Body and Management

Yes No

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

1 a	Enter the number of voting members of the governing body	1 a	6	, ,,	; Ç	रती से
Ł	Enter the number of voting members that are independent	1ь	6	7 T		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	lation	ship with any other	2	*(; ) 	X
3	Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other person	inder	the direct supervision	3		Х
4	Did the organization make any significant changes to its organizational documents	,,,		4		X
•	since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organizatio	n's as	sets?	5		Х
6	Does the organization have members or stockholders?			6	Х	
_	Does the organization have members, stockholders, or other persons who may elect one or r	nore r	members of the			
	governing body?			7a	X	v
	Are any decisions of the governing body subject to approval by members, stockholders, or o	•		7b	遊客機	X
8	Did the organization contemporaneously document the meetings held or written actions under the following.	rtaker	n during the year by			
	The governing body?			8a	<u>X</u>	
t	Each committee with authority to act on behalf of the governing body?		•	8ь	Х	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			9		_X
	tion B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Reve	nue Code.)					
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10 a	<u>X</u>	
ŧ	of Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?.	f suct	chapters, affiliates,	10 b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before	filing the form?	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	) S	EE SCHEDULE O		150	_3,5°.2
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	<u>X</u>	
Ŀ	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that c	ould give rise	12b	Χ_	
d	Does the organization regularly and consistently monitor and enforce compliance with the possible of the schedule O how this is done	licy?	If 'Yes,' describe in	12c	х	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and de-	appro	val by independent	弘和		
	The organization's CEO, Executive Director, or top management official SEE SCHEDULE			15 a	Х	
b	Other officers of key employees of the organization			15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions )			超		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arran	gement with a taxable	16a	ant.	X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to ev	aluate its participation rganization's exempt	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	status with respect to such arrangements?		· · · · · · · · · · · · · · · · · · ·	16b		
	tion C. Disclosures					
	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection indicate how you make these available. Check all that apply	nd 99	0-T (501(c)(3)s only) a	vaılab	le for	public
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public	nents,	conflict of interest poli	cy, ar	id fina	ncıal
	State the name, physical address, and telephone number of the person who possesses the be ROBERTA DAVID 2163 CRAB TREE DRIVE BEAVERCREEK OH 45431	ooks	and records of the orga	ınızatı	on	
•	TOSTICE DULLD STOS CHAR THEN DULLE DEVAPOREEV OU 40491					

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Form 990 (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did no	t compen	sate a	ny c	curre	ent d	officer	, dır	ector, or trustee		
(A)	(B)			((	c)			(D)	(E)	(F)
Name and Title	Average hours				_	hat app		Reportable compensation from the organization (W-2/1099-MISC)	Reportable	Estimated amount of other compensation
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the
		rectc	tutio	ěř	emp	est c	ner	(11-2/033-11100)	(11-21033-11100)	organization and related
		2 5	nalt		loye	E SO				organizations
		stee	ruste		°	ens				
			ë			ited				
SUSAN DENNIS										
GRAND TREASURER	15							3,000.	0.	0.
ROBERTA DAVID										
GRAND SECRETARY	40							13,000.	0.	0.
JANICE GOERSS					,					
GRAND MATRON	10							0.	0.	0.
SUE KERNS										
ASSOC GD MATRON	5							0.	0.	0.
TREVOR_SPROUL_	_									•
ASSOC GD PATRON	5					i		0.	0.	0.
BRUCE AILES		<u>'</u>		'						•
GRAND PATRON	10	-			_			0.	0.	0.
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TEEA0107L 11/10/09

<u>. u</u>	t VII   Section A. Officers, Directors, Trus	tees, r	(ey	Em	1pk	ye	es,	an	d Highest Cor	npensated Er	nployees (cont )
	(A)	(B)			(6	c)			(D)	(E)	(F)
	Name and Title	Average hours per week			Officer		Highest compensate employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fron related organization (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			tee	ustee			ensated	İ			
<u>-</u>											
1 b	Total							<b>&gt;</b>	16,000.		0.
	Total number of individuals (including but not limited from the organization ► 0	d to tho	se lis	sted	abo	ove)	who	rec	eived more than	\$100,000 in repo	Yes No
3	Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, k	кеу	emp	oloy	ee, c	or hi	ghest compensate	ed employee	3 X
4	For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable	cor	npe 10?	nsat <i>If<sub>.</sub> 'Y</i>	ion es'	and com	oth plet	er compensation e Schedule J for s	from such	4 X
5	Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompens	atioi <i>I for</i>	n fro	om a h pe	any erso	unre n	late	d organization foi	services	5 X
	on B. Independent Contractors										
1 	Complete this table for your five highest compensation from the organization	ed inder	pend	lent	con	trac	tors	tha	t received more the	nan \$100,000 of	
	(A) Name and business addres	s							Description (	of Services	(C) Compensation
2	Total number of independent contractors (including	but not	lımıt	ed t	to th	ose	liste	ed a	bove) who receive	ed more than	

