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(HTA)

Department of the Treasury

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

Open to Public

		he Treasury le Service	► The organizati	on may have t	o use a cop	y of this return to s	atisfy state	reporting	requirements		nspectio	on
A	Fo <u>r the</u>	2010 cal	endar year, or tax yea	ar beginning		5/1/2010		ending		/2011		
B 0	heck if a	applicable	C Name of organization	ORDER	OF THE E	ASTERN STAR	OF GEORG	<u>SIA PRI</u>	D Employeri	dentification	number	
	ddress	change	Doing Business As						58-6001482			
	lame ch	ange	Number and street (or	P O box if mail	is not delivere	ed to street address)	Room/suite		E Telephone	number		
Ir	nitial retu	ım	7340 OLD NATION						(770) 909-38	380	_	
П 🗆	erminate	ed	City or town, state or c	country, and ZIP	+ 4		,				<u>-</u>	
	mended	return	RIVERDALE			GA	30296	16 <u>08</u>	G Gross recei	pts \$		315 <u>,368</u>
	pplication	on pending	F Name and addre	ss of principal of	ficer			H(a) Is	this a group retur	n for affiliates?	Yes	X No
			MARILYN MOORE	7340 OLD N	ATIONAL	HIGHWAY, RIVE	RDALE, C	H(b) Ar	e all affiliates incl	uded?	Yes	No No
ı Ta	ax-exem	pt status	501(c)(3) X 50	1(c) (8) (Insert r	no)	or 527	lf '	"No," attach a list	(see instruction	ons)	
	Website: ▶ PHGCOES-GEORGIA ORG H(c) Group exemption number ▶											
			X Corporation		sociation	Other ▶	l v					
		rganization		As	sociation _	Other P	LY	ear of form	1899	M State of I	egai domicii	e GA
P	art l		mmary						<u> </u>			
	1		escribe the organiza						ON OF ORG			
ø.	-		CE, STRENGTHEN,							RAMS AFFE	CIING	
anc		FDOCA	TION, THE YOUTH	AND SENIO	K2 FOK B	ENEVOLENCE,	CHARITY	AND CI	HEEK.			
Activities & Governance	_				• • • • • • • • • • • • • • • • • • • •							
ò	2		his box ▶ if the o					nan 25% d	of its net assets	- 1		
∞ 5	3		of voting members	_		•			·	3		49
ities	4		of independent voti						F	4		49
흃	5		mber of individuals		-		•		· · · · }	5		3
Ā	6		mber of volunteers (· · ·	6		
	7a		related business rev							7a	-	0
	<u> </u>	Net unit	elated business taxa	ible income i	IOIII FOITI	990-1, line 34.	· · · · ·	+	Prior Year	7b	Current Ye	0
	8	Contribu	utions and grants (Pa	art VIII line 1	lh)			-		458		284,454
ıne	9		n service revenue (P				• • •	-	213	0		0
Revenue	10	-	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)						221		95	
æ	11	Other re	A[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					903		1,881		
	12		tal revenue—add lines 8, through 11 (must equal Parry III, column (A), line 12)						282			286,430
	13		and similar amounts				····	 	109,560			115,738
	14		paid to or for memb							2,720		15,366
ın.	15				ployee-benefits (Part IX, column (A), lines 5-10)					539		25,830
Expenses	16a		onal fundraising fee							0		0
ē	b		ndraising expenses				(0				
ũ	17	Other ex	penses (Part IX, co	lumn (A), line	es 11a-11	d, 11f–24f)			82	,518		83,128
	18	Total ex	penses. Add lines 1	3-17 (must e	equal Part	IX, column (A), li	ne 25) .		248	,337		240,062
	19	Revenu	e less expenses. Su	btract line 18	3 from line	12			34	,245		46,368
t Assets or d Balances								Begin	ning of Current	Year	End of Yea	
ssets Salar	20		sets (Part X, line 16)	•				<u> </u>	113	238		159,606
et As	21 22		bilities (Part X, line 2					<u> </u>		0		0
			ets or fund balances	. Subtract lin	e 21 from	<u>line 20</u>	<u> </u>	<u> </u>	113	,238		159,606
	rt II		nature Block									
			y, I declare that I have exa ect, and complete Declara									
		10 1.00, 00	MARIA	118 711	OLINOT GRAIT OIL	ioci / io baoca on an in		micri prep	n -	14 //		
Sig		7	Signature of office	$\sim \omega \omega \omega$	/				Date	1-11		
Here			MARY SURRY	/			GR	AND TE	REASURER			
			Type or print name and til	tle				1112 111	KEZ KOOKKEIK			U
		Prin	/Type preparer's name		Prepare	r's signature		Dat	te		PTIN	
Pai	id). <u></u> -	OV MITOUTH			V MITOUSE !]	1	eck if		
Pre	parei	5	ROY MITCHELL			Y MITCHELL		1 //	1	lf-employed		<u>-</u> _
	e Only	y Firm	i's name ► K.A.M. A						Firm's EIN			
			i's address ► 5400 LA	KESIDE DRI	VE, UNIO	N CITY, GA 3029	91-1318		Phone no	(404) 312-9	409	
May	May the IRS discuss this return with the preparer shown above? (see instructions)											
For	Papen	work Red	uction Act Notice, see	e the separate	instruction	ns.					Form 9	90 (2010)

