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Form **990**

(HTA)

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 2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A	For the	2011 cal	endar year, or	r tax year be	ginning	4/	1/2011	, an	ıd en	ding	3	/31/20	012		
В	Check if	applicable	C Name of orga	anization (Grand Char	ter of Maine	, Order of tl	he Easter	rn S	tar	D Employ	yer idei	ntıfication	number	
	Address	change	Doing Busine			-					01-01326	325			
	Name ch	ange	Number and	street (or P O	box if mail is no	ot delivered to s	treet address)	Room/suit	te		E Teleph		nber		
	Initial retu	חנט	764 Hallowe	II-Litchfield	Rd					l	(207) 724	1-2468	8		
	Terminate	ed		state or countr				<u> </u>			(_0,),				
	Amended	d return	West Gardin	er			ME	0434	15		G Gross	receipts	\$		260,586
	Application	on pending	F Name and ac	ddress of princi	pal officer	-				H(a) Is the	nis a group i	return fo	or affiliates	2 Y	es X No
			Stephanie J	Dupal 1 Pa	atterson Str	eet, Lisbon,	ME 04250				all affiliates			=	es No
	Tax-exem	not status		X 501(c)		(insert no)	4947(a)(1)	or 5	27		No," attach			_	
				7 7 301(0)	(10)	(insert no)		101 <u> </u>						,	
		• ► N/A									up exempti	on numi	ber ►		
_		rganization	Corpora	tion Trus	t Associ	ationOth	er 🕨	L	. Year	of forma	ation		M State of	legal domi	cile ME
	Part I		mmary												
	1		lescribe the o	-		•					s funds a	nd pro	ovides		
•			ships for indiv		ed, as well	as supportir	ng numerou	s other cl	harit	table					
ance		organiza	ations and ac	tivities											 -
Governance			<u></u>	<u>-</u>						. 			- 		
, Ş	2		his box ►					sed of more	e thar	า 25% of	its net ass	ets			
			of voting me									3			11
į	4		of independe									4			11
Activities &	5		mber of indiv				2011 (Part V	', line 2a))		•	5			2
6 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a											25				
	7a							<u>2</u>				78			0
<u> </u>	b	net unit	elated busine	ss taxable i	ncome from	Form 990-	I, line 34			· · · · ·	Dwar Vaar	7t	0	Commont)	0
Revenue Revenue	8	Contribi	utions and gra	ants (Part V	III line 1h)				H		Prior Year		:2	Current \	
多品	9		n service reve						ŀ			49,25	0		70,485
3 8	10	_	ent income (f	•		nes 3 4 and	l 7d)		H			81,44			135,317
() () () () () () () () () () () () () (11		venue (Part \					1e\	ŀ			33,84			54,784
מפ	12		enue—add line						F			264,53			260,586
	13	Grante	and cimilar ar	mounte naid	(Part IX co	dumn (A) (Ti	200 1 31					.0 1,00	0		0
	14	Benefits	efits paid to or for members (Part IX, column (A), line 4RECEIVED										0		
s)	15									7/3	10,818				10,799
Expenses	16a	Professi	Professional fundraising fees (Part IX, column (A), line 11e) FEB 2 5 2013 0										0		0
xpe	b	Total fur	tal fundraising expenses (Part IX, column (D), line 25) TEB 2 5 2013 of 19										,		-
ш	17	Other ex	kpenses (Par	t IX, column	(A), lines 1	1a-11d√11	24e)			2	1	64,89	90		189,237
	18	Total ex	penses Add	lines 13-17	' (must equ	al Part الأب co	OUT CAN F	ne 25)	T	<u> </u>	1	75,70)8		200,036
	19	Revenu	e less expens	ses Subtrac	ct line 18 fro	m line 12		0, 0		<u></u>		88,83	30		60,550
Assets or									Ĺ	Beginn	ing of Curre			End of Y	
SSe	20		sets (Part X,					•	-		2,1	69,07	_		2,229,620
Net	21		bilities (Part)			4 6 1 6			-				0		0
			ets or fund ba		otract line 2	1 from line 2	20				2,1	69,07	/O		2,229,620
	art II		nature Bloc		t this roturn in	cluding occome	anuna aabaduli	oo ond state			1ha haat af				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.														
				J	257						0.	1.	12013	 ?	
Sig			Signature of office								Date		12012	'	
Here RHEANNE FROST, SEC															
		7	Type or print nar										•		
		Print	Type preparer's	name	···	Preparer's sign	nature			Date	·			PTIN	
Pa	id	V	stan Lamay (C D A		 	C D A			24	2/2042	Check		D0055	10.40
Pr	eparer		ston Lemay, (- 1 0 -	Kryston Ler	пау, СРА				2/2013			P005 <u>54</u>	<u>U46</u>
Us	e Only		Firm's name RHR Smith and Company										<u>-338315</u>		
			's address ► 3								Phone no	(80	00) 300-	=	
Ма	y the IF	RS discus	s this return	with the pre	parer show	n above? (s	ee instructio	ons)						X Yes	No
<u></u>	Donon	and Dod.	iction Act Not	una nan tha		A	 -								990 (2014)

