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Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No. 1545-0047

2010**Open to Public
Inspection****A** For the 2010 calendar year, or tax year beginning **04/01/10**, and ending **03/31/11****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization **Order of the Eastern Star, Grand
Chapter of Georgia**

Doing Business As

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

P. O. Box 5820

Room/suite

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

Alpharetta GA 30023-5820**F** Name and address of principal officer**D** Employer identification number**58-0374542****E** Telephone number**770-475-8448****G** Gross receipts \$ **2,686,728****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (**8**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.georgiaoies.org****H(c)** Group exemption number ▶ **1297****K** Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶**L** Year of formation **1901****M** State of legal domicile **GA****Part I Summary****1** Briefly describe the organization's mission or most significant activities**State organization for Charitable and Membership Support.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3** **563****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **563****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5** **4****6** Total number of volunteers (estimate if necessary)**6****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b****0****Revenue****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

103,905**150,416****9** Program service revenue (Part VIII, line 2g)**51,151****55,634****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**85,540****85,230****11** Other revenue (Part VIII, column (A), lines 5-6d, 8c-9c, 10c, and 11e)**-6,613****980****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**233,983****292,260****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**8,190****10,358****14** Benefits paid to or for members (Part IX, column (A), line 4)**70,400****66,000****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**35,580****42,166****16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**111,845****128,615****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**226,015****247,139****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**7,968****45,121****19** Revenue less expenses Subtract line 18 from line 12

Beginning of Current Year

End of Year

2,620,502**2,665,589****20** Total assets (Part X, line 16)**1,043****1,006****21** Total liabilities (Part X, line 26)**2,619,459****2,664,583****22** Net assets or fund balances Subtract line 21 from line 20**Part II Signature Block**

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

**Sign
Here**

Signature of officer

Date

Jo Cullifer**Grand Treasurer**

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**Glenda L. McElrath, CPA****Glenda L. McElrath****7/26/11**

self-employed

P00856458**Preparer**Firm's name ▶ **Bowen, McElrath & Company, LLC**Firm's EIN ▶ **58-2368225****Use Only**

11285 Elkins Road, Suite F-1A

Firm's address ▶ **Roswell, GA 30076**Phone no **770-664-3634**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission**State organization for Charitable and Membership Support.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **114,191** including grants of \$) (Revenue \$)**General operations of the state chapter of the fraternal order of 126 subordinate chapters with approximately 8,916 members.****4b** (Code:) (Expenses \$ **66,000** including grants of \$) (Revenue \$)**Financial assistance of needy or sick members.****4c** (Code:) (Expenses \$ **9,058** including grants of \$ **9,058**) (Revenue \$)**Scholarships to 12 students in higher education either attending Georgia Colleges (10) or seeking religious training (2) either in Georgia or other states.****4d** Other program services (Describe in Schedule O)(Expenses \$ **13,312** including grants of \$ **1,300**) (Revenue \$)**4e** Total program service expenses **202,561**

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did 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, Parts I and IV		X
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, Parts II and IV		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, Parts III and IV		X
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 (see instructions)		X
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		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	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	X
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	X
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 Schedule J	23	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 Schedule K. If "No," go to line 25	24a	X
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	
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	
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	
26 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	26	X
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	X
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)		
a 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 (or a family member thereof) 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	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? 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	X
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	X
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	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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	
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

☐ Yes ☒ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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?		
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 Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
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 members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<input checked="" type="checkbox"/>	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
12a Describe in Schedule O the process, if any, used by the organization to review this Form 990		<input checked="" type="checkbox"/>
12b Does the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
12c Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		<input checked="" type="checkbox"/>
14 Does the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
15 Does the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15a Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<input checked="" type="checkbox"/>
a The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
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 arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Mr. Mike Looney** **P. O. Box 5820**

Alpharetta**GA 30023-5820 770-475-8448**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. 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.

- 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, if any. 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.

