

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	\ F	or the	2009 calendar year, or tax year beginning SEP 1, 2009 and ending	AUG 31, 2010						
В	CI	neck if	Please C Name of organization	D Employer identific	cation number					
	ap	plicable								
[Addres	e puntor EASTERN STAR OF STATE OF NEVADA		000615					
[_	Name chang			039615					
į		Initial return	See Number and street (or P O box if mail is not delivered to street address) Room/suit							
Į		Termir	Instruction 1823 POCONO CT	(775) 355-6464					
ļ		Ameno	City or town, state or country, and zir + 4	G Gross receipts \$	114,098.					
Į		Applic tion pendir	DFARRD, NV 03434-3003	H(a) Is this a group re						
		F	F Name and address of principal officer: DARDARA REDMOND	for affiliates? Yes X No.						
_			SAME AS C ABOVE	H(b) Are all affiliates inc						
			empt status: X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527		list (see instructions)					
. –			te: ► N / A organization Corporation Trust Association X Other ► L Yea	H(c) Group exemptio	State of legal domicile NV					
			organization Corporation Trust Association X Other ► L Yes	ir or iormation 1909 N	State of legal dominicile 11 V					
ىيا ۋ د	ra		Briefly describe the organization's mission or most significant activities: FRATERAL I	SM AND CHART	ΤΥ					
}	e c	1	Briefly describe the organization's mission of most significant activities.	on this child						
,	Governance	2	Check this box If the organization discontinued its operations or disposed of mo	re than 25% of its net as	sets					
)	Ve		Number of voting members of the governing body (Part VI, line 1a)	3	8					
•	ဌ		Number of independent voting members of the governing body (Part VI, line 1b)	4	8					
•	∞ S		Total number of employees (Part V, line 2a)	5	1					
. :	ıte		Total number of volunteers (estimate if necessary)	6	0					
න . ම න	Activities &		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
§ .	ĕ		Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
-	7		Net difference seasiness taxable meante from Fermi each 1, into ex-	Prior Year	Current Year					
		8	Contributions and grants (Part VIII, line 1h)	50,770.	53,927.					
	Revenue		Program service revenue (Part VIII, line 2g)	23,307.	19,554.					
	Se		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-21,736.	33,249.					
(ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,628.	2,520.					
			Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,969.	109,250.					
	7		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,682.	39,591.					
	-		Benefits paid to or for members (Part IX, column (A), line 4)							
	S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,383.	5,383.					
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)							
	<u>e</u>		Total fundraising expenses (Part IX, column (D), line 25)							
ı	<u>@</u>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	35,910.	31,848.					
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line.25)	93,975.	76,822.					
		19	Revenue less expenses. Subtract line 18 from line 12	-38,006.	32,428.					
2	d Balances			Beginning of Current Year	End of Year					
, da	딇	20	Total assets (Part X line 16)	1,014,282.	1,059,138.					
φ	9	21		255.	255.					
N N	Fund	22	Net assets or fund balances. Subtract line 21 from line 20	1,014,027.	1,058,883.					
	Pa	<u>rt II</u>	Signature Block							
			Under penalties of perjury, declare that I have examined this return thoughing accompanying schedules and statement and complete. Declaration of preparer (other trian officer) is based on all information of which preparer has any knowledge.	s, and to the best of my knowledge	ge and belief, it is true, correct,					
			Const Machine	1/1/2	/10					
S	ign)	1 DO KUMMX	Doto.						
۲	lere	3	Signature of officer	Date						
			BARBARA REDMOND, GRAND SECRETARY		<u></u>					
_			Type or print name and title	Check If Prepare	er's identifying number					
P	aid		Preparer's Preparer's Property of the second	self- (see in:	structions)					
P	rep	arer's		employed						
U	lse (Only	Firm's name (or yours if self-employed), 924 S. VIRGINIA STREET	EIN ►						
			address, and DTMO NYT OOF OO OA1C	Phono no						
-	10:	the !!		Phone no	X Yes No					
_			RS discuss this return with the preparer shown above? (see instructions) 4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate in	estructions	Form 990 (2009)					
9	JZU.	1 02-0	M-IO LITA I OF FITACY ACE BITCH EXPERTMENT REQUESTION ACE TOUCE, See the Separate in		. 5 555 (2505)					

Form 990 (2009)