Pa	rt VIII Statement of Revenue				
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
ZAN	b Membership dues 1b				では多い。
S,S	c Fundraising events . 1c				
AR.	d Related organizations 1 d		13. 经产品		
S, G	e Government grants (contributions) 1 e		學學是許多		
JOE S	f All other contributions gifts grants and				
E E	f All other contributions, gifts, grants, and similar amounts not included above 1f 175,05	4.			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contribns included in lns 1a-1f. \$				传统计学工程
	h Total. Add lines 1a-1f	<b>►</b> 175,054.			<b>展型</b> 注: 這次
NUE	Business Code		- 25 · 3±1 2.2		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
EVE	2a MEMBERSHIP DUES & ASSESSMENTS	333,912.	333,912.		
PROGRAM SERVICE REVENUE	b			ļ	
Z.	C			<u></u>	
A SE	d				
RAN	e				 
ROG	f All other program service revenue	222 010	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 5	2 72
	g Total. Add lines 2a-2f	<u>► 333,912.</u>	1212		
	Investment income (including dividends, interest and other similar amounts)	► 54,465.			54,465.
	4 Income from investment of tax-exempt bond proceeds				31,103.
	<b>5</b> Royalties .	<b>•</b>			
	(i) Real (ii) Personal	·然子"表音的		2001 Free 1543	*** * * * * *
	6a Gross Rents				
	b Less rental expenses			d with the second	
	c Rental Income or (loss)				
	d Net rental income or (loss)	<b>&gt;</b>			
	7a Gross amount from sales of (i) Securities (ii) Other		1000	E/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5", 3- , " , " and
	assets other than inventory				
	<b>b</b> Less, cost or other basis				
	and sales expenses				
	c Gain or (loss)		The state of the s		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d Net gain or (loss)	<b>P</b>	<del> </del>		· · · · · · · · · · · · · · · · · · ·
Ä	8a Gross income from fundraising events (not including \$			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	المراجع المراجع المراجع
OTHER REVENU	of contributions reported on line 1c)			30 F	
Ä	See Part IV, line 18				1 1 1 1 1 1
HER	b Less: direct expenses b				
6	c Net income or (loss) from fundraising events	<b>&gt;</b>		<u></u>	المتعدد
		1.20			- 1
	9a Gross income from gaming activities. See Part IV, line 19		,	- 25-5	1
	b Less: direct expenses b	<u> </u>	1		(3) (5)
	c Net income or (loss) from gaming activities	<b>•</b>			
	10a Gross sales of inventory, less returns and allowances a 60,562	~ .			4 - M = 1 - A = 1
				, , ,	
	<b>b</b> Less cost of goods sold <b>b</b> 41,51			-	
	c Net income or (loss) from sales of inventory	19,051.	19,051.		
	Miscellaneous Revenue Business Code	1			
	11a INITIATES & OTHER MISC	1,683.	1,683.		
	D				<u> </u>
	d All other revenue				
	e Total. Add lines 11a-11d	► 1 683	1	<u>।                                     </u>	A was a second
	12 Total revenue. See instructions	1,005.	254 646	7 7 7	
	12 TOTAL TEVERIUE, SEE HISHUCHORS	<u>► 584,165.</u>	354,646.	0.	54,465.