Part IV

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I			
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	3		X
_		4		<u> </u>
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	٣		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			İ
	complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		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	10		х
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	10		^
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
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	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12a	х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	the second secon	14a		Х
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.	14b		_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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
1₽	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
^^	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20a	 -	<u> </u>
D	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).	20b		

Part IV

Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			.,
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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		Х
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	04-		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		_X_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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		
а	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	200		
	disqualified 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?			
28	If "Yes," complete Schedule L, Part III	27	-	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	٠		
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 (or a family member thereof)			
29	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in hori-cash contributions? If Yes, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
33	If "Yes," complete Schedule N, Part II	32		_X_
33	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)?	35		Х
а	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		<u>X</u>
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			
	13: Note. Air I offit 330 file is are required to complete scriedule O	38 Form	990 ((2040)
		COULD	((201U)

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V		<u>.</u>	닏
4-	Enter the number reported in Pay 2 of Form 1006. Enter 10 if not similarly		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
·	gaming (gambling) winnings to prize winners?	1c	Х	4
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		â	تكوا
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		\Box
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		İ	ĺ
	account)?	4a	L	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?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> X</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1_	١.,	
	organization solicit any contributions that were not tax deductible?	6a	_X_	├
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			1
7	gifts were not tax deductible?	6b	X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 -	├^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			il il
	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.			
a L	Did the organization make any taxable distributions under section 4966?	9a	 -	├
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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		الكيا	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	ı

X

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

Sect	ion A. Governing Body and Management	<u>·</u>	_	<u></u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 49			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 49			
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?	2		X
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?	3_	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	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 members of the governing body?	. .		
b	of the governing body?	7a 7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		
Ů	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
<u>C4</u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae)	1 1/22	
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	IUa	 ^-	<u> </u>
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	x	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	105	 ^	\vdash
• • •	form?	11a	l	Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> x</u>
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		X
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	L	<u> </u>
b	Other officers or key employees of the organization	15b		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 arrangement			
l.	with a taxable entity during the year?	16a		_X_
b	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?	16b		
Sect	tion C. Disclosure	Lion		L
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	lv)		
	available for public inspection. Indicate how you make these available Check all that apply.	,,		
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st		
	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 ► MARILYN MOORE (770) 909-38	380		
	7340 OLD NATIONAL HIGHWAY RIVERDALE GA 30296-1608			

Form 990 (2010)	ORDER OF THE EASTERN STAR OF GEORGIA PRINCE HALL GRAND CHAPTER	58-6001482	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	Employees, and Independent Contractors		
	Check 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.

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

(A) Name and Title	(B) Average	Positi	(C) Position (check all that apply)					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) MARILYN MOORE GRAND WORTHY MATRON	8			х				0	0	0
(2) MARVIN KNIGHT GRAND WORTHY PATRON	8.			Х				0	0	0
(3) MARY SURRY GRAND TREASURER	8			х				0	0	0
(4) THERESA JACKSON GRAND SECRETARY	40.			х	х	х		0	0	0
(5) LYNNETTE S. HYMES GRAND ASSOCIATE MATRON	8.			х				0	0	0
(6) SAM MCDONALD GRAND ASSOCIATE PATRON	8	ii		x			ļ	0		0
(7) DEAIDRA WILSON GRAND CONDUCTRESS	8.		_	x				0	0	0
(8) SAUNDRA PARKS GRAND ASSOCIATE CONDUCTRESS	8.			х				0	0	0
(9) JOYCE R GILCHRIST GRAND TRUSTEE CHAIRMAN	8.			x				0	0	0
(10) RUTH STEVENSON GRAND C C.F C., CHAIRMAN & EDITOR	8			x	_			0	0	0
(11) MARY WILLIAMS GRAND ADAH	8			х				0	0	0
(12) MARY JOYCE WRIGHT GRAND RUTH	8.			x				0	0	0
(13) ALNITA ANDERSON GRAND ESTHER	8.			x	_			0	0	0
(14) A. B. JACKSON GRAND MARTHA	8.			x	_			0	0	0
(15) CONSTANCE HARMON GRAND ELECTA	8.			х				0	0	0
(16) DARYLENE ROOD-ALLEN GRAND CHAPLAIN	8			х				0	0	0