Form 990		01-0132625	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		X
1 E	Briefly describe the organization's mission		121
	Accumulates funds and provides scholarships for individuals in need, as well as supporting		
	numerous other charitable organizations and activities		
-			•••••
2 [Did the organization undertake any significant program services during the year which were not listed or	<u> </u>	
	he prior Form 990 or 990-EZ?	Yes	X No
	f "Yes," describe these new services on Schedule O		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
1	f "Yes," describe these changes on Schedule O		
ε	Describe the organization's program service accomplishments for each of its three largest program servexpenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to regrants and allocations to others, the total expenses, and revenue, if any, for each program service report	eport the amount o	
	Code) (Expenses \$ 74,378 including grants of \$ 0) (Reven		
_	Charity - Charitable donations to organizations		
-			
•			
-			
-		• • • • • • • • • • • • • • • • • • • •	
-			
•	•••••••••••••••••••••••••••••••••••••••		
-		· 	
	Code) (Expenses \$ 32,603 including grants of \$ 0) (Reven		
<u> </u>	ESTARL - Scholarships for theological education		
-			
•		• • • • • • • • • • • • • • • • • • • •	
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•	•••••••••••••••••••••••••••••••••••••••		
•	Code) (Expenses \$ 22,667 including grants of \$ 0) (Reven	ue \$21	,158.)
3	Special Funds - charitable donations		
•	•••••••••••••••••••••••••••••••••••••••		
•			
-			
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-		····	
4d (Other program services (Describe in Schedule O)		
		207,372)	
4.	Total program service expenses > 200.036		

-	Oncomist of Nequiled Ochequies			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
_	·	1		X
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? 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			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	:	x
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			
7		6		X
	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		×
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	ٽ ا		- ^-
_	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	-	X
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
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	£		ŀ
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		X
	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		x
	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		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		_X_
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		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ı		
	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 located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
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		<u> </u>
	The state of the s		aan	(2011)
		COLLI	J J U	(2017)

	Did the assessment are the CE 000 of assets and other assets are		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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	121		
	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
234	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	100		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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			
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	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)	- :		٠,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		χ.
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		_^_
_	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		Х
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,			
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
JZ	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"		<u> </u>
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	
	and the state of t		000	Ь