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 (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines (A. D. B. S. B. A. D. A. D. B. A. D. B. S. B. A. D. D. B. A. D. B. S. B. D.		All other organizations must com	piece columni (A) but ar	e not required to comp	There conditions (B), (C), a	יוום (ט).
and organizations in the U.S. See Part IV, I Crail and other assistance to invitivulate in the U.S. See Part IV, lines 22  Grail and other assistance to governments organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  Benefits paid to or for members Compensation of current officers, directors, Compensation of current officers, Compensation Officers, Officers, Compensation Officers,	Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2.  3 Grants and other assistance to governments, organizations, and individuals objuste the committee, and the charts, organizations, and individuals objuste the committees.  4 Benefits paid to or for members.  5 Compensation of current others, directors, trustees, and key employees.  1 Compensation of current others, directors, trustees, and key employees.  5 Compensation of current others, directors, trustees, and key employees.  6 Compensation of current others, directors, trustees, and key employees.  7 Compensation of Committees of the committees and value as each of 4958(C)(3)(B).  9 Other amployee benefits.  1 Payroll taxes.  2 Advertising and promotion.  3 Office expenses.  2 Advertising and promotion.  3 Office expenses.  2 Payroll taxel of travel or entertainment expenses for any federal, state, or local expenses. Hemize expenses not covered above (Expenses grouped together or by 6 total expenses shown on line 28 below).  2 Des ROR-OPRATINO ATATIVITIES.  2 Payments of travel or entertainment expenses, itemize expenses shown on line 28 below).  3 DUES. — CHIO EASTERN STAR BOME.  5 Des ROR-OPRATINO ATATIVITIES.  7 Payroll taxes.  2 Payroll to EASTERN STAR BOME.  5 Des ROR-OPRATINO ATATIVITIES.  7 Payroll to EASTERN STAR BOME.  5 Des ROR-OPRATINO ATATIVITIES.  7 Payroll to Competit the line only if the control of the co	1	and organizations in the U.S. See Part IV,	49,053.			
organizations, and individuals outside the U.S. See Part IV, lines is and 16  4 Benefits paid to or for members Compensation of current officers, directors, flustess, and key employees. Compensation of current officers, directors, flustess, and key employees. Compensation of current officers, directors, flustess, and key employees. Compensation of current officers, directors, flustess, and key employees. Compensation of current officers, directors, flustess, and key employees. Compensation of current officers, directors, flustess, and key employees. Contributions of control of the current of current of the current of the current of the current officers of the current of the current of the current officers of the current officers of the current officers of the current officers of the current of the curr	2					
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4950(11)) and persons described in section 4950(11) and persons described in an administration 4950(11) and persons described in an administration 4950(11) and pers	3	organizations, and individuals outside the				
16,000	4	Benefits paid to or for members			BALL CONTRACTOR	一次の大学の大学の大学
disqualified persons (as defined under section 4958(c)(3)(B)  7 Other salarens and wages  8 Pension plan contributions (include section 4016) and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11,809.  11 Fees for services (non-employees)  a Management  b Legal  c Accounting  d Lobbying  e Prof fundraising sviss. See Part IV, in 17  f Investment management fees  9 Other  2 Advertising and promotion  13 Office expenses  10 Corupancy  14 Information technology  15 Royalties  16 Occupancy  17 Travet  18 Payments of travel or entertainment expenses for any tederal, state, or local public difficials  19 Conferences, conventions, and meetings  10 Insurance  20 Depreciation, depletion, and amortization  21 Insurance  25 Depreciation, depletion, and amortization  26 DUES — ORAD CRAFTER  27 Agos (10)  3 DUES — ORAD CRAFTER  46, 101.  4 MOM/MBY JENELS/MURBER PINS  15, 446.  e COMPUTENS & NETWORKING  All other expenses.  1 Insurance  1 All office respenses.  1 Agos .  1 Agos	5	Compensation of current officers, directors	16,000.		Service Training Service Controlling	See Mile See as 15 . Jan Che a See
8 Penson plan contributions (include section 401kg) and section 403(b) employer contributions)  9 Ofter employee benefits  10 Payroll taxes  11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbyring e Prof fundrasing svcs. See Part IV, in 17 Investment management fees g Other 12 Advertising and promotion 13 Office expenses 11, 561. g Other 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials entered to travel or entertainment expenses for any federal, state, or local public officials 11 Payments to affiliates 12 Payments to affiliates 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 13 Insurance 14 Other expenses. Hemize expenses not covered above (Expenses prouped logether and labeled miscellareous may not exceed below) 18 DUES — OHTO EASTERN STAR HOME 19 DUES — OHTO EASTERN STAR HOME 20 DES RAND CHAPTER 46, 101. 4 MGM/MSP JENELS/MEMBER PINS 5 Total functional expenses. Add lines 1 brough 24f 5 Joint costs. Check here  if following SOP 99-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational expenses policitation 1 expenses and fundrasing solicitation	6	disqualified persons (as defined under section 4958(f)(1) and persons described in	0.			