Р	art VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (c	ontinued)
	(A)	(B)	<u></u>		-	C)			(D)	(E)	(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	ANNIE BEDFORD-WILBON				,						
	ND MARSHALL ANNETTE BARDEN	8			Х				0		0 0
	ND MARSHALL	8.			Х				0		0 0
	PATRICIA WEST ND MARSHALL	8.			х				o		
	MARY PARKER				^			_		<u>.</u>	<u> </u>
	ND O E.S. FLAG	8.			Х				0		0 0
	POLANDRIA PORTER				V						
	ND U.S. FLAG BEARER SHERRY FOSTER	8			Х			H	0		0 0
	ND CHRISTIAN FLAG BEARER	8.			Х				0		o o
	MARGARET ANDEWS				,						
	ND WARDER VALARIE NEAL	8.	<u> </u>		Х		-	_	0		0
	VALARIE NEAL ND WARDER	8.			х				l o	!	ol a
(25)	GEORGE DAILEY										
	ND SENTINEL/TRUSTEE	8			Х			L	0		0 0
	CECIAL JAMES ND SENTINEL/TRUSTEE	8			х				0		o o
	AVERY M STAFFORD							Г	Ĭ		
_	ND SENTINEL	8.			Х		ļ	L	0		00
	SUSAN GIBSON				х						
1b	ND MUSICIAN, CO-DIRECTOR Sub-total	8.					L.,	┕	0		0 0
c	Total from continuation sheets to Part VII,							▶	0		0 0
d	Total (add lines 1b and 1c)	<u> </u>		<u> </u>				•	0		0
2	Total number of individuals (including but not		listed	d ab	ove) wi	no re	ceiv	ed more than \$	100,000 in	
	reportable compensation from the organization	on ▶			0						
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche						or h	ighe	est compensated	d 	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual	•							•		4 X
5	Did any person listed on line 1a receive or ac for services rendered to the organization? If "									ndividual	4 X
Sec	tion B. Independent Contractors	res, complete	Conc	duic	, , ,	0/ 3	ucii	3075	SOIT .	·	131 1 ^
1	Complete this table for your five highest compound compensation from the organization.	pensated indepe	nden	t co	ntra	acto	rs th	at re	eceived more that	an \$100,000 o	f
	(A) Name and business add	dress							(B) Description of ser	vices	(C) Compensation
											0
								\vdash	<u> </u>		0
								\vdash			0
						-		\vdash	-		0
2	Total number of independent contractors (inc	-	nited	to t	hos	e lis	sted a	abo	ve) who received	d	

e Total. Add lines 11a-11d

Total revenue. See instructions. . .

0

0

286,430

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 requir	ea to complete col	umns (B), (C), and	(<i>D</i>)
	not include amounts reported on lines 6b, 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	o			
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	115,738			
3	Grants and other assistance to governments,	110,700		· · · · · · · · · · · · · · · · · · ·	
·	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	15,366			
4		15,300			·
5	Compensation of current officers, directors,				
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			l	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	21,484			
8	Pension plan contributions (include section 401(k)			[
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	4,346			
11	Fees for services (non-employees):				
а	Management	0	ı	l l	
b	Legal	0			
c	Accounting	3,175			
d	Lobbying	0,170			
u	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees				
-		0			
g	Other				
12	Advertising and promotion	0			
13	Office expenses	6,463			
14	Information technology	0	L		
15	Royalties	0			
16	Occupancy	9,000			
17	Travel	11,744			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	'	l i	_
19	Conferences, conventions, and meetings	6,195			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,674			
24	Other expenses. Itemize expenses not covered	115.1			
	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.)			}	
а	1107 177 1015	44,877			
-		0	·	<u> </u>	
b		0	 		
C		0			
d			 		
e	All others are a second as a s	0		 	
f	All other expenses	0	ļ 		
25	Total functional expenses. Add lines 1 through 24f.	240,062	0	0	0
26	Joint costs. Check here ▶ if following			[
	SOP 98-2 (ASC 958-720). Complete this line			ļ	
	only if the organization reported in column	,			
	(B) joint costs from a combined educational			1	
	campaign and fundraising solicitation				