☒ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Beverly Klenke Worthy G. Matron	5.00			X				0	0	0
(2) Earnest Green Worthy G. Patron	5.00			X				0	0	0
(3) Lynn Marie Jones Assoc. G. Matron	5.00			X				0	0	0
(4) Roy Gay Assoc. G. Patron	5.00			X				0	0	0
(5) George M. Looney Grand Sec.	40.00			X				0	0	0
(6) Jo Cullifer Grand Treas.	15.00			X				0	0	0
(7) Jeannine B. Ganote Grand Cond.	5.00			X				0	0	0
(8) Carol J. Powell Assoc. G.C.	5.00			X				0	0	0
(9) Sue Padgett Grd. Chapln.	5.00			X				0	0	0
(10) Margaret H. McCone Grd. Lecture	5.00			X				0	0	0
(11) Jacqueline K. Rice Grd. Marshal	5.00			X				0	0	0
(12) Judith C. Adams Grd. Organ.	5.00			X				0	0	0
(13) Elizabeth A. Streeter Grd. Adah	5.00			X				0	0	0
(14) Martha Ewing Grd. Ruth	5.00			X				0	0	0
(15) Dorothy Puckett Grand Esther	5.00			X				0	0	0
(16) Janet Penrod Grand Martha	5.00			X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Margaret Green Grand Electa	5.00			X				0	0	0
(18) Jeff Sperin Grand Warder	5.00			X				0	0	0
(19) Tommy Rollins Grand Sentl.	5.00			X				0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	150,416			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		150,416			
Program Service Revenue	2a Dues & Assessment - Gen. Fund	Busn. Code	33,851	33,851		
	b Grand Session Fees		11,903	11,903		
	c Gen. Grd. Chapter Assessment		8,916	8,916		
	d Paraphernalia & Proceedings		964	964		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		55,634			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		95,622		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	2,342,677			
b Less cost or other basis & sales exps			2,353,069			
c Gain or (loss)			-10,392			
d Net gain or (loss)			-10,392	-10,392		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a	41,874			
b Less cost of goods sold	b	41,399				
c Net income or (loss) from sales of inventory		475			475	
Miscellaneous Revenue		Busn. Code				
11a Miscellaneous Income		505			505	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		505				
12 Total revenue. See instructions		292,260	45,242	0	96,602	

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 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,058	9,058		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,300	1,300		
4 Benefits paid to or for members	66,000	66,000		
5 Compensation of current officers, directors, trustees, and key employees	22,983		22,983	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,000	15,000		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,183	1,650	2,533	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,750		7,750	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	11,312		11,312	
g Other				
12 Advertising and promotion				
13 Office expenses	27,286	27,286		
14 Information technology	134	134		
15 Royalties				
16 Occupancy	15,289	15,289		
17 Travel	1,800	1,800		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,990	17,990		
20 Interest				
21 Payments to affiliates	12,012	12,012		
22 Depreciation, depletion, and amortization				
23 Insurance	2,364	2,364		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Project Supplies	28,897	28,897		
b Grd. Matron & Patron Jwl.	2,868	2,868		
c Miscellaneous Expenses	823	823		
d Fifty Year Pins	90	90		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	247,139	202,561	44,578	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	2,824	1	2,690
	2 Savings and temporary cash investments	224,109	2	196,289
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	2,393,569	11	2,466,610
	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)	2,620,502	16	2,665,589	
Liabilities	17 Accounts payable and accrued expenses	1,043	17	1,006
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,043	26	1,006
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	2,558,484	30	2,603,857
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	60,975	32	60,726
33 Total net assets or fund balances	2,619,459	33	2,664,583	
34 Total liabilities and net assets/fund balances	2,620,502	34	2,665,589	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	292,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	247,139
3	Revenue less expenses Subtract line 2 from line 1	3	45,121
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,619,459
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,664,583

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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? 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 separate basis, consolidated 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2010)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

**Order of the Eastern Star, Grand
Chapter of Georgia**

Employer identification number

58-0374542

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 (ASC 958), 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 (ASC 958), 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

(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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,975	58,434			
b Contributions	1,105	2,432			
c Net investment earnings, gains, and losses	1,296	1,769			
d Grants or scholarships	2,650	1,660			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	60,726	60,975			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 98.35 %
 c Term endowment ☒ 1.65 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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)) ☐

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	292,260
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	247,139
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	45,121
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	45,121

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	292,260
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	292,260
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	292,260

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	247,139
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	247,139
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	247,139

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses for Endowment Funds

To provide operational grants and scholarships.