Part V

Stat	eme	ents	s Re	ga	ırding	g Othei	·IRS	Filings and	Tax	Co	mpi	iand	ce
					_								

	Check if Schedule O contains a response to any question in this Part V								
		1	. <u>-</u>		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	-	힉					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	[l l	i				
С	Did the organization comply with backup withholding rules for reportable payments to vendors	and re	portable		٠				
٥.	gaming (gambling) winnings to prize winners?		l	1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_	, l	:				
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a		4					
b	If at least one is reported on line 2a, did the organization file all required federal employment ta Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see inst			2b	<u>X</u>				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		15)	20		x			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a 3b	-	_^			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or	other	authority	30					
74	over, a financial account in a foreign country (such as a bank account, securities account, or of								
	account)?		ianoiai	4a		Х			
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 Fin	ancial	Accounts			;			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t		ction?	5b		Х			
С									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	d did t	ne						
	organization solicit any contributions that were not tax deductible?.			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such con-	tributi	ons or						
	gifts were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					* .			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and par	tly for	goods	`` . ·					
	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					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ch it w	as	_					
. ا	required to file Form 8282?	1	i	7c		_X			
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	7d	L			,			
e f	Did the organization receive any londs, directly of indirectly, to pay premiums on a personal benefit between the property of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			7e 7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g					
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo		, , , , , , ,	 					
	organizations. Did the supporting organization, or a donor advised fund maintained by a spon	_	1		,				
	organization, have excess business holdings at any time during the year?			8	2	- ··			
9	Sponsoring organizations maintaining donor advised funds.			: .	-,	· · ·			
а	Did the organization make any taxable distributions under section 4966?			9a	•				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		↓		٠, ٠			
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	1	1	.					
а	Gross income from members or shareholders	11a		<u></u> ∣					
b	Gross income from other sources (Do not net amounts due or paid to other sources	1							
	against amounts due or received from them)	11b		ا ا		-			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of			12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		. "			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			·	-	<u> </u>			
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	U		ľ		•			
b	Enter the amount of reserves the organization is required to maintain by the states in which	406	l		' .	·			
_	the organization is licensed to issue qualified health plans	13b 13c		1	-				
C 1/12	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	136	<u> </u>	14a		Х			
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in So	hedul	e ()	14a		 ^			
b	in Tes, has tellied a Form 120 to report these payments in Tvo, provide an explanation in Sc	cuul	<u>. </u>		990				

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

Sect	on 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	1 a 11						
	If there are material differences in voting rights among members of the governing body, or		1	l				
	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	1 b 11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with	1					
	any other officer, director, trustee, or key employee?	•	2		Х			
3	Did the organization delegate control over management duties customarily performed by or unc	ler the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or of		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	•	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization		5		X			
6	Did the organization have members or stockholders?		6	Х				
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?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers	7a	Х				
_	stockholders, or persons other than the governing body?							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following							
а	a The governing body?							
b	r 🗕 📑 i i i i i i i i i i i i i i i i i i							
9								
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Sect	on B. Policies (This Section B requests information about policies not required by the I		ode)	Х				
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х				
b								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a								
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			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		Х			
С	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		Х			
14	Did 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 ap	proval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion and decision?	1					
а	The organization's CEO, Executive Director, or top management official.	•	15a	Х				
b	Other officers or key employees of the organization		15b	Х				
	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 arr	angement		٠.				
	with a taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to every		,					
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	afeguard						
	the organization's exempt status with respect to such arrangements?		16b					
Sect	ion C. Disclosure							
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 (Section 501)	c)(3)s	only))			
	available for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documer	nts, conflict of interes	t					
	policy, and financial statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the boo							
	organization Rheanne Frost	(207) 562-4	523		· 			
	28 Lacroix Road, Peru, ME 04290							

Grand Chapter of Maine, Order of the Eastern Star 0	01-0132625	Page 7
Grand Chapter of Maine, Order of the Lastern Gtar	71-0102020	raye r

Dod VIII	Companyation of Officers Directors Trustees Voy Employees Highest Companyates
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
•	Employees, and Independent Contractors

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

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

Form 990 (2011)

Section A.

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

		lee		уее	compensated e	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
									_
5.00			<u>~</u>				0	0	. 0
- 00									•
5 00	_	Ш					0	U	0
									•
5 00		H	Δ		-		0	0	0
						i			_
5 00			X				0	0	0
			.				_	_	_
10 00	ļ		X				0	0	0
							_		
10 00			Х				0	0	0
5 00		_	Х				0	0	0
5.00			Х				0	0	0
5.00	ļ <u>.</u>		Χ.				0	0	0
5 00			Х				0	0	0
								ļ	
5 00	<u> </u>		Х				0	0	0
	5 00 5 00 10 00 10 00 5 00 5.00 5 00	5.00 5 00 5 00 5 00 10 00 10 00 5 00 5.00	5.00 5 00 5 00 10 00 10 00 5 00 5.00 5.00 5.00	5.00 X 5 00 X 5 00 X 5 00 X 10 00 X 10 00 X 5 00 X	5.00 X 5 00 X 5 00 X 10 00 X 10 00 X 5 00 X	5.00 X 5 00 X 5 00 X 5 00 X 10 00 X 10 00 X 5 00 X	5.00 X 5 00 X 5 00 X 5 00 X 10 00 X 10 00 X 5 00 X	5.00 X 0 5 00 X 0 5 00 X 0 5 00 X 0 10 00 X 0 5 00 X 0	5.00 X 0 0 5 00 X 0 0 5 00 X 0 0 10 00 X 0 0 10 00 X 0 0 5 00 X 0 0 5.00 X 0 0 5 00 X 0 0 5 00 X 0 0 5 00 X 0 0