58-6001482

Pa	ırt X	Balance Sheet				
_				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		89,444	1	135,723
	2	Savings and temporary cash investments	The state of the s	23,794	2	23,883
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, du			-	
		employees, and highest compensated employee				
		Schedule L			5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sect				
Sts		employees' beneficiary organizations (see instru		6		
Assets	7	Notes and loans receivable, net		0	7	0
Ÿ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				
			10a 14,472			
	ь	· · · · · · · · · · · · · · · · · · ·	10b 14,472	0	10c	0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line	0	12	0	
	13	Investments-program-related. See Part IV, line		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equa	r	113,238	16	159,606
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors	s, trustees, key			1
aþ		employees, highest compensated employees, a				
		persons Complete Part II of Schedule L			22	<u>-</u>
	23	Secured mortgages and notes payable to unrela		0		0
	24	Unsecured notes and loans payable to unrelated	·	0	24	0
	25	Other liabilities. Complete Part X of Schedule D		0		0
	26	Total liabilities. Add lines 17 through 25	<u> </u>	0	26	<u>O</u>
		Organizations that follow SFAS 117, check he	ere ▶X and			
ě		complete lines 27 through 29, and lines 33 ar	nd 34.			
a	27	Unrestricted net assets		113,238	27	159,606
Bal	28	Temporarily restricted net assets			28	
Þ	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117, c	heck here ▶□			
5	1	and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds .		30		
556	31	Paid-in or capital surplus, or land, building, or ed		31		
Ä	32	Retained earnings, endowment, accumulated in		32		
Š	33	_		113,238		159,606
	34	Total liabilities and net assets/fund balances		113,238		159,606
	127	. C.C. Hapilities and flot additional balances	<u> </u>	110,200	3-7	5 990 (2242)

Form	990 (2010) ORDER OF THE EASTERN STAR OF GEORGIA PRINCE HALL GRAND CHAPTER	58	8-6001482	. Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		. <u>.</u> .		
		-			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		286	<u>3,430</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	 :	240	0,062
3	Revenue less expenses. Subtract line 2 from line 1	3		46	3,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		113	3,238
5	Other changes in net assets or fund balances (explain in Schedule O)	5		_	
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		1 <u>5</u> 9	<u>9,606</u>
Part					_
	Check if Schedule O contains a response to any question in this Part XII		·_ ·		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			<u> </u>	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1)	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>	ļ	X
b	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>	<u> </u>	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. <u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	1		
	Schedule O		ľ	ľ	
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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2010)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Department of the Treasury ► Attach to Form 990. ► See separate instructions. Name of the organization

Employer Identification number

ORDI	ORDER OF THE EASTERN STAR OF GEORGIA PRINCE HALL GRAND CHAPTER 58-6001482								
Part	Organizations Maintaining Dono	or Advised Funds or Other Similar F	unds or Accounts. Complete if						
	the organization answered "Yes" to	o 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 d	onor advisors in writing that the assets he	ld in donor advised						
•	funds are the organization's property, subject								
6	Did the organization inform all grantees, dor								
0	used only for charitable purposes and not for								
	• • •		•						
	purpose conferring impermissible private benefit?								
Part	Conservation Easements. Comp	lete 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).							
	Preservation of land for public use (e.g., recr		n of an historically important land area						
	Protection of natural habitat		n of a certified historic structure						
	=	Preservation	n or a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	ution 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 ear	sements	2b						
С	Number of conservation easements on a ce								
d	Number of conservation easements include								
_	historic structure listed in the National Regis								
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		ion handling of						
J	violations, and enforcement of the conserva		Yes No						
6	Staff and volunteer hours devoted to monitor								
U	b	and emoleng conservation	on easements during the year						
7	Amount of avances incurred in manitoring	increating and enforcing conservation of	annonto durina tha una						
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year						
_	\$	Law Par OAD A CALL							
8	Does each conservation easement reported								
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		L Yes L No						
9	In Part XIV, describe how the organization r	•	•						
	balance sheet, and include, if applicable, the		financial statements that describes						
	the organization's accounting for conservati								
Pari		ons of Art, Historical Treasures, or Othe	er Similar Assets.						
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in it	ts revenue statement and balance sheet						
	works of art, historical treasures, or other si								
	of public service, provide, in Part XIV, the te								
b	If the organization elected, as permitted und								
	works of art, historical treasures, or other sit								
			cation, or research in fulfillerance						
	of public service, provide the following amou	unts relating to these items.	▶ ↑						
	(i) Revenues included in Form 990, Part VII	n, une T							
_	(ii) Assets included in Form 990, Part X		 						
2	If the organization received or held works of		<u> </u>						
	following amounts required to be reported u	nder SFAS 116 (ASC 958) relating to thes	se items:						
а	Revenues included in Form 990, Part VIII, li	ne 1	- \$						
b	Revenues included in Form 990, Part VIII, li Assets included in Form 990, Part X								