Part XIV Supplemental Information (continued)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

**Order of the Eastern Star, Grand
Chapter of Georgia**

Employer identification number

58-0374542

Part I General Information on Grants and 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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☐ Yes ☒ No

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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

Form 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. Part II can be duplicated if additional space is needed

1	(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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

DAA

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships - Georgia	8	6,200			
2 Religious Training Award	1	800			
3 Rainbow Scholarship - Ga.	2	2,058			
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Organization receives application for scholarships; which are formally approved by each committee; and scholarship checks are issued directly to the college or technical school on behalf of the recipient.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

**Order of the Eastern Star, Grand
Chapter of Georgia**

Employer identification number

58-0374542

Form 990, Part III, Line 4d - All Other Achievements

Grants to Masonic Home of Georgia for Dining Room Operations.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Members must be a past Worthy Matron or past Worthy Patron of a subordinate chapter.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Decisions are approved at annual meeting.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Grand Treasurer and Grand Secretary reviews the Form 990.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Not available to the public.

Order of the Eastern Star Georgia
Grand Chapter
FEI 58-0374542
Subordinate Chapters 3-31-2011

Revenue Proc. 80-27		Code 2	
Chapter Name	No.	Mailing Address	FEI TAX NUMBER
Rockmart	321	165 Tillery Road, Aragon, GA 30104	23-7110371
Jeff Davis	402	26 Libby Avenue, Hazelhurst, GA 31539	23-7115078
Mount Yonah	405	185 Fieldstone Road, Cleveland, GA 30528	23-7115080
Carroll	406	1363 N. Highway 113, Carrollton, GA 30117	23-7115081
Tucker	407	913 Old Thompson Mill Rd., Winder, GA 30680	23-7115082
Starlight	421	3230 Bonway Dr., Decatur, GA 30032	23-7115087
Douglasville	423	5886 S. Bear Drive, Douglasville, GA 30135	23-7115089
Tompkins	424	250 Norton Trail, Ringgold, GA 30736	23-7115090
Norcross	426	750 Brand South Trail, Lawrenceville, GA 30046	23-7115091
Turin	429	434 Shaw Raod, Sharpsburg, GA 30277	23-7115093
Osceola	431	208 N. Beech Street, Ocilla, GA 31774	23-7115095
Summerville	434	154 Scoggins Trail, Summerville, GA 30747	23-7115096
Hill Patrick	441	116 Teal Court, Locust Grove, GA 30248	23-7115102
Riverdale	446	P. O. Box 1022, Greenville, GA 30222	23-7115106
Marble Hill	448	11947 Highway 53, Marble Hill, GA 30148	23-7115107
Worth	454	538 W. Madison Avenue, Ashburn, GA 31714	23-7115111
Ducktown	460	210 Della Smith Lane, Canton, GA 30115	23-7115113
Richmond	463	2110 Mims Road, Hephzibah, GA 30815	23-7115116
Martinez	464	978 Shadwell Drive, Evans, GA 30809	23-7115117
Hickory Flat	466	1505 Spring Creek Road, Canton, GA 30115	23-7115119
Notla	471	5975 Johnson Drive, Blairsville, GA 30512	23-7115122
Unity	549	P. O. Box 208, Bollingbroke, GA 31004	23-7115123
Okefenokee	474	5859 Chaney Road, Blackshear, GA 31516	23-7115124
Electa	6	3671 Mill Lake Drive, Lawrenceville, GA 30135	23-7115127
Central City	28	103 Graycreek Court, Macon, GA 31211	23-7115131
Etowah	30	118 Sagewood Drive, NW, Rome, GA 30165	23-7115133
Miriam	32	475 Edgewood Ave., LaGrange, GA 30241	23-7115134
Thomasville	46	109 Fontaine Drive, Thomasville, GA 31792	23-7115138
Laurel	51	1511 Buckingham Way, Savannah, GA 31406	23-7115140
Dalton	65	610 Hill Road, Dalton, GA 30721	23-7115143
Frances Bell	75	P. O. Box 958, Harlem, GA 30814	23-7115144
Areme	101	299 S. Anita Street, Waycross, GA 31503	23-7115148
Kingsland	146	P. O. Box 544, Kingsland, GA 31548	23-7115158
Decatur	148	429 Colchester Drive, Stone Mountain, GA 30088	23-7115159
Neptune	153	3120 Wisteria Avenue, Brunswick, GA 31520	23-7115160
Lakewood	162	212 Oakridge Lane, Ellijay, GA 30536	23-7115161
Rabun	164	P. O. Box 142, Lakemont, GA 30552	23-7115162
Pocahontas	165	514 Claire Street, Rossville, GA 30741	23-7115163
Dublin	175	106 Kenneth Drive, Dublin, GA 31021	23-7115165
Marthada	190	338 Carolyn Drive, Chickamauga, GA 30707	23-7115170
Marietta	208	3111 Feildstone Court, Kennesaw, GA 30152	23-7115173
Macon	345	2570 Kensington Road, Macon, GA 31211	23-7115174
Sandersville	307	78 King Road, Harrison, GA 31035	23-7115177
Bremen	309	458 Lee Williams Road, Carrollton, GA 30117	23-7115178
Alpharetta	311	4536 Shiloh Road, Cumming, GA 30040	23-7115179