Pa	rt VII Section A. Officers, Directors, T	rustees, Key E	mplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntınue	ed)	
•					-	2)							
	(A)	(B)	(do r	not ch		ition more	than o	опе	(D)	(E)		(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable		stimate	
		week				T -	or/trust		from	compensation from related	ar	nount of their	DI
		(describe hours for	Individual trustee or director	stitu	Officer	ey e	ighe.	Former	the organization	organizations (W-2/1099-MISC)		ipensa rom the	
		related	ector	tiona	Ť	mplc	st cc	4	(W-2/1099-MISC)	(***271033***********************************	org	janizat	ion
		organizations in Schedule	trust	al tru		уее	mpe					d relati anızatı	
		O)	l e	Institutional trustee			Highest compensated employee				0.9		
							ē						
(15)								-					
(16)		<u>.</u>					!						
		ļ	<u> </u>										
(17)		.											
(4.0)				<u> </u>									
(10)	·	-											
(19)		 	-								· -		
1.97.	·	-	İ										
(20)			 -			<u> </u>							
	••••••••••••••••••••••••••••••••	-											
(21)													
(22)		-											
			ļ										
(23)		-											
/24)			<u> </u>	\vdash			-						
(44)		-											
(25)		-	1			<u> </u>		_					
355).	·	1											
1b	Sub-total		1					•	0	0			0
С	Total from continuation sheets to Part VII,	Section A						•	0	0			0
d	Total (add lines 1b and 1c)				<u></u>			>	0				0
2	Total number of individuals (including but not		listed	dab	ove) wl	no re	ceiv	red more than \$	100,000 of			
	reportable compensation from the organization	on 🕨			0								
	D 111										₩	Yes	No
3	Did the organization list any former officer, d employee on line 1a? If "Yes," complete Sche					yee	, or h	iigh	est compensate	ed		- -	1: 50
										•	3		X
4	For any individual listed on line 1a, is the sun	-	-						,				١,
	the organization and related organizations grandividual	eater than \$150,	0007	ır "	res	, " C	ompi	ete	Scheaule J for s	sucn			, 13g
_			_								4		, X
5	Did any person listed on line 1a receive or ac									ndividual	.5	•] ;-:
Soci	for services rendered to the organization? If ' ion B. Independent Contractors	res, complete	Scne	auie	JI	or s	ucn p	ers	son		5		<u> X</u>
1	Complete this table for your five highest comp	noncated indens	ndon	+ 00	niro	oto	ro the	ot ro	sowed more th	on \$100,000 of			
1	compensation from the organization. Report of	•									n'e ta	·	
	year	compensation to	1 1110	Carc	, riue	ai y	cai c	11011	ng with or within	i tile organizatio	113 (a.	^	
	(A)								(B)		(C)	
	Name and business add	dress							Description of ser	vices (Comper		
													0
													0
													0

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

<u>0</u>

0

54,784

54,784

260,586

All other revenue

Total, Add lines 11a-11d

Total revenue. See instructions

135,317

Form 990 (2011) Grand Chapter of Maine, Order of the Eastern Star 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 response to any	question in this Par	rt IX	•	
	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	l ol		-	
2	Grants and other assistance to individuals in the				•
	United States See Part IV, line 22	o			-
3	Grants and other assistance to governments,			•	-
	organizations, and individuals outside the			-	, ,
	United States See Part IV, lines 15 and 16	l ol			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	ol			
6	Compensation not included above, to disqualified		•		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	10,000	10,000		
8	Pension plan accruals and contributions (include	, , , , , , ,			
-	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits .	0			
10	Payroll taxes .	799	799		
11	Fees for services (non-employees)	, , , , ,	700		
а	Management	o			
b	Legal	0			
c	Accounting	2,000	2,000		
d	Lobbying	0	2,000		
e	Professional fundraising services See Part IV, line 17	0	· · · ·		
f	Investment management fees	0	•		 -
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses .	14,696	14,696		
14	Information technology	0	11,000		
15	Royalties .	o o	-		
16	Occupancy	3,250	3,250		
17	Travel .	5,611	5,611		
18	Payments of travel or entertainment expenses	0,011	0,011		<u> </u>
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	12,043	12,043		
20	Interest .		12,043		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	5,210	5,210		
24	Other expenses Itemize expenses not covered	0,210	- 0,210	_	
	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)	-			. •
а	Donotions	129,406	129,406	 <u>-</u>	
b	Admin annana	9,872	9,872		
	O	2,741	2,741		
C	Macallanagua			·	
d	Miscellaneous	4,408	4,408		
е 25	All other expenses	200 020	200 020		^
25	Total functional expenses. Add lines 1 through 24e	200,036	200,036	0	0
26	Joint costs. Complete this line only if the		1		
	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)				F 900 (00.4)

