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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

2011
Open to Public Inspection

A	F	or the	2011 calendar year, or tax year beginning and e	ending	_	
В	Cr	neck if	C Name of organization		D Employer ident	tification number
	ap		INDIANA GRAND CHAPTER			
[Addre:	ORDER OF THE EASTERN STAR, INC.			
[Name chang	Doing Business As		35-	0561842
[lnıtıal return	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone num	ber
[Termir ated			(31	
[Amend			G Gross receipts \$	455,617.
[Applic tion	FRANKLIN, IN 46131-2626		H(a) Is this a group	
		pendir	F Name and address of principal officer.JONNY BEELER		for affiliates?	Yes X No
	_		890 RED SKELTON WAY, FRANKLIN, IN 4613	31	H(b) Are all affiliates	
Ī	Ta	ax-exe	mpt status			a list (see instructions)
J	, w	ebsit/	e:▶N/A			tion number ▶ 1596
K	C Fo	orm of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile: IN
			Summary			
	as I	1	Briefly describe the organization's mission or most significant activities. FRATE	ERNAL	AND CHARIT	ABLE
	Activities & Governance		ACTIVITIES		-	
	Ē	2	Check this box If the organization discontinued its operations or dispos	sed of mor	e than 25% of its net	assets
	S	3	Number of voting members of the governing body (Part VI, line 1a)		1	<u>3 5</u>
(<u>ن</u> م		Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	4 5
•	ဖွ	5	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)			5 5
;	ij	6	Total number of volunteers (estimate if necessary)		Ī.	6 0
	5		Fotal unrelated business revenue from Part VIII, column (C), line 12		<u> </u>	'a 0.
•	⋖	b	Net unrelated business taxable income from Form 990-T, line 34		-	ъ О.
_					Prior Year	Current Year
	ا به	8	Contributions and grants (Part VIII, line 1h)		395,395	
	호		Program service revenue (Part VIII, line 2g)		10,767	
	Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		29,911	
(<u>ح</u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,961	
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		452,034	
_		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		73,446	
		14	Benefits paid to or for members (Part IX, column (A) line 4)		0	
	တ္က	15	Salaries, other compensation, employee benefits, (Part IX, column (A), lines 5-10)		75,123	71,409.
	Expenses	16a	Professional fundraising fees (Part IX, column (AX/line 11e)		0	
	흋	b	Total fundraising expenses Partlix, Collum 2(D) inje 25)	0.		
1	ш	17	Other expenses (Part IX, column (A), lines 11a-11ar, 11f-24e)		313,965	. 301,591.
		18	Total expenses Add lines 18-17 (nust equal Part IX column (A), line 25)		462,534	
က္ _		19	Revenue less expenses. Subtract-line-18-from-line-12		-10,500	-39,089.
\mathcal{Q}	[일			В	eginning of Current Yea	
Ź	崇	20	Total assets (Part X, line 16)		1,052,905	. 1,013,973.
SCANNED	Fund Balances	21	Total liabilities (Part X, line 26)		1,733	
$ \exists $	큔		Net assets or fund balances Subtract line 21 from line 20		1,051,172	1,012,083.
	_	rt II	Signature Block			
			ities of perjury, I declare that I have examined this return, including accompanying schedules			f my knowledge and belief, it is
	ue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	r has any knowledge.	
69			& Juny Beller			-07-12
e s	ign	ı	Signature of officer		Date	
2012	lere	•	JONNY BEELER, GRAND SECRETARY			
~ _			Type or print name and title	т	-	
			Print/Type preparer's name Preparer's signature		Date Check	PTIN
	aid		JEFFREY M DONOVAN CHAMAL		02/15/12 self-em	
		arer	Firm's name DONOVAN, P.C.		Firm's EIN	35-1356555
U	lse (Only	Firm's address 5151 E US HWY 36			
_			AVON, IN 46123 \bigvee	-	Phone no.	(317) 745-6411
N	/lay	the If	S discuss this return with the preparer shown above? (see instructions)			X Yes No
1:	3200	1 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

INDIANA GRAND CHAPTER ORDER OF THE EASTERN STAR, 35-0561842 Page 2 INC. Part III | Statement of Program Service Accomplishments $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission FRATERNAL AND CHARITABLE ACTIVITIES. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured 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. (Code 71,915.)(Revenue \$) (Expenses \$ including grants of \$ SCHOLARSHIPS WERE AWARDED THROUGH THE ESTARL, NETTIE RANSFORD, WORLD YOUTH AND GRAND MATRON FUNDS TO HELP FURTHER EDUCATION. (Code) (Expenses \$ 3,970.) (Revenue \$ including grants of \$ THE CHAPTER MADE GRANTS AND PAID PER CAPITA TAX TO SUPPORT THE PURPOSES AND FUNCTIONS OF THE INDIANA MASONIC HOME.) (Expenses \$ 14,303.)(Revenue \$ (Code including grants of \$ THE CHAPTER MADE GRANTS AND ALLOCATIONS TO CANCER RESEARCH, HEART FOUNDATION AND KNIGHT'S TEMPLAR EYE FOUNDATION.