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Chapter Name		Code 2	
Chapter Name	No.	Mailing Address	FEI TAX NUMBER
Austell	314	4460 Parkview Drive, Lithia Springs, GA 30122	23-7115181
Buford	317	4585 Forest Green Road, Buford, GA 30518	23-7115182
Telfair	323	112 W. Liberty Street, McRae, GA 31055	23-7115185
Richard T. Turner	332	20 Shipwatch Road, Savannah, GA 30410	23-7115189
Blue Mountain	333	625 Arrendale Road, Dahlgonega, GA 30533	23-7115190
Nashville	334	P. O. Box 129, Willachoochee, GA 31650	23-7115191
Madison	335	1071 Whispering Lakes Drive, Madison, GA 30650	23-7115192
Winder	336	836 Pleasant Hill Church Rd., NE, Winder, GA 30680	23-7115193
Ellijay	340	640 Timber Ridge Lane, Ellijay, GA 30540	23-7115197
Cumming	346	4455 Longmont Drive, Cumming, GA 30028	23-7115199
Gleaner	347	1830 Francis Road, SW, Conyers, GA 30094	23-7115200
Bald Mountain	349	234 Crane Creek Road, Young Harris, GA 30582	23-7115202
Martha Berry	351	102 Echo Lane, Warner Robins, GA 31088	23-7115204
Baxley	363	P. O. Box 883, Baxley, GA 31515	23-7115209
White Star	367	24 Washington Avenue, Savannah, GA 31405	23-7115211
Sardis	382	217 Jenkins Cemetary Road, Sardis, GA 30456	23-7115218
Houston	383	103 Bayview Drive, Perry, GA 31069	23-7115219
Smyrna	387	6905 Beechwood Drive, Acworth, GA 30312	23-7115221
Lizella	390	6780 Thomaston Road, Macon, GA 31220	23-7115223
Morganton	394	P. O. Box 176, Morganton, GA 30560	23-7115225
Jasper	479	2270 Amicalola Church Rd., Dawsonville, GA 30534	23-7115229
Habersham	480	180 Eden Wood, Clarkesville, GA 30523	23-7115230
Alice Warren	483	313 Glenn Skye, Augusta, GA 30907	23-7115231
Powder Springs	493	P. O. Box 2483, Powder Springs, GA 30127	23-7115241
Santa Maria	496	163 Eighth Street, St. Mary's, GA 31558	23-7115244
Button Gwinnett	497	415 Woodland Drive, Hinesville, GA 31313	23-7115245
Snellville	513	1480 Holy Manor Drive, Loganville, GA 30052	23-7115251
Anne Winn	203	3911 Pine Gorge Court, Lawrenceville, GA 30019	23-7115981
Stone Mountain	205	P. O. Box 186, Conyers, GA 30012	23-7116035
Cedartown	213	472 Lovvorn Road, Cedartown, GA 30125	23-7116036
Leland	235	6630 Starling Place, SW, Mableton, GA 30126	23-7116041
Cleopatra	241	P. O. Box 47, Camak, GA 30807	23-7116042
Marshes of Glynn	243	109 Riverway, Brunswick, GA 31520	23-7116043
Valdosta	244	1306 Thomwall Street, Valdosta, GA 31602	23-7116044
Ringgold	245	138 Heritage Place, Ringgold, GA 30736	23-7116045
Palestine	249	245 Burton Road, Savannah, GA 31405	23-7116046
Barnesville	251	110 Redbud Drive, Barnesville, GA 30204	23-7116047
Columbus	261	269 Carver Road, Cataula, GA 31804	23-7116051
Lindale	265	203 Hooper Avenue, SE, Lindale, GA 30147	23-7116054
Athens	268	140 Dove Valley Drive, Athens, GA 30606	23-7116056
Milledgeville	272	P. O. Box 3236, Eatonton, GA 31024	23-7116057
Blakely	282	4740 2nd Kolomoki Road, Blakely, GA 39823	23-7116061
Sequoyah	286	P. O. Box 1914, Calhoun, GA 30703	23-7116063
Forest Park	290	3870 Montglenn Court, Cumming, GA 30041	23-7116067
Toccoa	294	8139 Cherokee Road, Toccoa, GA 30577	23-7116071