EASTERN	STAR	OF	STATE	OF	NEVADA

Pa	rt'lli Statement o	f Program Service Accor	nplishments		
1	Briefly describe the org	ganization's mission: HUMANITY THROUGH	FRATERNALISM AND		
			ICES TO LOCAL CHAI	PTERS WHO RAISE F	UNDS FOR
	CHARITABLE (GIVING.			
2	-		services during the year which we	ere not listed on	Yes X No
	the prior Form 990 or 9				res _A_ No
_	•	e new services on Schedule O.	ent changes in how it conducts to	ny program condece?	Yes X No
3	~	ease conducting, or make signific e changes on Schedule O.	ant changes in how it conducts, a	iny program services?	Tes _ANO
4			f the organization's three largest p	rooram services by expenses	
•			on 4947(a)(1) trusts are required to		
			If any, for each program service re		
	,				
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	RAISE FUNDS	FOR CHARITABLE,	EDUCATIONAL, AND	RELIGIOUS PURPOS	ES.
					
					
				·	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					
	 -				
				-	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(0000)	, (2,42,1,22)			
					
				 	
4d		es. (Describe in Schedule O.)			
	(Expenses \$	including grants of	of \$) (Rever	nue \$)	
<u>4e</u>	Total program service	e expenses ►\$			5 000 mm
					Form 990 (2009)

932002 02-04-10

88-0039615 Page 3 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		X
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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		Х
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		X
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	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	:		
	Part VI.			
•	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 257 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 statements for the tax year? If "Yes," complete	40		Х
	Schedule D, Parts XI, XII, and XIII	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes " completing Schedule D. Parts XI, XII, and XIII is optional." Yes No.			
	11 705, Completing Concesses 2,1 and 70,700, and 700 to optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
ь	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
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		Х
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		Х
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		Х
		Form	990 (2009)

EASTERN STAR OF STATE OF NEVADA 88-0039615 Page 4

			Yes	No
21	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	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		,,	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	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			١,,
	Schedule J	23	<u> </u>	X
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ĺ	v
	Schedule K. If "No", go to line 25	24a		Х
	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 I	25a		
þ	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	Ì		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	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	33		Х
34	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
35	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
36	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		X
37	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		X
38	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.	38	X	<u> </u>
		Form	990 (2009)

Form 990 (2009) EASTERN STAR OF STATE OF NEVADA

Part V Statements Regarding Other IRS Filings and Tax Compliance

44.	VV Contents regarding other mer mings and rax compliance		1	
	- · · · · · · - · - · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable Forter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			
	Effect the humber of Forms with indicated in time 1a. Effect of infort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		
_	(gambling) winnings to prize winners?	1c		
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 1		Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	•		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		^_
D	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.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
_	Tax Shelter Transaction?	5c		_
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
L	any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	er		
,	were not tax deductible?	6Ь		, ,
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	70		Х
.	provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
U	to file Form 8282?	7c		Х
4	If "Yes," indicate the number of Forms 8282 filed during the year	-,,		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
٠	benefit contract?	7e	1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
В.	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 holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	[
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	İ	
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	j		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

88-0039615 Page 6

Form 990 (2009)

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a		8		
Ь	Enter the number of voting members that are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 990	was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	of the			
	governing body?			7a	ļ	<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following:				.,	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	t the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)		V	NI-
40-	Describe average track have level abortons by analysis or officiates?			10a	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such a	chante	re affiliates	IVa		
D	and branches to ensure their operations are consistent with those of the organization?	chapte	is, aiiiiates,	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ilina the	form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9				
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	[]	Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld aive	rise			
-	to conflicts?					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," (describe			
	in Schedule O how this is done			12c		
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 approve	al by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u> </u>
b	Other officers or key employees of the organization			15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	th a			17
	taxable entity during the year?			16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anızatıc	n's			
<u></u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	T (501(c)(3)s only) availabl	e for		
	public inspection. Indicate how you make these available. Check all that apply.	. 1001(0	NO OTHER AVAILABLE	U 101		
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	conflict	of interest policy.	and fina	incial	
	statements available to the public.		,			
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd reco	rds of the organiz	ation:	-	
	THE ORGANIZATION - (775)355-6464					
	1825 POCONO CT, SPARKS, NV 89434-5805					
				Form	990 (2009)