8 Penson plan contributions (include section 401kg) and section 403(b) employer contributions)  9 Ofter employee benefits  10 Payroll taxes  11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbyring e Prof fundrasing svcs. See Part IV, in 17 Investment management fees g Other 12 Advertising and promotion 13 Office expenses 11, 561. g Other 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials entered to travel or entertainment expenses for any federal, state, or local public officials 11 Payments to affiliates 12 Payments to affiliates 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 13 Insurance 14 Other expenses. Hemize expenses not covered above (Expenses prouped logether and labeled miscellareous may not exceed below) 18 DUES — OHTO EASTERN STAR HOME 19 DUES — OHTO EASTERN STAR HOME 20 DES RAND CHAPTER 46, 101. 4 MGM/MSP JENELS/MEMBER PINS 5 Total functional expenses. Add lines 1 brough 24f 5 Joint costs. Check here  if following SOP 99-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational expenses policitation 1 expenses and fundrasing solicitation	7	Other salaries and wages	3,720.			
10   Payroll taxes	8	401(k) and section 403(b) employer				
11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 11,561. g Office expenses 21,979. 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18 Payments of stravel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a DUES - OHIO EASTERN STAR HOME b OES HOME-OPERATING/ACTIVITIES c DUES - GRAND CHAPTER 46, 101. d WGM/WGP_JEMELS/MEMBER PINS 5, 446. c COMPUTERS & METNORKING 7, 769. 25 Total functional expenses. Add lines 1 through 24! 61 Olinic rosts. Check here ▶ If following SOP 98.2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	9	Other employee benefits				
a Management b Legal c Accounting d Lobbying e Prof fundraising svs. See Part IV, in 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 11,561. g Other 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 bioliow ) a DUES — OHIO FASTERN STAR HOME b OES HOME—OPERATING/ACTIVITIES C DOBUS — GRAND CHAPTER 46, 101. d WGM/WSP JEMELS/MEMBER PTNS 5 DES HOME—OPERATING/ACTIVITIES 72, 966. c DUES — GRAND CHAPTER 46, 101. d WGM/WSP JEMELS/MEMBER PTNS 5 Total functional expenses. Add lines 1 through 24f 622, 673. 5 Total functional expenses. Add lines 1 through 24f 622, 673. 622, 673. 623, 673. 624, 673. 625 Total functional expenses. Add lines 1 through 24f 622, 673.	10	Payroll taxes	1,809.			
b Legal	11	Fees for services (non-employees)				
d Accounting d Lobbying e Prof fundraising svcs. See Part IV, in 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 2 1, 979.  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 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 24 Other expenses shown on line 25 below) 3 DIES - OHIO EASTERN STAR HOME 5% bots ROME-OFFERATING/ACTIVITIES 5 OES ROME-OFFERATING/ACTIVITIES 7 7, 966. c DIES - GRAND CHAPTER 46, 101. d WGM/WGP JEWELS/MEMBER PINS f All other expenses 5 Total functional expenses. Add lines 1 through 241 6 Joint costs. Check here + following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	ā	Management				
d Accounting d Lobbying e Prof fundraising svcs. See Part IV, in 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 2 1, 979.  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 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 24 Other expenses shown on line 25 below) 3 DIES - OHIO EASTERN STAR HOME 5% bots ROME-OFFERATING/ACTIVITIES 5 OES ROME-OFFERATING/ACTIVITIES 7 7, 966. c DIES - GRAND CHAPTER 46, 101. d WGM/WGP JEWELS/MEMBER PINS f All other expenses 5 Total functional expenses. Add lines 1 through 241 6 Joint costs. Check here + following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	ŀ	Legal	1,500.			
d Lobbying e Prof fundraising svos. See Part IV, in 17 f Investment management fees g Other  22 Advertising and promotion 3 Office expenses 3 21,979. 3 Insurance 3 Insurance 4 Depreciation, depletion, and amortization 23 Insurance 4 Other expenses shown on line 25 below ) a DUES - GRAND CHAPTER b OES HOME-OPERATING/ACTIVITIES c DUES - GRAND CHAPTER d WGM-WORLD JEMES AND CHAPTER d WGM-WORLD JEMES AND CHAPTER d GOOD JEMES - METWORKING 8 AND CHAPTER 4 GA, 007. f All other expenses. Add lines 1 through 24f  26 Joint costs. Check here I if following SOP 98-2 Complete this line only if the organization accompany and undered ducken complexing sold menus accompany and undered some complex sold line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	(	Accounting				
f Investment management fees   11,561.	(	Lobbying				
f Investment management fees   11,561.	6	Prof fundraising svcs. See Part IV, In 17				
g Other  12 Advertising and promotion  3 Office expenses  14 Information technology  15 Royalties  16 Occupancy  17 Travet  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  11 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a DIES - OHIO EASTERN STAR HOME  5 DIES - ORAND CHAPTER  d WGM/WGP JEWELS/MEMBER FINS  15,446.  e COMPUTENS & NETWORKING  4 All other expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campsing and fundrasing solicitation.		- · · · · · · · · · · · · · · · · · · ·		27 (44)		
Advertising and promotion  30 Office expenses  14 Information technology  15 Royalties  16 Occupancy  17 Travet  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a DUES - ORAND CHAPTER  4 DES HOME-OPERATING/ACTIVITIES  7 DES HOME-OPERATING/ACTIVITIES  COMPUTERS & NETWORKING  f All other expenses  15, 146.  e COMPUTERS & NETWORKING  A HOME AND	ç	Other				
14 Information technology 15 Royalites 16 Occupancy 17 Travet 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization insurance 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 DIES - OHIO EASTERN STAR HOME b DES HOME-OPERATING/ACTIVITIES 2 C DUES - GRAND CHAPTER 4 G, 101. 4 MCM/WGF JEWELS/MEMEER PINS 2 COMPUTERS & NETWORKING 5 All other expenses 5 Total functional expenses. Add lines 1 through 24f 5 OSO 98.2 Complete this line only if the organization reported in column (B) joint costs. Check here ▶ If following SOP 98.2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campanyan and fundraising solicitation		·				