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					-
				·	
14	Other program services (Desci	nha in Schadula () \			
Tu	Other program services (Desci	ibe in ochedule o j			
	(Expenses \$	including grants of \$	7,855.) (Revenue \$	1	
			/ / O O O O O / (rievenue o		
4e	Total program service expen	292			
		4			

INDIANA GRAND CHAPTER Form 990 (2011) ORDER OF THE EASTERN STAR, INC. 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)?			İ
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I	3		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	4		
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			^
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
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		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	11b		X
С	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	11c	<u> </u>	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		ļ	, .
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		^
•	the organization's separate of consolidated limitation statements for the tax year include a toothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
47	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 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''	 -	<u> </u>
,0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	 	1
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	(0044)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١	j	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 3a	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	05-		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
U	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	230		
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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?			.,
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	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	051		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		Х
	If "Yes," complete Schedule R, Part V, line 2	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	5,		<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2011)

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INDIANA GRAND CHAPTER Form 990 (2011) ORDER OF THE EASTERN STAR, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 19 Enter the number of Forms W 2G included in line 1a. Enter 0 if not applicable 20 Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withings of the programments of Vendors and reportable gaming (gambling) withings to prize withings of the programments of Vendors and reportable payments to vendors and reportable gaming (gambling) withings to prize withings of the programments of Vendors and reportable payments to vendors and reportable gaming (gambling) withings of the programments of Vendors of Vendors and Vendors of Vendors and Vendors of		Check if Schedule O contains a response to any question in this Part V			
1a Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable Enter the number of Forms W25 calculated in line 1 a Enter-0 if not applicable Differ the number of Forms W25 calculated in line 1 a Enter-0 if not applicable Od the organization comply with backup withholding rules for reportable payments to vendors and reportable gamning (gambling) winnings to prize winners? 2a Enter the number of employees seported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If all each ore is exported on line 2a, did the organization file all required foderal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) A bit if verse, has it filed a Form 990 ff for this year? If *No*, "provide an explanation in Schedule O A lany time dump the calendary say," did the organization have an interest in, or a larginary or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) See instructions for filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts Was the organization aparty to a prohibited tax shelter finanacion at any time dump the tax year? 5a Was the organization have an intellect financian that any time dump the tax year? 5b Uf *Yes," to line 5a or 5b. did the organization that if was or is a party to a prohibited tax shelter transaction? 6c Was the organization have a minual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible? 6c Was the organization have a minual gross receipts that are normally greater than \$100,000, and did the organization solicit any orthributions that were not tax deductible? 6c Was the organization received account with the organization receive as contribution of the form 1000 or services provided? 6c Was the organization re				Yes	No
be Enter the number of Forms W.G3 included in line 1a. Enter-0-if not applicable Of the organization comply with backup with holding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return for the standard year ending with or within the year covered by this return for the standard year ending with or within the year covered by this return for the standard year ending of 2a is greater than 250, you may be required to e-full (see instructions) 3b. If it 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-full (see instructions) 3c. Id the organization have unrelated business gross income of \$1,000 or more during the year? 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 accounts? 5c. If if Yes, 1 if one for signal and the organization in the sankar account, securities account, or other financial accounts 5c. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization select form \$260. 5c. If Yes, 1 did the organization in the form 886817 6c. If Yes, 1 did the organization in the form 886817 6c. If Yes, 1 did the organization in the form 886817 6c. If Yes, 2 did the organization select any deductible contributions under section 170(c). 6c. If Yes, 2 did the organization select any deductible contributions under section 170(c). 6c. If Yes, 2 did the organization select any selection 4 deductible? 6c. If Yes, 3 did	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return bit 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-five (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? bit If Yes, 1 and the dia Form 950 or for this year If 11%0, "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)? bit If Yes, 1 and the remark of the foreign country Provided tax shelter transaction at any time during the tax year? See instructions for filing requirements for Form TD EF 90.22 1, Report of Foreign Bank and Financial Accounts See Was the organization a party to a prohibited tax shelter transaction? by United See Was the organization the organization the Form 88617 by Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? by United See 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? by If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? by If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? by If Yes, 1 did the organization include with every solicitation and party for goods and services provided to the payor? by If Yes, 1 did the organization include with every solicitation and express statement that such contributions of cars. by I	b				
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, sided for the calendar year ending with or within the year covered by this return if at least one is reported on line 2a, did the organization file all required federal employment tax returns? No Let. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a D. dit the organization have unrelated bosiness gross income of \$1,000 or more dumpt the year? 3a V. bit If Ves, "has it filed a Form 990-1 for this year? If "No," provide an explanation in Schedule O 4a At any time duming the calendary aars, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account)? 5b Was the organization a foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax select transaction at any time duming the tax year? 5c Was the organization appray to a prohibited tax select transaction at any time duming the tax year? 5c If Yes," to line 5a or 5b, did the organization file Form 8886.7? 5c Deas the organization having dross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that this were not tax deductible? 6c Deas the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shat may receive deductible contributions under section 170(c). 8d bit the organization molide with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Did the organization section application and partly for goods and services provided to the payor? 7b If Yes, "did the organization on include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Did the organization sel	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, sided for the calendar year ending with or within the year covered by this return if at least one is reported on line 2a, did the organization file all required federal employment tax returns? No Let. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a D. dit the organization have unrelated bosiness gross income of \$1,000 or more dumpt the year? 3a V. bit If Ves, "has it filed a Form 990-1 for this year? If "No," provide an explanation in Schedule O 4a At any time duming the calendary aars, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account)? 5b Was the organization a foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax select transaction at any time duming the tax year? 5c Was the organization appray to a prohibited tax select transaction at any time duming the tax year? 5c If Yes," to line 5a or 5b, did the organization file Form 8886.7? 5c Deas the organization having dross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that this were not tax deductible? 6c Deas the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shat may receive deductible contributions under section 170(c). 8d bit the organization molide with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Did the organization section application and partly for goods and services provided to the payor? 7b If Yes, "did the organization on include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Did the organization sel		(gambling) winnings to prize winners?	1c		
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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? 9a 9b			7h		
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? 9b 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 10b Gross income from members or shareholders 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) 11a 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 any payments for indoor tanning services during the tax year? 14a X	8				
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? 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 10b 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? 14a X	_		8		
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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 13b 13c 14a X			13a		
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 13c 14a X	-	· · · · · · · · · · · · · · · · · · ·	.ou		-
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a X	b	·			
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_	·			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С				
			14a		X