4	Describe in Part XIV the intended uses of the	e organization's endo	vment tunas.		
Part	VI Land, Buildings, and Equipment	. See Form 990, Pa	rt 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	0	0		(
b	Buildings [0	0	0	
С	Leasehold improvements	0	0	0	
d	Equipment [0	8,125	8,125	
е	Other	0	6,347	6,347	
	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	(c).) ▶	
	·				

Part VII Investments—Other Securities	es. See Form 990. Part X.	line 12.	rage 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other	0		
(A)	0		
(B)	0		
(C)	0		
(D)	0		
(<u>E)</u>	0		
(F)	0		
(G) (H)	0		
(I)	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Relate	ed. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu	
(1)	0		
(2)	0		
(3)	0		
(4)	0		
(5)	0		
<u>(6)</u> (7)	0		
(8)	0		
(9)	0		
(10)	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX Other Assets. See Form 990,	Part X, line 15		
(a	a) Description		(b) Book value
(1)			0
(2)			0
			0
(4)			0
(5)			0
<u>(6)</u>			0
(8)			0
(9)	 		0
(10)			0
Total. (Column (b) must equal Form 990, Part X, o	col. (B) line 15.)		0
Part X Other Liabilities. See Form 99	00, Part X, line 25.		
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes	0		
(2)	0		[
(3)	0		
(4)	0		
(5)	0		
<u>(6)</u>	0		
	0		
(9)	0		
(10)	0		
(11)	0		1
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	0		

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).

ORDER OF THE EASTERN STAR OF GEORGIA PRINCE HALL GRAND CH/58-6001482

Sched	ule D (Form 990) 2010			Page 4
Par	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	286,430
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	240,062
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	46,368
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	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	46,368
Par	t XII Reconciliation of Revenue per Audited Financial Statemer			
1	Total revenue, gains, and other support per audited financial statements			286,430
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	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	0
3	Subtract line 2e from line 1		3	286,430
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i ' i ' · · · · · · · · · · · · · · · ·		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
-	Add lines 4a and 4b		40	0
C			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			286,430
	t XIII Reconciliation of Expenses per Audited Financial Stateme			0.40.000
1	Total expenses and losses per audited financial statements		1_1_	240,062
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ہے ا		
a	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
C	Other losses	2c		
d	·	2d		_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		. 3	240,062
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	}	
þ	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b			0
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3.) </u>	. 5	240,062
Par	t XIV Supplemental Information			
and :	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Papart to provide any additional information.			
			• • • • • • • • • • • • • • • • • • • •	
		_		

SCHEDULE (Form 990) Department of the Treasury Name of the organization nternal Revenue Service

ORDER OF THE EASTERN STAR OF GEORGIA PRINCE HALL GRAND CHAPTER

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

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

2010 2010

Inspection
Employer Identification number

58-6001482

▶ Attach to Form 990.

		Se]
		× ×ا]
	פַ	_	
	ce. ar	-	
İ	istan	•	
	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
	rants		
	the g	' .	
	ity for		
	lidibili		
	ees' e		es
	grant		d Stat
	e, the		Unite
	stanc	•	n the
	r assi		i spur
	ints o	•	ant fr
	ne gra		e of g
	nt of t	•	e use
၅	amour		ring th
stanc	the	tance	nonito
Assis	Intiate	assis	forn
and /	ubsta	its or	dures
ants	ls to s	e grar	proce
n Gr	ecorc	ard th	s,uoi
o uo	ıtaın r	o awa	anızat
mati	mair.	sed t	e orga
Infor	zatior	teria u	<u>₹</u>
General Information on Grants and Assistance	organi	on cri	n Part
Ger	Does the organization maintain records to substantiate the	the selection criteria used to award the grants or assistance	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part I	Does	the s	Desc
Par	_		7

