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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 09-01-2009, and ending 08-31-2010

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 ORDER OF THE EASTERN STAR OF MINNESOTA GRAND CHAPTER	D Employer identification number 41-0460471
Number and street (or P O box, if mail is not delivered to street address) 11501 MASONIC HOME DRIVE	E Telephone number (952) 948-6800
City or town, state or country, and ZIP + 4 BLOOMINGTON, MN 55437	F Group Exemption Number ► 0243

* 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: ► www.mnoes.org

J Tax-Exempt status (check only one) 501(c) (10) (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 ► \$ 233,884

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

1 Contributions, gifts, grants, and similar amounts received	1	133,814
2 Program service revenue including government fees and contracts	2	12,884
3 Membership dues and assessments	3	55,265
4 Investment income	4	18,996
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	12,925
b Less cost of goods sold	7b	13,467
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-542
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	220,417
10 Grants and similar amounts paid (attach schedule) ►	10	134,775
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	29,477
13 Professional fees and other payments to independent contractors	13	1,150
14 Occupancy, rent, utilities, and maintenance	14	3,359
15 Printing, publications, postage, and shipping	15	4,419
16 Other expenses (describe ►)	16	32,894
17 Total expenses. Add lines 10 through 16	17	206,074
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,343
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	821,099
20 Other changes in net assets or fund balances (attach explanation) ►	20	2,645
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	838,087

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	803,374	22 818,712
23 Land and buildings		23
24 Other assets (describe ►)	17,725	24 19,375
25 Total assets	821,099	25 838,087
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	821,099	27 838,087

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		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
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?		35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	
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		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b	Did the organization file Form 1120-POL for this year?		37b	
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?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		38b	
39	Section 501(c)(7) organizations. Enter		39a	
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		40b	
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		40e	No
41	List the states with which a copy of this return is filed ► MN			
42a	The organization's books are in care of ► Glen Carlson		Telephone no ► (952) 948-6800	
	11501 Masonic Home Drive			
	Located at ► Bloomington, MN		ZIP + 4 ► 55437	
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)?		42b	No
	If "Yes," enter the name of the foreign country ► _____			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	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 ► <input checked="" type="checkbox"/> 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", <i>Form 990 must be completed instead of Form 990-EZ.</i>		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>		45	No

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.

- | | Yes | No |
|--|------------|-----------|
| 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| 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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 ► _____

Please Sign Here	<p>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</p> <p>***** Signature of officer <u>glen carlson grand secretary</u> Type or print name and title</p>		
		Date 2011-01-10	Date 2011-01-10
Paid Preparer's Use Only	Preparer's signature DAN J FLICEK	Date 2011-01-04	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 MAHONEYULBRICHCHRISTIANSEN & RUSS PA 30 EAST PLATO BOULEVARD SAINT PAUL, MN 551071809		Preparer's identifying number (See instructions) EIN <input type="checkbox"/>

Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 MAHONEYULBRICHCHRISTIANSEN & RUSS PA 30 EAST PLATO BOULEVARD SAINT PAUL, MN 551071809		EIN <input type="checkbox"/>
			Phone no <input type="checkbox"/> (651) 227-6695

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

Additional Data

Software ID:
Software Version:
EIN: 41-0460471
Name: ORDER OF THE EASTERN STAR OF
MINNESOTA GRAND CHAPTER

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
sue bay 11501 masonic home drive bloomington, MN 55437	past grand matron 20 00	0	0	2,625
james morris 11501 masonic home drive bloomington, MN 55437	past grand patron 20 00	0	0	1,875
donna hanley 11501 masonic home drive bloomington, MN 55437	worthy grand matron 20 00	0	0	1,475
russell trout 11501 masonic home drive bloomington, MN 55437	worthy grand patron 20 00	0	0	825
glen carlson 11501 masonic home drive bloomington, MN 55437	grand secretary 40 00	12,000	0	0
georgianne johnson 11501 masonic home drive bloomington, MN 55437	grand treasurer 2 00	2,640	0	250
doris korthof 11501 masonic home drive bloomington, MN 55437	associate grand matron 20 00	0	0	0
ralph johansen 11501 masonic home drive bloomington, MN 55437	associate grand patron 20 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: ORDER OF THE EASTERN STAR OF
MINNESOTA GRAND CHAPTER
EIN: 41-0460471

Item No.	1
Class of Activity	charitable contribution
Donee's Name	masonic cancer center
Donee's Address	420 delaware street minneapolis, MN 55455
Amount (FMV)	37,768
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	charitable contribution
Donee's Name	minnesota masonic home
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	22,032
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	charitable contribution
Donee's Name	general grand chapter order of the eastern star - haiti relief
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	9,604
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	charitable contribution
Donee's Name	can do canines
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	1,796
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	charitable contribution
Donee's Name	helping paws animal shelter
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	1,796
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	charitable contribution
Donee's Name	international order of jobs daughters
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	1,079
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	charitable contribution
Donee's Name	international order of the rainbow girls
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	376
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	charitable contribution
Donee's Name	order of demolay
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	1,054
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	charitable contribution
Donee's Name	anonymous
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	3,800
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	charitable contribution
Donee's Name	others
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	8,036
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	charitable contribution
Donee's Name	eastern star training awards
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	25,671
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	charitable contribution
Donee's Name	m josephine ruhsam scholarships
Donee's Address	11501 masonic home drive bloomington, MN 55437
Amount (FMV)	21,763
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: ORDER OF THE EASTERN STAR OF
MINNESOTA GRAND CHAPTER
EIN: 41-0460471

Description	Beginning of Year Amount	End of Year Amount
loans receivable	17,725	19,375

TY 2009 Other Changes in Net Assets Schedule

Name: ORDER OF THE EASTERN STAR OF
MINNESOTA GRAND CHAPTER
EIN: 41-0460471

Description	Amount
unrealized gain on investments	2,645

TY 2009 Other Expenses Schedule

Name: ORDER OF THE EASTERN STAR OF
MINNESOTA GRAND CHAPTER
EIN: 41-0460471

Description	Amount
office expenses	3,161
membership expenses	798
travel expense	899
insurance	912
payroll tax	1,350
program expense	17,693
national organizational dues	8,081

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: ORDER OF THE EASTERN STAR OF
MINNESOTA GRAND CHAPTER

EIN: 41-0460471

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.