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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THE COORDINATING BODY (GRAND CHAPTER) FOR THE STATE OF MINNESOTA			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> TO GIVE PRACTICAL EFFECT TO ONE OF THE BENEFICIENT PURPOSES OF FREE MASONRY WHICH IS TO PROVIDE FOR THE WELFARE OF WIVES, DAUGHTERS, MOTHERS AND SISTERS OF MASTER MASONS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	206,074
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	206,074

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(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

Part VOther 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 <b>not</b> 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 <b>Form 990-T</b> 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 <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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		
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	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.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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	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.				
	Signature of officer *****		Date 2011-01-10		
Paid Preparer's Use Only	Preparer's signature DAN J FLICEK		Date 2011-01-04	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 MAHONEYULBRICHCHRISTIANSEN & RUSS PA 30 EAST PLATO BOULEVARD SAINT PAUL, MN 551071809				EIN ▶
					Phone no ▶ (651) 227-6695
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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

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.