ORDER OF THE EASTERN STAR, INC.

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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			<u>LX</u>		
<u>Sec</u>	tion 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 1a 5					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5					
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		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X_		
6 Did the organization have members or stockholders?						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during 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			
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	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			L		
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			:		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	<u> </u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14		X		
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official	15a		X		
b	Other officers or key employees of the organization	15b		X		
46	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?	16a		X		
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
200	exempt status with respect to such arrangements?	16b				
	tion C. Disclosure					
17 10	List the states with which a copy of this Form 990 is required to be filed IN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second state of the second stat	availab	ie			
	for public inspection. Indicate how you made these available. Check all that apply					
10	Own website Another's website X Upon request	ae-	· - · - •			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d tinar	icial			
20	statements available to the public during the tax year	4.ar >				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	uon 🏴				
	<u>JONNY BEELER - (317) 736-4487</u> 890 RED SKELTON WAY, FRANKLIN, IN 46131					
	ON VED DIEDION MUI' LUUNUNTIN' IN #0191					

INDIANA GRAND CHAPTER

ORDER OF THE EASTERN STAR, INC.

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

Check if Schedule O contains a response to any question in this Part v	neck if Schedule O contains a respons	se 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

(A) Name and Title	(B) Average hours per week	(do not check box, unless p			osition ick more than one person is both an a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	. Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LEVON HOLMES										
GRAND TRUSTEE	2.00	X	<u> </u>					0.	0.	0.
(2) BERYL HARRISON									+	
CHAIRMAN	2.00	X						0.	0.	0.
(3) RUTH THOMPSON										
GRAND TRUSTEE	2.00	X	_			<u> </u>		0.	0.	0.
(4) LARRY MILLS								_	_	_
GRAND TRUSTEE	2.00	X	<u> </u>					0.	0.	0.
(5) SUSIE ROACH										_
GRAND TRUSTEE	2.00	X						0.	0.	
(6) JONNY BEELER	20.00							06 150		
GRAND SECRETARY	39.00			X		Ļ	ļ	26,158.	0.	0.
(7) BARBARA TERRY GRAND TREASURER	3.00	_		x				3,000.	0.	0.
		-				-				