				(A)		(B)
	1 4	Out		Beginning of year		End of year
	1	Cash—non-interest-bearing		84,133	1	64,390
	2	Savings and temporary cash investments	•		2	
	3	Pledges and grants receivable, net	•	0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, or	-			•
		employees, and highest compensated employe Schedule L	ees Complete Part II of		5	
	6	Receivables from other disqualified persons (a	is defined under section	-		
	1	4958(f)(1)), persons described in section 4958				
		employers and sponsoring organizations of se				
ţ		employees' beneficiary organizations (see inst			6	
Assets	7	Notes and loans receivable, net	·	0	7	0
As	8	Inventories for sale or use	•	· · · · · · · · · · · · · · · · · · ·	8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or	1 1	٠		
	'0"	other basis Complete Part VI of Schedule D	10a 0			••
	b	Less accumulated depreciation	10b 0		10c	
	11	Investments—publicly traded securities	[100]	2,084,937	11	2,165,230
	12	Investments—publicly traded securities Investments—other securities See Part IV, lin	0 11		12	
	13			0		0
	14	Investments—program-related See Part IV, III	ie i i		13	0
	15	Intangible assets		0	14	0
		Other assets See Part IV, line 11	ual line 24)	0	15	0 000 000
	16	Total assets. Add lines 1 through 15 (must eq	uai line 34)	2,169,070		2,229,620
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue .	•		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete			21	· · · · · · · · · · · · · · · · · · ·
ies	22	Payables to current and former officers, director	· ·	•		
ij		employees, highest compensated employees,	and disqualified	ه صبيع او السماد اد م	u	. i . i . i .
Liabilities		persons Complete Part II of Schedule L			22	
ب	23	Secured mortgages and notes payable to unre	= -	0	23	0
	24	Unsecured notes and loans payable to unrelat	-	0	24	0
	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on line	es 17-24) Complete			
	ľ	Part X of Schedule D		0		0
	26	Total liabilities. Add lines 17 through 25		0	26	0
es		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33 a	<u> </u>	·	.*	
ũ			and 54.	0.050.040		0.400.000
Fund Balances	27	Unrestricted net assets		2,056,043		2,123,682
8	28	Temporarily restricted net assets		440.007	28	105.000
Ĕ	29	Permanently restricted net assets	,	113,027	29	105,938
Ē		Organizations that do not follow SFAS 117,	check here ▶			
9		and complete lines 30 through 34.			٠.,	,
ets	30	Capital stock or trust principal, or current funds	s		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or			31	
t.	32	Retained earnings, endowment, accumulated	• •		32	
Š	33	Total net assets or fund balances	,	2,169,070		2,229,620
	34	Total liabilities and net assets/fund balances		2,169,070		2,229,620