932006 02-04-10

EASTERN STAR OF STATE OF NEVADA

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."
- 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	6	Position (check all that a			-	ŀΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated 5 employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BARBARA HOLMES WORTHY GRAND MATRON	12.00	х						0.	0.	0
JAY DINI WORTHY GRAND PATRON	2.00	х						0.	0.	0
JANET VICK ASSOCIATE GRAND MATRON	10.00	х						0.	0.	0
RICHARD SIDFORD ASSOCIATE GRAND PATRON	2.00	х			_			0.	0.	0
RUTH FITZGERALD GRAND CONDUCTRESS	2.00	х	ļ					0.	0.	0
JERRIE LEE PERKINS GRAND TRUSTEE JUDY RAICHE HARRIS	2.00	x	_					0.	0.	0
GRAND TRUSTEE CLARENCE VAN HORN	2.00	х			_			0.	0.	0
GRAND TRUSTEE BARBARA REDMOND	2.00	х						0.	0.	0
GRAND SECRETARY CINDY VAN HORN	10.00			Х	_			5,000.	0.	0
GRAND TREASURER	2.00			х				0.	0.	0
			-	_	_					

EASTERN STAR OF STATE OF NEVADA

. 41	(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		(F) Estima	ted
		hours per week	Individual trustee or director			that	app		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amoun othe compens from t organiza and rela organiza	t of r sation he ation ated
1b	Total Total number of individuals (including but	not limited to ti	nose	e liste	ed a	bov	e) wi	no re	5,000 ecceived more than \$100	L	0.		0.
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$1:	such individual sum of reportab	le c	omp	ensa	atioi	n and	d otl	her compensation from			Yes	No X
5 Sec	Did any person listed on line 1a receive or the organization? If "Yes," complete Sche ction B. Independent Contractors	dule J for such	pers	son								5	Х
1	Complete this table for your five highest of the organization. NONE (A)	*	dep	ende	ent c	ont	racto	ors t	(B)			(C)	
	Name and busines	s address							Description of	services	Cor	mpensati	ion
2	Total number of independent contractors \$100,000 in compensation from the organ		not li	ımıte	ed to		ose li O	stec	d above) who received r	nore than		orm 990	(2000)

EASTERN STAR OF STATE OF NEVADA

Pa	Part VIII Statement of Revenue							
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
gra	b	Membership dues	1b					
ts, am	С	Fundraising events	1c					
gia		Related organizations	1d					
ns,		Government grants (contribut	·					
utio er s	f	All other contributions, gifts, gran	1 1	F 0 00 F				
ēŧ		similar amounts not included abo	ve 1f	53,927.				
P P	-	Noncash contributions included in lines	1a-1f \$		E2 027			
<u>0 e</u>	h	Total. Add lines 1a-1f		<u> </u>	53,927.			
		WENDEDON'T DUE	•	Business Code		10 740		
ice				900099	13,742.	13,742.		
ne Z		GRAND SESSION R		900099	4,910.	4,910. 902.		
m S	С		<u> </u>	900099	902.	902.		
Reg	đ			· · · · · · · · · · · · · · · · · · ·				
Program Service Revenue	e	All all						
_	f	• •	enue		19,554.	· · · · · · · · · · · · · · · · · · ·		
	<u>9</u> 3	Total. Add lines 2a-2f Investment income (including	dividende intere		13/331.			
	J	other similar amounts)	dividends, intere	=51, and ►	33,249.			33,249.
	4	Income from investment of ta	x-exempt bond r					
	5	Royalties	A CACITIFIC BOTTO F	>100000003				
	•	· · · · · · · · · · · · · · · · · · ·	(ı) Real	(II) Personal				
ļ	6 a	Gross Rents		(1) / 51551141				
İ		Rental income or (loss)						
İ		Net rental income or (loss)		•		'		
		Gross amount from sales of	(i) Securities	(II) Other		.,		
1		assets other than inventory						
	b	Less: cost or other basis						
İ		and sales expenses						
!	С	Gain or (loss)						
	d	Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraising including \$						
Š		contributions reported on line	1c) See					
er		Part IV, line 18	а					
된	b	Less. direct expenses	b					
		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
		Less: direct expenses	ь					
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less		4 002				
		and allowances	a	4 040				
		Less: cost of goods sold	b	4,040.	145.	145.		
ł	c	Net income or (loss) from sale		Dual and Code	140.	147.		
}	11 a	Miscellaneous Revenu MISCELLANEOUS	<u>e</u>	Business Code 900099	2,375.	2,375.		
	ıı a b			70007	2,3,3.	2,373.		
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d		•	2,375.		,	
	12	Total revenue. See instructions		>	109,250.	22,074.	0.	33,249.
93200 02-04					•			Form 990 (2009)