Form 990 (2011)

rai	Section A. Officers, Directors, Tru		npic	yee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position						Reportable	Reportable	le Estimated			ed
		hours per	Ton, amoss person is bean at						compensation	compensatio				
		week	\vdash	cer an	dad	recto	or/trus	tee)	from	from related			other	
		(describe	ecto						the	organizations	s	com	oensa	tion
		hours for	ğ				ted		organization	(W-2/1099-MIS	SC)	fre	om the	е
		related	stee	ruste		١	Suac		(W-2/1099-MISC)			_	anızatı	
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						l relat	
		in Schedule O)	lividu	tata	Officer	E E	ploye	Former				orga	nızatı	ons
		 	<u> </u>	Ĕ	#O	ã.	± 5	윤						
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		-	-	\vdash		-	\vdash							
			ļ	L			Ļ		20 150		_			
	Sub-total								29,158.		0.			<u>0.</u>
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								29,158.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oov	e) wh	o r	eceived more than \$100	,000 of reportabl	е			
	compensation from the organization													0
											-		Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	уее,	or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	atior	anc	ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J 1	for such individual	-		4	[X
5	Did any person listed on line 1a receive or a									dual for services	Ī			
	rendered to the organization? If "Yes," com								J		İ	5		Х
Sec	tion B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·				
1	Complete this table for your five highest co	mpensated in	dene	ende	nt c	ont	racto	rs t	hat received more than	\$100 000 of com	nens	ation fi	om	
•	the organization Report compensation for												JI	
	(A)	ano outoridar y	<u> </u>	0	<u></u>	*****	<u> </u>	Ï	(B)	-		(C	· · ·	
	Name and business	address	NC	ONE	7				Description of s	ervices	С	omper		n
				<u> </u>				\dashv	,	-				
								ļ						
								\dashv						
								- 1						
	_							-1						
				_										
2	Total number of independent contractors (ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation 🕨					0							
													200	

INDIANA GRAND CHAPTER Form 990 (2011) ORDER OF THE EASTERN STAR, INC. 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	t c	Fundraising events Related organizations	1c 1d	297,600.				0.00,00014
Contribution and Other S	-	All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1an Total. Add lines 1a-1f	1f	86,704.	384,304.			
	2 a	SUBSCRIPTIONS		Business Code 511190	7,201.	7,201.		
Program Service Revenue	c e f	d a a a a a a a a b a b a b a b a b a b						
	3	Investment income (including divother similar amounts)	vidends, intere	est, and	7,201. 27,562.			27,562.
	4 5	5 Royalties		(II) Personal				
	6 a	Less rental expenses	() 1102	(vy · oroonia				
		d Net rental income or (loss) a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				<u> </u>
		b Less cost or other basis and sales expenses G Gain or (loss)						
Other Revenue		d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See		•				
Other F	ď	Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundra a Gross income from gaming activ		•				
	t	Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming	a b	•				
	t	 a Gross sales of inventory, less reand allowances b Less cost of goods sold c Net income or (loss) from sales of 	a b	24,859. 23,663.	1,196.	1,196.		
**	11 a	Miscellaneous Revenue		Business Code 812900 812900	6,885. 4,806.	6,885. 4,806.		
	ď	d All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		>	11,691. 431,954.	20,088.	0.	27,562.
13200 01-23	9							Form 990 (2011)

Form 990 (2011)

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)

					
	Check if Schedule O contains a respon			70)	(5)
	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 United States. See Part IV, line 21	98,043.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,			-	
Ŭ	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			İ	
4	Benefits paid to or for members				
4	·				
5	Compensation of current officers, directors,	20 150			
	trustees, and key employees	29,158.			
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	36,572.			
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)		<u>.</u>		
9	Other employee benefits				
10	Payroll taxes	5,679.			
11	Fees for services (non-employees)				
а	Management				
ь	Legal		<u> </u>		
С	Accounting	4,285.			
	Lobbying	•			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	33,071.	.		
14	Information technology	3370720			
	Royalties				
15 16	Occupancy	12,728.			<u> </u>
16 17	· *	12,720.			_
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	66 502		-	
19	Conferences, conventions, and meetings	66,503.		-	
20	Interest	17/ 202			
21	Payments to affiliates	174,382.			
22	Depreciation, depletion, and amortization	10 622	-	 	
23	Insurance	10,622.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)			 	
a					
b					
С					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	471,043.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