Form	990 (2011) Grand Chapter of Maine, Order of the Eastern Star	01-013	2625	Pag	ge 12
Par	t 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) .	111		260	.586
2	Total expenses (must equal Part IX, column (A), line 25)	2			,036
3	Revenue less expenses Subtract line 2 from line 1	3			,550
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,070
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	2	2.229	,620
Pari	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			1	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		,	-	
	Schedule O			-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	it of			!
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain	ın			- 7'13
	Schedule O				
d	,	ŀ			
	issued on a separate basis, consolidated basis, or both			•	
	X Separate basis Consolidated basis Both consolidated and separate basis				17
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		X
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	(2011)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name	of the organization					employer identifi	cation number	
Gran	d Chapter of Maine, Order of the Eastern Sta	r					-0132625	
Part		or Advised Funds or	Oth	er Similar	Funds	or Accoun	ts. Complete	ıf
	the organization answered "Yes" to						•	
		(a) Donor advise				(b) Funds and	d 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				ļ			
5	Did the organization inform all donors and d	onor advisors in writing	that t	he accete h	eld in d	lonor advised		
3	funds are the organization's property, subject	_				ionor advised	Yes	No
c		=		_		ide oan ho	165	
6	Did the organization inform all grantees, dor							
	used only for charitable purposes and not for		or or o	donor adviso	or, or ic	or any other	□ v □	٦
	purpose conferring impermissible private be						Yes _	_ No
Par	Conservation Easements. Comp	lete if the organizatio	n ans	swered "Ye	s" to F	orm 990, Pa	art IV, line 7	
1	Purpose(s) of conservation easements held	by the organization (ch	eck a	ill that apply)			
	Preservation of land for public use (e.g., recr					n historically i	mportant land	area
	=	· · · · · · · · · · · · · · · · · · ·	\equiv			certified histo		
	Protection of natural habitat		ш	Preservani	on or a	cermed histo	one structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organiza	ation held a qualified co	nserv	ation contrib	oution i	n the form of	a conservation	
	easement on the last day of the tax year							
						- ' Heid	at the End of the T	ax Year
а	Total number of conservation easements					2a		
b	Total acreage restricted by conservation eas	sements				2b		
С	Number of conservation easements on a ce	rtified historic structure	ınclu	ded in (a) .		2c		
d	Number of conservation easements include	d in (c) acquired after 8.	/17/00	6, and not or	n a			
	historic structure listed in the National Regis	ter				2d		
3	Number of conservation easements modifie	d, transferred, released	, extii	nguished, or	termin	ated by the o	rganization	
	during the tax year							
4	Number of states where property subject to	conservation easement	is lo	cated 🕨				
5	Does the organization have a written policy	regarding the periodic r	nonite	oring, inspec	ction, h	andling of		
	violations, and enforcement of the conserva	tion easements it holds	?			_	Yes	No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and er	forcir	ng conservat	tion ea	sements durir	ng the year	
	•			_				
7	Amount of expenses incurred in monitoring,	inspecting, and enforci	na co	nservation e	easeme	ents during the	e vear	
•	▶ \$, , , , , , , , , , , , , , , , , , ,	J			J	,	
8	Does each conservation easement reported	on line 2(d) above sati	sfv th	e requireme	nts of	section		
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		,	- · - · · · · · · · · ·			Yes	No
9	In Part XIV, describe how the organization r		seme	nts in its rev	enue a	nd expense s		
•	balance sheet, and include, if applicable, the							s
	the organization's accounting for conservati			. 90		oral State morn		
Par			reas	ures, or Oth	ner Sin	nilar Assets.		
	Complete if the organization answere							
					.4			- h- c - t
1a	If the organization elected, as permitted und							sneet
	works of art, historical treasures, or other sil							
	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			xhibition, ed	ucation	n, or research	in furtherance	
	of public service, provide the following amou	unts relating to these ite	ms					
	(i) Revenues included in Form 990, Part VII	II, line 1				▶ \$		
	(ii) Assets included in Form 990, Part X					▶ \$		
2	If the organization received or held works of	fart, historical treasures	s, or c	ther similar	assets	for financial of	gain, provide th	ie
_	following amounts required to be reported u						- • •	
а	Revenues included in Form 990, Part VIII, li		- ,	9 11 11		▶ \$		
b	Assets included in Form 990, Part X	••= •				▶ \$		
•					-	Ψ.		

Part	VI Land, Buildings, and Equip	oment. See Form 990, Par	t X, line 10		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		. 0
b	Buildings	0	0	0	0
С	Leasehold improvements .	0	0	0	0
d	Equipment	0	0	0	0
е	Other	0	0	O	0
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form 990. Part X	column (B), line 10(c))	0