14 Information technology 15 Royalites 16 Occupancy 17 Travet 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization insurance 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 DIES - OHIO EASTERN STAR HOME b DES HOME-OPERATING/ACTIVITIES 2 C DUES - GRAND CHAPTER 4 G, 101. 4 MCM/WGF JEWELS/MEMEER PINS 2 COMPUTERS & NETWORKING 5 All other expenses 5 Total functional expenses. Add lines 1 through 24f 5 OSO 98.2 Complete this line only if the organization reported in column (B) joint costs. Check here ▶ If following SOP 98.2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campanyan and fundraising solicitation	13	Office expenses	21,979.		<del></del>	
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 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Object expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 DUES - OHIO EASTERN STAR HOME 3 DUES - OHIO EASTERN STAR HOME 4 DOES HOME-OPERATING/ACTIVITIES 5 DOES HOME-OPERATING/ACTIVITIES 7 CAPPERS & NETWORKING 7 All other expenses 7 7 769 2 Joint costs. Check here ▶ if following SOP 98.2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	14	Information technology				
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 DUES - OHIO EASTERN STAR HOME 2 DUES - GRAND CHAPTER 4 G, 101. 2 MGM/WGP_JEWELS/MEMBER_PINS 4 G, 101. 3 MGM/WGP_JEWELS/MEMBER_PINS 5 COMPUTERS & NETWORKING 5 All other expenses 7, 769. 2 Total functional expenses. Add lines 1 through 24f 5 Ojont costs. Check here ► if following SOP 98.2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	15	Royalties				
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 5% of total expenses shown on line 25 below) 2 DES - OHIO EASTERN STAR HOME 2 DES - GRAND CHAFTER 4 de, 101. 4 WGM/WGP JEWELS/MEMBER PINS 5 DUES - GRAND CHAFTER 4 de, 101. 4 WGM/WGP JEWELS/MEMBER PINS 5 Total functional expenses. Add lines 1 through 24f 2 Joint costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	16	Occupancy				
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a DUES − OHIO EASTERN STAR HOME  b OES HOME-OFERATING/ACTIVITIES c DUES − GRAND CHAPTER d WGM/WGP JEWELS/MEMBER PINS e COMPUTERS & NETWORKING f All other expenses  Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational ampaign and fundraising solicitation	17	Travel Travel	14.685.			
20 Interest	18	expenses for any federal, state, or local				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a DUES - OHIO EASTERN STAR HOME  b OES HOME-OPERATING/ACTIVITIES  c DUES - GRAND CHAPTER  d WGM/WGP JEWELS/MEMBER PINS  e COMPUTERS & NETWORKING  f All other expenses  7, 769.  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	19	Conferences, conventions, and meetings	46,950.			
Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  Description of total expenses shown on line 25  Do DES HOME-OPERATING/ACTIVITIES  DUES - GRAND CHAPTER  DUES -	20	h				
23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a DUES - OHIO EASTERN STAR HOME  b OES HOME-OPERATING/ACTIVITIES  c DUES - GRAND CHAPTER  d WGM/WGP JEWELS/MEMBER PINS  e COMPUTERS & NETWORKING f All other expenses  7, 769.  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here Infollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a DUES - OHIO EASTERN STAR HOME 218,025.  b OES HOME-OPERATING/ACTIVITIES 72,966. c DUES - GRAND CHAPTER 46,101. d WGM/WGP JEWELS/MEMBER PINS 15,446. e COMPUTERS & NETWORKING 8,007. f All other expenses 7,769.  25 Total functional expenses. Add lines 1 through 24f 622,673.  26 Joint costs. Check here Infollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	22	Depreciation, depletion, and amortization	<u> </u>			
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )  a DUES - OHIO EASTERN STAR HOME 218,025.  b OES HOME-OPERATING/ACTIVITIES 72,966.  c DUES - GRAND CHAPTER 46,101.  d WGM/WCP JEWELS/MEMBER PINS 15,446.  e COMPUTERS & NETWORKING 8,007.  f All other expenses 7,769.  25 Total functional expenses. Add lines 1 through 24f 622,673.  26 Joint costs. Check here □ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		L. C.	5,190.			
b OES HOME-OPERATING/ACTIVITIES 72,966.  c DUES - GRAND CHAPTER 46,101.  d WGM/WGP JEWELS/MEMBER PINS 15,446.  e COMPUTERS & NETWORKING 8,007.  f All other expenses 7,769.  25 Total functional expenses. Add lines 1 through 24f 622,673.  26 Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
b OES HOME-OPERATING/ACTIVITIES 72,966.  c DUES - GRAND CHAPTER 46,101.  d WGM/WGP JEWELS/MEMBER PINS 15,446.  e COMPUTERS & NETWORKING 8,007.  f All other expenses 7,769.  25 Total functional expenses. Add lines 1 through 24f 622,673.  26 Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	а	DUES - OHIO EASTERN STAR HOME	218,025.		13	
c DUES - GRAND CHAPTER 46,101.  d WGM/WGP JEWELS/MEMBER PINS 15,446.  e COMPUTERS & NETWORKING 8,007.  f All other expenses 7,769.  25 Total functional expenses. Add lines 1 through 24f 622,673.  26 Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	b	OES HOME-OPERATING/ACTIVITIES				
e COMPUTERS & NETWORKING 8,007.  f All other expenses 7,769.  25 Total functional expenses. Add lines 1 through 24f 622,673.  26 Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	c	DUES - GRAND CHAPTER	46,101.			
e COMPUTERS & NETWORKING 8,007.  f All other expenses 7,769.  25 Total functional expenses. Add lines 1 through 24f 622,673.  26 Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	d	WGM/WGP JEWELS/MEMBER PINS				
f All other expenses  7,769.  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						
Total functional expenses. Add lines 1 through 24f 622, 673.  Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	f	All other expenses				
Joint costs. Check here   If following  SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25	Total functional expenses. Add lines 1 through 24f				
	26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	BAA	campaign and rundraising solicitation		<u>.</u>	<u> </u>	Form <b>990</b> (2009)