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Chapter Name	No.	Mailing Address	FEI TAX NUMBER
Redwine	297	4244 Fuller Road, Talmo, GA 30575	23-7116074
Ben Gibbs	299	P. O. Box 1454, Jesup, GA 31598	23-7116076
Martha Washington	300	2966 Barnard Road, Glennville, GA 30427	23-7116077
Fort Benning	278	1300 Box Road, Columbus, GA 31907	23-7116914
Beulah	21	330 Colton Road, McCaysville, GA 30555	23-7120216
Oglethorpe	122	575 Spender Trace, Atlanta, GA 30350	23-7120219
Edith Cavell	193	P. O. Box 1085, Millen, GA 30442	23-7120222
Bethlehem	269	121 Riverside Drive, Savannah, GA 31410	23-7120226
Roberta	275	2069 Ga. Hwy. 11, NW, Monroe, GA 30656	23-7120227
Hiawassee	305	1821 Will Shook Road, Hiawassee, GA 30546	23-7120228
Statham	316	50 Arnold Road, SE, Statham, GA 30666	23-7120231
Cartersville	329	4196 Terrace Drive, Acworth, GA 30101	23-7120234
Toombs	546	1131 Rackettown Road, Lyons, GA 30436	23-7120236
Nancy Hart	398	P. O. Box 1353, Hartwell, GA 30643	23-7120244
Coosa	412	2404 Fouche Gap Road, Rome, GA 30165	23-7120245
Kennesaw	414	1401 Rampley Trail, Canton, GA 30114	23-7120247
Red Hill	417	303 Pueblo Trail, Martin, GA 30557	23-7120248
Dallas	492	2474 Mann Road, Douglasville, GA 30134	23-7120254
East Floyd	501	258 Gill Road, Kingston, GA 30145	23-7120256
Hampton	522	876 Simpson Mill Road, Locust Grove, GA 30248	23-7235094
Mountain Park	524	4188 Suzanne Lane, Duluth, GA 30096	23-7418465
Crape Myrtle	163	2724 Ledo Road, V-20, Albany, GA 31707	23-7627670
Trenton	552	5348 Sunset Drive, Rising Fawn, GA 30738	27-3478264
Tilton	525	3535 Hwy. 2255, Chatsworth, GA 30705	51-0170928
Loganville	528	3610-B Baycreek Church Rd., Loganville, GA 30352	51-0206281
Morrow	531	3251 Lake Jodeco Road, Jonesboro, GA 30236	51-0214953
Homer Legg	535	P. O. Box 712, Lincolnton, GA 30817	52-1266167
Danielsville	537	260 Mimosa Drive, Colbert, GA 30628	58-1514194
Clarissa Pike	539	991 Short Cut Road, Molena, GA 30258	58-1763918
Phi Delta	542	432 Hickory Flat Road, Gillsville, GA 30543	58-1763919
Savannah	52	7 Tower Drive, Savannah, GA 31405	58-6034001
Grace	551	194 Collis Circle, Eatonton, GA 31024	90-0025050
Silver Star	545	1022 Blue Heron Drive, Monticello, GA 31064	91-1895770
Little River	548	5162 Lum Road, Blackshear, GA 31516	91-1895774
Rose M. Ashby	550	1031 Sunset Drive, Elberton, GA 30635	91-2122101
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