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"

can be duplicated if additional space is needed.	additional spa	ice 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)			0	0			
(2)			0	0			
(3)			0	0			
(4)			0	0			
(5)			0	0			
(9)			0	0			
(J)			0	0			
(8)			0	0			
(6)			0	0			
(10)			0	0			
(11)	•		0	0			
(12)			0	0			
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	n 501(c)(3) and propertions.	government organiz	zations			A 4	

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

Schedule I (Form 990) (2010)

58-6001482

Page 2

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

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 (d) Amount of non-cash assistance 115,738 (c) Amount of cash grant Part III can be duplicated if additional space is needed 203 0 (b) Number of recipients (a) Type of grant or assistance 1 SCHOLARSHIPS Part IV 2 7

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

ORDER OF THE EASTERN STAR OF GEORGIA PRINCE HALL GRAND CHAPTER [58-6001482
Form 990 Part VI Section A Line 6 The organization has members
Form 990 Part VI Section A Line 7(a)(b) The governing body is elected by the members
Decisions involving the minutes, changes to bylaws and/or constitution, committee reports,
secretary annual report, treasurer annual report, and major purchases required the approval of
the membership.
Form 990 Part VI Section C Line 19 The organization makes it's governing documents and
financial statements available to the public by written request to the Grand Worthy Matron.
•••••••••••••••••••••••••••••••••••••••

Continuation Sheet for Form 990

Page 1 of

Name of the Organization

Employer Identification number

ORDER OF THE EASTERN STAR OF GEORGIA PRINCE HALL GRAND CHAPTER 58-6001482

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Empl	oyees							γ		-·
(A)	(B)	Boost			C)	that ar	-ah-A	(D)	(E)	(F)
Name and title	Average hours per		ΤÌ	1	1	that ap	Ť	Reportable compensation	Reportable compensation	Estimated amount of
	week	ndıv or dı	Instit	Officer	(£	em digital	Former	from	from related	other
	(describe hours for	Individual trustee or director	Institutional trustee	¤	Key employee	Highest compensated employee	₫	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	T tag	alto) ee	l all	İ	(W-2/1099-MISC)	(44-2/1039-141130)	organization
i	organizations in Schedule	e e	uste			l ensa	l	Į		and related organizations
	0)		"			ē				organizations
(29) ANDREA LEVANT		<u> </u>								
GRAND MUSICIAN, CO-DIRECTOR	8	ļ		X	_	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0	0	0
(30) LUCILLE HUDSON GRAND TRUSTEE/FINANCE	8.			X				0	0	0
(31) ANTHONY L. SINGLETON	<u>.</u> 0.			^	_	 	\vdash	<u> </u>		
GRAND TRUSTEE	8.			Х				0	0	0
(32) VICTOR L. LEE										
GRAND TRUSTEE	8.			X	_		L	0	0	0
(33) OTIS HILSON, JR. GRAND TRUSTEE	8.	l 		x				0	0	0
(34) CARL BACON										
GRAND TRUSTEE	8.		ļ	X			<u> </u>	0	0	0
(35) LLOYD A. JAMES								_		
GRAND TRUSTEE (36) CATHERINE SMITH	8.	-	-	X	 	ļ	├	0	0	0
FINANCIAL ASSISTANTS	8.			х				0	0	0
(37) FRANKIE TOTTEN										
FINANCIAL ASSISTANTS	8.			X	<u> </u>		! —	0	0	0
(38) RHONDA NEAL-WESTBROOK GRAND SECURITY, DIRECTOR	8			x						0
(39) CYNTHIA C LEE	- 0		-	Ĥ	-		-	0	0	0
GRAND SECURITY	8.			x				О	o	0
(40) THERESA E JACKSON										
GRAND SECURITY	8.			X	L	ļ. <u>. </u>	<u> </u>	0	0	0
(41) CHRISTIE HUDSON GRAND RECORDRESS	8.			x		Ì		0	o	0
(42) SUSIE REID				<u> </u>						<u>_</u>
GRAND RECORDRESS	8		<u> </u>	X	_			0	0	0
(43) MARY JAMES								ĺ		
GRAND YOUTH SECRETARY/RECORDRESS	8.	ļ	_	X	<u> </u>		<u> </u>	0	0	0
(44) BERTENIA J. GIBSON GRAND LECTURER ADVISOR	8.			x		İ		,		0
(45) DEBRA CAPERS	0.			^	┢╾		-	0	0	0
GRAND LECTURER	8.		L	x	L			0	0	0
(46) MALENTHIA FRAZER								_		_
GRAND LECTURER	8.		-	X	├	}	-	0	0	0
(47) SALLIE MILLS GRAND LECTURER	8.			x				0	0	0
(48) DENISE MUNDY										
GRAND C C F.C., CO EDITOR	8	 	L	Х	<u> </u>		<u> </u>	0	0	0
(49) EDDIE LEE MARSH				x	1			_	ا	^
GRAND YOUTH DIRECTRESS	8	<u> </u>	Ц_			L	L	0	0	0