	990 (. •	<u> 35-</u>	0561842 Page 11
Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	96,171.	_ 1	55,574.
	2	Savings and temporary cash investments	946,734.	2	948,399.
	3	Pledges and grants receivable, net		3	- <u>-</u>
	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	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	10,000.	8_	10,000.
	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		11	
	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)	1,052,905.	16	1,013,973.
	17	Accounts payable and accrued expenses	1,733.	17	1,890.
	18	Grants payable		18	
	19	Deferred revenue		19	-
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ĭ	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			
	22			22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	-
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,733.	26	1,890.
		Organizations that follow SFAS 117, check here X and complete	1,733,		1,050.
S		lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets	832,683.	27	801,060.
<u>a</u>	28	Temporarily restricted net assets	218,489.	28	211,023.
9	29	Permanently restricted net assets		29	
뒫		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,051,172.	33	1,012,083.

1,013,973. Form **990** (2011)

1,051,172. 1,052,905.

Total liabilities and net assets/fund balances

INDIANA GRAND CHAPTER

Form 990 (2011) ORDER OF THE EASTERN STAR, INC. 35-0561842 Page 12

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)
2 Total expenses (must equal Part IX, column (A), line 25)

1 431,954.
2 471,043.

3

-39,089.

Form 990 (2011)

Revenue less expenses Subtract line 2 from line 1

3

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 051,172. 4 4 Other changes in net assets or fund balances (explain in Schedule O) 0. 5 5 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 012,083. 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash Other Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a Were the organization's financial statements audited by an independent accountant? X 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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 X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X За 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

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.

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2 Employer identification number 35-0561842 (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 Ö o ö Ö o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 7,236. 18,000 2,673, 394 41,020, 3.970 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section if applicable ORDER OF THE EASTERN STAR 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table INDIANA GRAND CHAPTER 13-1788491 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization OWWY - P.O BOX 86 - FRANKLIN, IN VARIOUS SCHOLARSHIPS / ESTARL & KNIGHT'S TEMPLAR EYE FOUNDATION 5635 W. 96TH STREET, SUITE 100 WORTHY GRAND MATRON'S PROJECT or government AMERICAN CANCER SOCIETY INDIANAPOLIS, IN 46278 Name of the organization FRANKLIN, IN 46131 FRANKLIN, IN 46131 HEART FOUNDATION 690 STATE STREET MASONIC HOME P.O. BOX 86 Parti Part II 46131

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

Schedule I (Form 990) (2011)

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Page 1

Schedule I (Form 990) ORDER OF THE EASTERN STAR, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	ORDER OF THE EASTERN Strants and Other Assistance to Governm	IRN STAR, IN	INC.	nited States (Sche	edule I (Form 990), Pa		35-0561842 Page 1
_	(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
OTHER SCHOLARSHIPS & CONTRIBUTIONS			630	0			
INTERNATIONAL TEMPLE			2 930	o			
FRUIT FUND			4,295,	0			
MAKE A WISH FUND 7330 WOODLAND DRIVE, SUITE 201 INDIANAPOLIS, IN 46278	34-1471131	501(C)(3)	11,895,	0.			
SERVICE DOG PROJECT		501(0)(3)	1 000	0			
							Schedule I (Form 990)

INDIANA GRAND CHAPTER

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Schedule I (Form 990) (2011) ORDER OF THE EASTERN STAR, INC.

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 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

(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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SEVERAL, ORGANTZATTONS ARE GIVEN MONEY FROM THE CHAPTER TO ASSIST IN	Je the information	required in Part I, I тнв снарт	formation required in Part I, line 2, and any other additional FROM THE CHAPTER TO ASSIST IN	additional information	
CARRYING OUT THEIR CHARITABLE CAUSE.	1 1				

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

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Internal Revenue Service INDIANA GRAND CHAPTER Name of the organization **Employer identification number** ORDER OF THE EASTERN STAR, 35-0561842 INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE CHAPTER MADE VARIOUS OTHER GRANTS AND ALLOCATIONS TO SEVERAL ORGANIZATIONS THAT PROMOTE THE ORGANIZATIONS CHARITABLE CAUSES. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 7,855. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: A COPY IS PROVIDED TO EACH TRUSTEE FOR THEIR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE CHAPTER PUBLISHES ANNUAL PROCEDINGS BOOKS, DISTRIBUTE TO ALL LOCAL CHAPTERS AND MAKES AVAILABLE AT GRAND SECRETARY'S OFFICE.