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). (A) (C) (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b. 8b. 9b, and 10b of Part VIII. <u>expenses</u> general expenses expenses Grants and other assistance to governments and 27,991. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 11,600. the U.S. See Part IV, line 22 Grants 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, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,000. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 383. 10 Payroll taxes Fees for services (non-employees): a Management b Legal 5,940. Accounting Lobbying d Professional fundraising services See Part IV, line 17 Investment management fees Other 9 Advertising and promotion 12 1,621. 13 Office expenses Information technology 14 15 Royalties 500. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,793. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 713. 22 Depreciation, depletion, and amortization 2,344. 23 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) DUES PAID TO LOCAL CHAP 7,632. 2,195. GGC PER CAPITA TAX 2,053. PRINTING AND PUBLICATIO ALLOWANCES FOR OFFICERS 1,735. 1,084. INVESTMENT FEES 2,238. f All other expenses 76,822.Total functional expenses Add lines 1 through 24f 25 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

				(A) Beginning of year		(B) End of year
				- Dogiming or your	1	232.
	1	Cash - non-interest-bearing	-	303,515.	2	220,585.
	2	Savings and temporary cash investments	-	303,313.	3	220,303
	3	Pledges and grants receivable, net	-	2.	4	2,017.
	4	Accounts receivable, net	-4	۷.	4	2,017
ŀ	5	Receivables from current and former officers, directors, tru				
		employees, and highest compensated employees. Comple	te Part II		_	
	_	of Schedule L	4		5	
	6	Receivables from other disqualified persons (as defined un	· · · · · · · · · · · · · · · · · · ·			
		4958(f)(1)) and persons described in section 4958(c)(3)(B).	Complete			
	_	Part II of Schedule L	-		7	
Assets	<i>'</i>	Notes and loans receivable, net	-	2,207.	8	2,191.
Ass	8	Inventories for sale or use	-	2,201.	9	
	9 10 -	Prepaid expenses and deferred charges	-		9	
	10a		17 629			
		basis. Complete Part VI of Schedule D	17,629. 6,529.	1 065	10c	11 100
.		Less: accumulated depreciation 10b	0,323.	1,065. 92,254.	11	122,552
	11	Investments - publicly traded securities	-	614,239.	12	11,100. 122,552. 698,461.
	12	Investments - other securities. See Part IV, line 11	-	014/237.	13	0707401.
	13	Investments - program-related. See Part IV, line 11	-			
	14	Intangible assets	-	1,000.	14 15	2,000.
	15	Other assets. See Part IV, line 11	-	1,014,282.	16	1,059,138.
-	16	Total assets. Add lines 1 through 15 (must equal line 34)		255.	17	255.
- 1	17 18	Accounts payable and accrued expenses	-	233.	18	
	19	Grants payable Deferred revenue	-		19	
- 1	20	Tax-exempt bond liabilities	-		20	
	20 21	Escrow or custodial account liability Complete Part IV of S	abadula D		21	
ຍ	22	Payables to current and former officers, directors, trustees				
Ē 1		highest compensated employees, and disqualified persons				
<u> </u>		of Schedule L	s. Complete Fait ii		22	
,	23	Secured mortgages and notes payable to unrelated third p	artics		23	
- 1	23 24	Unsecured notes and loans payable to unrelated third part			24	
- 1	25	Other liabilities. Complete Part X of Schedule D	-		25	
- 1	26	Total liabilities. Add lines 17 through 25	F	255.	26	255.
			X and complete			
ς I		lines 27 through 29, and lines 33 and 34.	and complete			
ဦ ၂ ့	27	Unrestricted net assets		868,978.	27	929,057.
	28	Temporarily restricted net assets	F	74,884.	28	54,614.
	29	Permanently restricted net assets	F	70,165.	29	75,212.
Š ¯		Organizations that do not follow SFAS 117, check here	▶ ☐ and			
<u> </u>		complete lines 30 through 34.				
۽ ايو	30	Capital stock or trust principal, or current funds			30	
ŭ	31	Paid-in or capital surplus, or land, building, or equipment fu	ınd		31	
<u>ا</u> کے	32	Retained earnings, endowment, accumulated income, or o			32	·
ž ;	33	Total net assets or fund balances		1,014,027.	33	1,058,883.
١,٠	-	Total liabilities and net assets/fund balances	F	1,014,282.	34	1,059,138.