Form 990 Comparison

2010

		[Prior Year	Current Year	Difference	%
	1a Federated campaigns	1a	0	0	0	0%
	b Membership dues	1b	273,458	284,454	10,996	4%
	c Fundraising events	1c	0	0	0	0%
	d Related organizations	1d	0	0	0	0%
	e Government grants (contributions)	1e	0	0	0	0%
	f All other contributions, gifts, grants,			-		
	and similar amounts not included above	1 <u>f</u>	0	0	0	0%
	g Total (add lines 1a through 1f)	1g	273,458	284,454	10,996	4%
	2 Program service revenue:					
	a	2a	0	0	0	0%
	b	2b	0	0	0	0%
	C	2c	0	0	0	0%
	d	2d	0	0	0	0%
	е	2e	0	0	0	0%
	f All other program service revenue	2f	. 0	0	0	0%
	g Total (add lines 2a through 2f)	2g	0	0	0	0%
	3 Investment income					
	(including dividends, interest and other similar amounts) .	3	221	95	-126	-57%
	4 Income from investment of tax-exempt bond proceeds	4	0	0	0	0%
Revenue	5 Royalties	5	0	0	0	0%
	6a Gross rents (real and personal)	6a	28,049	30,819	2,770	10%
	b Less rental expenses	6b	19,146	28,938	9,792	51%
	c Net rental income or (loss)	6c	8,903	1,881	-7,022	-79%
	7a Gross amount from sales of assets (other than inventory) .	7a	0	0	0	0%
	b Less ¹ cost or other basis and sales expenses	7b	0	0	0	0%
	c Net gain or (loss) from sales of assets	7c	0	0	0	0%
	8a Gross income from fundraising events	8a	0	0	0	0%
	b Less: direct expenses	8b	0	0	0	0%
	c Net income or (loss) from fundraising events	8c	0	0	0	0%
	9a Gross revenue from gaming activities	9a	0	0	0	0%
	b Less: direct expenses	9b	0	0	0	0%
	c Net income or (loss) from gaming activities	9c	0	0	0	0%
	10a Gross sales of inventory, less returns and allowances	10a	0	0	0	0%
	b Less: cost of goods sold	10b	0	0	0	0%
	c Net income or (loss) from sales of inventory	10c	0	0	0	0%
	Miscellaneous Revenue					
	11a	11a	0	0	0	0%
	b	11b	0	0	0	0%
	C	11c	0	0	0	0%
	d All other revenue	11d	0	0	0	0%
	e Total	11e	0	0	0	0%
	12 Total revenue:					
	Add lines 1g, 2g, 3, 4, 5, 6c, 7c, 8c, 9c, 10c, and 11e	12	282,582	286,430	3,848	1%

Form 990 Comparison (Page 2)