Schedule D (Form 990) 2011			raye
Part VII Investments—Other Securiti	es. See Form 990, Part X, I	line 12	
(a) Description of security or category	(b) Book value	(c) Method of va	
(including name of security)	, , ,	Cost or end-of-year n	narket value
(1) Financial derivatives .	0	<u> </u>	
(2) Closely-held equity interests	0		
(3) Other			
(A)	0		
(B)	0		
(C)	0		
(D)	0		
(E)	0		
<u>(F)</u>	T		
(G)			
(H)	0		
(I) Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0	. , .	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	<u></u>	
Part VIII Investments—Program Rela	ted. See Form 990, Part A,		<u> </u>
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(4)	0	000000000000000000000000000000000000000	The first of the f
(1)	0		
(2)	0		· · · · · · · · · · · · · · · · · · ·
(3)	0		
(5)	0		
(6)	0		
(7)	0		
(8)	0	-	
(9)	0		
(10)	0		
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	2	
Part IX Other Assets. See Form 990,	Part X, line 15		
	(a) Description		(b) Book value
(1)			0
(2)		-	0
(3)			0
(4)			0
(5)			0
(6)			0
(7)			0
(8)			0
(9)			0
(10)			0
Total. (Column (b) must equal Form 990, Part X,			0
Part X Other Liabilities. See Form 9			
1. (a) Description of liability	(b) Book value	·	• •
(1) Federal income taxes	0	ساريني مواكن الراكات أأنوا	in the second
(2)	0		•
(3)	0		·
(4)	0	•	
(5)	0		
(6)	0	and the state of t	green green and the second
(7)	0		
(8)	0		
(9)	0	ىلىسى ئىلىن ئىلىرى 194	
(10)	0	· · · · · · · · · · · · · · · · · · ·	
(11)	0		. *
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)

Sched	dule D (Form 990) 2011			Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 99	0 to Audited Fir	nancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	260,586
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	200,036
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	60,550
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	C
10	Excess or (deficit) for the year per audited financial statements. Combine		10	60,550
Pai	t XII Reconciliation of Revenue per Audited Financial State		venue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	260,586
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	· .	
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		
е	Add lines 2a through 2d	•	2e	C
3	Subtract line 2e from line 1	i	3	260,586
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b	Other (Describe in Part XIV)	. <u>4b</u>		_
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	260,586
	Reconciliation of Expenses per Audited Financial Sta	tements with E		
1	Total expenses and losses per audited financial statements		1	200,036
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا مما	. ,	
a	Donated services and use of facilities	2a		
b	Prior year adjustments Other losses	2b 2c		
c d	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d.	20		0
е 3	Subtract line 2e from line 1		. <u>2e</u>	200,036
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		200,030
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	[40]	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, II	ne 18)	5	200,036
	t XIV Supplemental Information			200,030
Com and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and part to provide any additional information			
		·	• • • • • • • • • • • • • • • • • • • •	·

•-	Grand Chapter of Maine, Order of the Eastern Star	01-0132625
Schedule D (Form	990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
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Schedule D (Form 990) 2011

,SCHEDULE-O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer identification number Name of the organization 01-0132625 Grand Chapter of Maine, Order of the Eastern Star Form 990, Part III, Line 4d Program Service Expenses 0, Grants and allocations, 0, Revenue 17,271 WGM - Charitable donations Form 990, Part III, Line 4d Program Service Expenses 70,388, Grants and allocations 0, Revenue 190,101 General Funds - general operations and charitable donations Form 990 Part VI Section A Line 6, 7a Members elect the Officers Form 990 Part VI Section B Line 11a The Grand Treasurer reviews and signs the 990 Form 990 Part VI Section B Line 15b Salaries are set by the Constitution, Rules and Form 990 Part VI Section C Line 19 Available upon request

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2
Name of the organization	Employer identification number
Grand Chapter of Maine, Order of the Eastern Star	01-0132625
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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
Federated Campaigns	1		
2 Membership dues	2		
3 Fundraising events	3		
Related organizations .	4		
Government grants (contributions)	5 _		
All other contributions, gifts, grants, and similar amounts not included above			
Donations		70,485	
	<u> </u>		
Other contributions total	6	70,485	0
7 Total .	7 -	70,485	0

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported

X End of year market value (FMV)

					0	2,084,937	2,165,230
	Check If		Check If			Beginning	
	Publicly	Check if	Closely-Held		Value	Balance	
	Traded	Financial	Equity	of Shares/	at Time of	Book Value	
Description	Securities	Derivatives	Interests		Donation	FMV	
	×					2,084,937	1
						0	
						0	0
						0	0
						0	0
						0	0
						0	0
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