THE GRAND CHAPTER OF THE ORDER OF EASTERN STAR OF STATE OF NEVADA

Form 990 (2009)

88-0039615 Page **12**

Pa	t XI Financial Statements and Reporting		
		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Х
ь	Were the organization's financial statements audited by an independent accountant?		X
С	and the second s		
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
	consolidated basis, separate basis, or both: 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?		X
þ	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.		
	Form	990	(2009)

Schedule D

(Form'990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE GRAND CHAPTER OF THE ORDER OF EASTERN STAR OF STATE OF NEVADA

Employer identification number 88-0039615

Par	rt I Organizations Maintaining Donor A	Advised Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Par	rt IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi	sors in writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization		Yes No
6	Did the organization inform all grantees, donors, and		e used only
	for charitable purposes and not for the benefit of the		
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete	f the organization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the or	ganızatıon (check all that apply).	
	Preservation of land for public use (e.g., recreated	tion or pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	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 Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated by th	e organization during the tax
	year 🕨		
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding	the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation ease		Yes No
6	Staff and volunteer hours devoted to monitoring, insp		
7	Amount of expenses incurred in monitoring, inspecting		
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of section 176	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports co		
	include, if applicable, the text of the footnote to the o	organization's financial statements that describes	s the organization's accounting for
D	conservation easements.	ions of Art, Historical Treasures, or C	Other Similar Assets
Par	organizations Maintaining Collecti Complete if the organization answered 'Yes' t		office official Assets.
	Complete if the organization answered Tes	(o) (iii) (bo), i ait iv, iiio ().	
1.	If the organization elected, as permitted under SFAS	116 not to report in its revenue statement and h	palance sheet works of art, historical
10	treasures, or other similar assets held for public exhib		
	the footnote to its financial statements that describes		able service, provide, in rail 744, the text of
_			nce sheet works of art, historical treasures
b	or other similar assets held for public exhibition, educ		
	these items.	cation, or research in furtherance or public service	e, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		> ¢
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, histo	orical treasures, or other similar assets for financi	
-	the following amounts required to be reported under		2. 3 b. 4a
а	D	C. A. C. TO TOLKING TO MICEO ROLLING.	▶ \$
h	Assets included in Form 990, Part X		► \$ ► \$
-	7,0000 molecular rollingsoft are 7		• •

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

EASTERN STAR OF STATE OF NEVADA

88-0039615 Page:	В	8-	00	39	615	Page 2
------------------	---	----	----	----	-----	--------

Par	t'III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	at are a s	significa	nt use of It	s collection	n items
	(check all that apply):									
а	Public exhibition	d	ا <u>لــــا</u> ا	Loan or exc	hange progra	ams				
b	Scholarly research	е	(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ilections and explai	n how th	ey further t	he organızatı	on's exe	empt pu	rpose in P	art XIV.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er sımıla	ır assets	;		
	to be sold to raise funds rather than to be ma	_		_				<u>l</u>	Yes	No_
Par	reported an amount on Form 990, Par		ete if org	anization ai	nswered *Yes	s" to Fo	rm 990, 	Part IV, lin	e 9, or	
1a	Is the organization an agent, trustee, custodis on Form 990, Part X?	an or other intermed	diary for	contribution	s or other as	sets no	t include	ed [Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:						
							<u> </u>		Amount	·
c	Beginning balance						10	:		
d	Additions during the year						10	i		
е	Distributions during the year						16	,		
f	Ending balance						11	<u> </u>	,	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes	L No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line				
	<u> </u>	(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Thre	e years bac	k (e) Four	years back
1a	Beginning of year balance									····
ь	Contributions									
С	Net investment earnings, gains, and losses									<u>' </u>
d	Grants or scholarships			_						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance							·		
2	Provide the estimated percentage of the year end balance held as:									
а										
b	Permanent endowment ▶	%								
С	Term endowment ▶	 %								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	ered for	the orga	nızatıon	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	n Schec	dule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's ende	owment t	funds.						
Pai	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o basis (investr	I		or other (other)		ccumul	1	(d) Book	value
1a	Land									
b	Buildings									
c	Leasehold improvements		İ							
d	Equipment	17,	629.				6,	529.	1	1,100.
e										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colun	nn (B), line 1	10(c))			>	1	1,100.