	mparison (Page 2)		Prior Year	Current Year	Difference	%
	1 Grants and other assistance -					
	governments and organizations in the U.S	11	0	0	0	0%
	2 Grants and other assistance -	1	l			
	individuals in the U S	2	109,560	115,738	6,178	6%
	3 Grants and other assistance -] [_			
	governments and organizations outside the U.S	3	0	0	0	0%
	4 Benefits paid to or for members	4	22,720	15,366	-7,354	-32%
	5 Compensation -	1 _ 1	7.000		7.000	4000
	current officers, directors, trustees, and key employees	5	7,296	0	-7,296	-100%
	6 Compensation - not included above, to disqualified persons				ľ	
	(as defined under sections 4958(f)(1) and (c)(3)(B))	6	ام	ام	ما	0%
	7 Other salaries and wages	7	16,811	21,484	4,673	28%
	8 Pension plan contributions (include 401(k) and 403(b)).	8	10,011	21,404	4,073	0%
	9 Employee benefits		0			0%
	10 Payroll taxes	10	9,432	4,346	-5,086	-54%
	11 Fees for services (non-employees):					
	a Management	11a	o	ol	ol	0%
	b Legal fees	11b	0	0	o	0%
Funct-	c Accounting fees	11c	6,103	3,175	-2,928	-48%
ional	d Lobbying	11d	0	0	0	0%
Expenses	e Professional fundraising fees	11e	0	0	0	0%
	f Investment management fees	. 11f	0	0	0	0%
	g Other	11g	0	0	0	0%
	12 Advertising and promotion	12	0	0	0	0%
	13 Office expenses	13	0	6,463	6,463	0%
	14 Information technology	14	0	0	0	0%
	15 Royalties	15	0	0	0	0%
	16 Occupancy	16	6,500	9,000	2,500	38%
	17 Travel	17	8,944	11,744	2,800	31%
	18 Payments of travel or entertainment expenses					
	for any Federal, state, or local public officials	. 18	o	o	o	0%
	19 Conferences, conventions, and meetings	. 19	6,545	6,195	-350	-5%
	20 Interest		0	0	0	0%
	21 Payments to affiliates		0	0	0	0%
	22 Depreciation, depletion, and amortization	_	0	0	0	0%
	23 Insurance	23	900	1,674	774	86%
	24 Other expenses not covered above	-		1,07		- 00 /
	- LIST ATTACHED	24a	53,526	44,877	-8,649	-16%
		24a	33,326	44,677	-0,049 0	- 16%
		24D	0	0	0	
	<u>C</u>	24c	0			0%
	d	-		0	0	
	e	24e	0	0	0	0%
		24f	0	0	0	0%
	25 Total functional expenses (add lines 1 through 24)	25	248,337	240,062	-8,275	-3%

Form 990 Comparison (Page 3)

Balance Sheets (end of year figures) Prior Year Current Year Difference

		1	Prior Year	Current Year	Difference	<u>%</u>
	1 Cash - non-interest-bearing		89,444	135,723	46,279	52%
	2 Savings and temporary cash investments	. 2	23,794	23,883	89	0%
	3 Pledges and grants receivable, net	. 3	0	0	0	0%
	4 Accounts receivable, net	4	0	0	0	0%
	5 Receivables from current and former officers, directors,					
	trustees, key employees, or other related parties	5	_0	0	0	0%
Assets	6 Receivables from other disqualified persons	6	0	0	0	0%
	7 Notes and loans receivable, net	7	0	0	0	0%
	8 Inventories for sale or use	8	0	0	0	0%
	9 Prepaid expenses and deferred charges		0	0	0	0%
	10 Land, buildings, and equipment, net of accum. dep		0	0	0	0%
	11 Investments - publicly-traded securities	-	0	0	0	0%
	12 Investments - other securities	12	0	0	0	0%
	13 Investments - program-related		0	0	0	0%
	14 Intangible assets		0	0	0	0%
	15 Other assets		0	0	0	0%
	16 Total assets (add lines 1 through 15)	16	113,238	159,606	46,368	41%
	17 Accounts payable and accrued expenses	. 17	0	0	_0	0%
	18 Grants payable	-	0	0	0	0%
	19 Deferred revenue	19	0	0	0	0%
	20 Tax-exempt bond liabilities	20	0	0	0	0%
Liab-	21 Escrow account liability	21	0	0	0	0%
ilities	22 Payables to current/former officers, directors, trustees, key					
	employees, highest compensated employees, disqual persons	22	0	0	0	0%
	23 Secured mortgages and notes payable to unrelated 3rd parties	23	0		0	0%
	24 Unsecured notes and loans payable	24	0	0	0	0%
	25 Other liabilities	25	0	0	0	0%
	26 Total liabilities (add lines 17 through 25)	26	0	0	0	0%
	Organizations that follow SFAS 117:					İ
	27 Unrestricted net assets		113,238		46,368	41%
Net	28 Temporarily restricted net assets		0		0	0%
Assets	29 Permanently restricted net assets	29	0	0	0	0%
or	Organizations that do not follow SFAS 117:					ļ
Fund	30 Capital stock, trust principal, or current funds	30	0	0	0	0%
Balances	31 Paid-in or capital surplus, or land, building, and equipment fund	31	0	0	0	0%
	32 Retained earnings, endowment, accum income, or other funds	32	0	0	0	0%
	33 Total net assets or fund balances	33	113,238		46,368	41%
	34 Total liab and net assets/fund balances (add lines 26 and 33)	34	113,238	159,606	46,368	41%