	rt X	Balance Sheet	24-	0680	705 Page I
Г	ILLY	-   Balance Sheet	(4)		(D)
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash – non-interest-bearing	281,099.	1	251,591
	2	Savings and temporary cash investments	55,339.	2	45,657
	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	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	THE PROPERTY OF STREET	7 V. C.	
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	The second secon	6	ئىمەكىنى <u>تىنى ئىلدۇ</u> دە بايدىن <u>ى بىرىت دە ئاھىمۇنىيە</u> سىنىتلە
A S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	<del></del>
Š	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other basis   10a		(1.01.E)	
ĺ		Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10 c	
	11	Investments – publicly-traded securities.	1,439,783.	11	1,478,025
i	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,776,221.	16	1,775,273
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	A STREET OF THE STREET		
į		of Schedule L		22	
E S		Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
		Other Irabilities. Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
N E		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
A S	27	Unrestricted net assets .	354,363.	27	341,245
SETS	28	Temporarily restricted net assets	1,421,858.	28	1,434,028
- 1	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
R		Organizations that do not follow SFAS 117, check here ▶ and complete			<b>到我们心的主要</b>
F		lines 30 through 34.		13.75	
F JZD	30	Capital stock or trust principal, or current funds		30	
B A	<sup>-</sup> 31	Paid-in or capital surplus, or land, building, and equipment fund		31	<del></del>
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ğ	33	Total net assets or fund balances.	1,776,221.	33	1,775,273
됩	34	Total liabilities and net assets/fund balances	1,776,221.	34	1,775,273