	AR OF STATE OF		88	<u>-0039615</u>	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12	2.			
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar		
Financial derivatives					
Closely-held equity interests					
Other					
CERTIFICATES OF DEPOSIT	544,484.	END-OF-Y	EAR MARKET	VALUE	
MUTUAL FUNDS	153,977.	END-OF-Y	EAR MARKET	VALUE_	
				 	
· · · · · · · · · · · · · · · · · · ·					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	698,461.				
Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3.			
(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year marl		
		003	St Or end or year man	Ket value	

Total (Col (b) must equal Form 990, Part X, col (B) line 13)					
Part IX Other Assets. See Form 990, Part X, Iir		 		(h) Pook va	duo.
	a) Description			(b) Book va	uue .
-					
Total. (Column (b) must equal Form 990, Part X, col (B) II. Part X Other Liabilities. See Form 990, Part X			<u>P</u>	·	
(a) Description of liability	N, III le 25.	(b) Amount			
Federal income taxes		(-)			
T GOOD IN COUNTY TOUCH					
		_			
Total (Caluma (h) must agual Farra 200, Part V 1/D) (70.25)				
Total. (Column (b) must equal Form 990, Part X, col (B) In 2. FIN 48 Footnote. In Part XIV, provide the text of the fo		financial statements	that reports the see	anization's habite	hy for
uncertain tax positions under FIN 48.	omote to the organization s	mianolai statements	macreports the orga	amzanun s naum	ly IUI
932053 02-01-10		-	Sche	edule D (Form 9	90) 2009

Schedule D (Form 990) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

% Employer identification number 88-0039615 X Yes 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 THE GRAND CHAPTER OF THE ORDER OF EASTERN STAR OF STATE OF NEVADA General Information on Grants and Assistance criteria used to award the grants or assistance? Part 1

깘	ocedures for moni	toring the use of grant	funds in the United	d States.				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	United States. C	complete if the orga	Inization answered "Y	es to Form 990, Part	IV, line 21, for any	Γ
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipien	it received more th	ian \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	٦
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF NEVADA, RENO FOUNDATION - UNIVERSITY OF NEVADA,							MEDICAL RESEARCH	
RENO - RENO, NV 89557	88-6000024	501(C)(3)	18,621.	0.			MEDICAL RESEARCH	
							-	
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	and government or	rganizations					A A	

Schedule I (Form 990) 2009

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

Schedule I (Form 990) 2009

88-0039615

EASTERN STAR OF STATE OF NEVADA

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. Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THROUGH MUTUAL TRUST AND COOPERATION, THE RECIPIENT TO MONITOR THE USE OF FUNDS IN (d) Amount of non-cash assistance Ö 2: THE ORGANIZATION RELIES ON, 11,600, (c) Amount of cash grant ACCORDANCE WITH THEIR PRIMARY EXEMPT PURPOSE. (b) Number of recipients COMPLETE AND SIGN AN APPLICATION FORM, THE FORM HOUSING AND BASIC LIVING EXPENSES, MEMBERS MUST ASSISTANCE TO MEMBERS IN NEED, TO HELP WITH THEN MUST GO THROUGH AN APPROVAL PROCESS. (a) Type of grant or assistance LINE PART I, SCHEDULE I,

Schedule I (Form 990) 2009

932102 02-02-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization THE GRANI

THE GRAND CHAPTER OF THE ORDER OF EASTERN STAR OF STATE OF NEVADA

Employer identification number 88-0039615

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S TAX RETURN IS
PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT. AFTER THE RETURN IS COMPLETED
MEMBERS OF THE ORGANIZATION'S GOVERNING BODY REVIEW THE FORM 990 WITH THE
ACCOUNTANT. THE ORGANIZATION IS PROVIDED WITH SUPPORTING SCHEDULES TO
RECONCILE BOOK INFORMATION TO THE FORM 990.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION CAN MAKE CERTAIN
INFORMATION AVAILABLE UPON WRITTEN REQUEST. A PRODUCTION CHARGE MAY APPLY.