The state of the s			
		Yes	No
1 Accounting method used to prepare the Form 990 $\overline{X}$ Cash $\overline{}$ Accrual $\overline{}$ Other	- 22		
lf the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		1.67	- 1 's
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c 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			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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.	3h		

BAA Form **990** (2009)

#### SCHEDULE D (Form 990)

#### Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

Open to Public

Inspection Employer Identification number Name of the organization ORDER OF THE EASTERN STAR OF OHIO C/O ROBERTA DAVID 34-0680705 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. Pärt I (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure 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 Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements. 2Ь c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 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 easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements 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 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a 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 Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

•							
Schedule <b>D</b> (Form 990) 2009 ORDEF	R OF THE	EASTERN STA	R OF	OHIO	34-068	30705	Page 2
Part III Organizations Mainta							
3 Using the organization's acquisiti items (check all that apply)	on accession	and other records	, check	any of the following th	hat are a significant us	se of its coll	ection
a Public exhibition		d 🗍	Loan or	exchange programs			
<b>b</b> Scholarly research		e 🦳	Other				
c Preservation for future gener	ations		_				
4 Provide a description of the organ Part XIV	nization's coll	ections and expla	ın how tł	ney further the organiz	zation's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds r						Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangem unt on Forr	i <b>ents</b> Complete n 990, Part X,	out org line 21	anızatıon answere	ed 'Yes' to Form 9	90, Part I	iV, line
1a Is the organization an agent, trus included on Form 990, Part X?			•		er assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	nd complete the f	ollowing	table			
						Amount	
<b>c</b> Beginning balance .					1 c		
<b>d</b> Additions during the year					1 d		
e Distributions during the year		•	•		1 e		
f Ending balance					1 f		
2a Did the organization include an a	mount on For	m 990, Part X, lin	e 217			Yes	∐ No
<b>b</b> If 'Yes,' explain the arrangement							
Part V Endowment Funds Co	mplete if or	ganization ans	wered	'Yes' to Form 99	0, Part IV, line 10		
	(a) Current	year (b) Pr	or year	(c) Two years back	<del></del>	(e) Four	years back
1 a Beginning of year balance				1 to	a That a second		
<b>b</b> Contributions							
c Net Investment earnings, gains, and losses						The second	_
<b>d</b> Grants or scholarships				3		45° "-	
Other expenditures for facilities and programs				المارية المارية المارية		74. T	
f Administrative expenses				2 x 5 x			
<b>g</b> End of year balance	<del></del>				-	·,	-
2 Provide the estimated percentage	e of the year e	end balance held a	as:				
a Board designated or quasi-endow	/ment ►	<b>%</b>					
<b>b</b> Permanent endowment ►							
c Term endowment ►	<u> </u> 8						
3a Are there endowment funds not in organization by:	n the possess	ion of the organiz	ation tha	t are held and admin	istered for the	Ye	es No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related o	rganizations l	isted as required	on Sche	dule R? .		3b	
4 Describe in Part XIV the intended						·	
Part VI Investments-Land, B					line 10.		*
Description of investment		(a) Cost or other to (investment)		(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Bool	k Value

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

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

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 ORDER OF THE EAST!	<u>ERN STAR OF OHIO</u>	34-06807	705 _ Page <b>3</b>
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	e 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	n value
Financial derivatives			
Closely-held equity interests			
Other			
	<u> </u>		<del></del>
		·····	<del></del>
		<del></del>	
	··· -		<del></del>
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	9	The same of the sa	
Part VIII Investments-Program Related (See	Form 990, Part X, Iir	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	1 ,
		Cost or end-of-year market	value
<del></del>			<del></del>
<del></del>			
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.)	<u> </u>		
Part  XXX  Other Assets (See Form 990   Part X	line 15) N/A		
Other Assets (See Form 990, Part X,			(b) Book value
	Ine 15) N/A		(b) Book value
			(b) Book value
(a) De	scription		(b) Book value
(a) De	une 15)	<b>P</b>	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I	une 15) X, line 25)	<b>▶</b>	(b) Book value
(a) De	une 15)	<b>&gt;</b>	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)	<b>&gt;</b>	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)	<b>-</b>	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)	<b>▶</b>	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability	une 15) X, line 25)		(b) Book value

Sche	dule D (Form 990) 2009 ORDER OF THE EASTERN STAR OF OHIO	34-0680705	Page <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	5	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		584,165.
2	Total expenses (Form 990, Part IX, column (A), line 25)		622,673.
3	Excess or (deficit) for the year Subtract line 2 from line 1		<del>-38,508.</del>
4	Net unrealized gains (losses) on investments		37,560.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments .		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		37,560.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-948.
Par	t XII: Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	663,236.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<del></del>
а	Net unrealized gains on investments 2a 37, 5	60.	
	Donated services and use of facilities 2b		
c	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2 e	37,560.
	Subtract line 2e from line 1	3	625,676.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	-1	_020,010:
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV) SEE PART XIV 4b -41,5	11	
	Add lines 4a and 4b		-41,511.
_		4c	584,165.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t;XIII. Reconciliation of Expenses per Audited Financial Statements With Expenses		384,103.
_		per Ketarri	664,184.
1	Total expenses and losses per audited financial statements .	¥	004,104.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV) SEE PART XIV 2d 41,5		
е	Add lines 2a through 2d .	2e	41,511.
	Subtract line 2e from line 1	. 3	622,673.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b .	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	622,673.
Par	t:XIV:   Supplemental Information		
	A, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete the mation	is part to provide a	ny additional
BAA	TEEA3304L 02/02/10	Schedule <b>D</b> (F	orm 990) 2009

Schedule <b>D</b>	(Form 990) 2009	ORDER OF T	HE EASTERN S' continued)	TAR OF OHI	0		34-0680705	Page 5
Part XIV	Supplementa	Information (	continued)					
<del>_</del>								
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2009

10/04/10

# SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATIONPAGE 6

ORDER OF THE EASTERN STAR OF OHIO C/O ROBERTA DAVID

34-0680705

CLIENT E004

10<sup>-</sup>57AM

SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

SUPPLIES FOR RESALE & SALES TAX

TOTAL  $\frac{$}{$}$   $\frac{-41,511}{-41,511}$ .

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SUPPLIES FOR RESALE & SALES TAX

TOTAL \$ 41,511.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

EASTERN STAR OF OHIO

ORDER OF THE

Name of the organization

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2000

OMB No 1545-0047

COUS Triple of the Court of the	Employer identification number
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34-0680705

% ⊠ (h) Purpose of grant or assistance Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) ö ö o. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 14,570 13,985 12,730 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part It General Information on Grants and Assistance (b) Ein 3 Enter total number of other organizations 1 (a) Name and address of organization or government AMERICAN HEART ASSOCIATION YOUTH GROUPS - EDUCATIONAL CANCER ORGANIZATIONS

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 34-0680705 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 9,000. 63,912 (c) Amount of cash grant ORDER OF THE EASTERN STAR OF OHIO RELIGIOIUS EDUCATIONAL SCHOLARSHIPS BENEVOLENCE - MEMBER HARDSHIPS (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III BAA

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public

Name of the organization ORDER OF THE EASTERN STAR OF OHIO C/O ROBERTA DAVID	Employer identification number 34-0680705
FORM_990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
No PERSON IN C. O. Mark CANADA	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROV	/AL PROCESS FOR CEO, EXEC. DIR., OR TOP M
GOVERNING BOARD DETERMINES APPROPRIATE PAY LEVELS FO	R GRAND SECRETARY, GRAND
TREASURY AND OTHER POSTIONS.	

Schedule O (Form	990) 2009	Page 2
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	C/O ROBERTA DAVID	34-0680705
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