

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



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

Open to Public

benefit trust or private foundation) Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 20 12 August 1 2011, and ending For the 2011 calendar year, or tax year beginning C Name of organization GRAND CHAPTER OF COLORADO ORDER OF THE EASTERN S D Employer identification number Check if applicable 84-0284775 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Name change 2445 S QUEBEC ST 303-756-5936 В Initial return City or town, state or country, and ZIP + 4 Terminated Amended return DENVER, CO 80231-6036 G Gross receipts \$ 132,026 F Name and address of principal officer **RUSSELL MASON** H(a) Is this a group return for affiliates? Yes No Application pending 2445 S QUEBEC ST STE B **DENVER, CO 80231-6036** H(b) Are all affiliates included? ✓ Yes ☐ No If "No," attach a list (see instructions) 8) ◀ (insert no) ☐ 4947(a)(1) or 501(c) (Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust ✓ Association ☐ Other ► L Year of formation M State of legal domicile CO Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE SCHOLARSHIPS & DONATIONS Activities & Governance 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 349 349 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 3 4800 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b 0 Net unrelated business taxable income from Form 990-T, line 34 Pnor Year Current Year 8 Contributions and grants (Part VIII, line 1h) . . . 92,442 95,897 Revenue 9 Program service revenue (Part VIII, line 2g) n 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 15,227 16,630 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 13,059 19,499 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 120,728 132,026 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 37,002 34,103 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 25,462 28,183 Professional fundraising fees (Part IX, column (A), line 11e) RECEIVED 0 16a Total fundraising expenses (Part IX, column (D), line 25) b 080 17 Other expenses (Part IX, column (A), lines 11a-11d, 114-24e) 54,101 52,600 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)2012 18 116,565 114,886 17,140 19 Revenue less expenses. Subtract line 18 from line 12 4,163 Beginning of Current Year End of Year OGDEN. UT 20 Total assets (Part X, line 16) 488,978 505,275 21 18,086 21,237 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 470,892 484,038 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office WORTHY GRAN PATRIN 12-11-2012 Here Type or print name and title Print/Type preparer's name Preparer's signature Check I if Paid self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Phone no Firm's address ▶

For Paperwork Reduction Act Notice, see the separate instructions.

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

Cat No 11282Y

Yes No Form 990 (2011

	0 (2011)									Page Z
Part			rogram Servic							_
			le O contains a		any question	in this Part III		<u> </u>		<u>. Ц</u>
1	Briefly a	escribe the org	ganızatıon's mıs IIPS AND DONAT	SION:	VIDITAL C AND O	DC ABIIZATIONS	FOR CHARITAG	DIE EDUCATI	ONIAI	
			ENTIFIC PURPOS							
	INAIL	MAL, AND SCI	LIVIII IC FURFOS							
						••				
2	Did the	organization ui	ndertake any sig	nificant proc	ram services d	uring the year v	which were not	listed on the		
			EZ?						☐ Yes	☑ No
	If "Yes,"	describe thes	e new services (on Schedule	Ο.				_	_
3			cease conduct			anges in how	it conducts, a	iny program		
									☐ Yes	✓ No
	If "Yes,"	describe thes	e changes on S	chedule O.						
4	Describe	e the organizat	tion's program s	service accor	nplishments for	each of its thr	ee largest prog	ram services,	as meas	ured by
			1(c)(3) and 501						rt the an	nount of
	grants a	nd allocations	to others, the to	otal expenses	, and revenue,	f any, for each	program service	e reported.		
4a	(Code: _) (Ex	penses \$	ını	cluding grants o	of \$) (Reven	ue \$		_)
					•					
4b	(Code:) (Ex	penses \$	ine	cluding grants of	of \$) (Reven	ue \$)
	•				0.0		/ \	*		- '
							•			
40	(Codo:) (E)	rpenses \$		oludina granta d		\ (Payon	¢		
40	(Code) (EX	cheuses a		cluding grants t	у Ф) (Heven	nne a		/
							••••••			
			·							
										
4d			es (Describe in S			\		,		
	(Expens			grants of \$) (Revenue \$)	<u> </u>	
4e	i otal pi	rogram servic	e expenses >							

Part	Checklist of Required Schedules			age 3
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
•	complete Schedule A	_1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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	!	1
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		
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	-:-	Š.Š.	*
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	1	
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		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	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		✓
12.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
ь	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b		14a		✓
	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		1
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	-	1
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		√
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		1
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		✓
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		V
20 a		20a	 	∀
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ė

Part	, , , , , , , , , , , , , , , , , , , ,			age 🔻
T CIT	Officerist of frequired Schedules (Corninaed)		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	✓	
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	√	
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	✓	
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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		✓
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		~
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):	o		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	· ·

Form 990 (2011) Page **5** Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V П Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a **b** If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . 5a 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с 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 benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 Sponsoring organizations maintaining donor advised funds. а 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? . . . 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b 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 . Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13b

13c

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	truct	ions.
Section	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 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		✓
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		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	4 5 6 7a	✓ ✓	√ √
ь 8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	✓	
	the year by the following:	00		
а b 9	The governing body?	8a 8b 9	√	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	ode.))
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	√	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3067	2 523	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
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		
13 14 15	Did the organization have a written whistleblower policy?	13 14	T.	✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓	√
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		7 ✓
b	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 exempt status with respect to such arrangements?			
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501((c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization; > 1 YNDA WINGATE 2445 S OUEBEC ST STER DENVER, CO 80231-6036	of the	9	

	_
	•
raue	

Form	aan	1201	11

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor	any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week	(do n	ot ch	Pos neck ss pe	tion more	e than o	one an ee)	(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) RUSSELL MASON, CHAIRMAN	5	1						0	0	
(2) WILLIAM CARLSON, VICE CHAIRMAN	5	1						0	o	(
(3) MARYELLEN THOREN, SECRETARY	5	1						0	0	C
(4) ALICE DEMPSEY, BOARD MEMBER	5	1						0	0	C
(5) MARIAN EDWARDS, BOARD MEMBER	5	1						0	0	(
(6) MARYANN GOLD-WEIDLER WORTHY GRAND MATRON, PRESIDING OFFICER	30			1				0	0	(
(7) CHARLES ANDERSON WORTHY GRAND PATRON,	30			1				0	0	. (
(8) PATRICIA ANDREA ASSOCIATE GRAND MATRON	20			1				0	0	
(9) JOHN WILLIAMS ASSOCIATE GRAND PATRON	20			1				0	0	(
(10) VALERIE GRUNDVIG, SECRETARY	40			1				15,080	0	(
(11) CHARLOTTE SCRIVEN, TREASURER	20			1				5,200	0	
(12) CYNDIE HOUSE, GRAND CONDUCTRESS	20			1				0	0	(
(13) GENIE WILCOX ASSOCIATE GRAND CONDUCTRESS	20			1				0	0	
(14) C.T. ELLIOTT, GRAND SENTINEL	20			1				o	0	(

Part	Section A. Officers, Directors, Trust	ees, key E	nipio	yees			iignes	SL C	ompensated E	inployees (c	.oriunu	
	(A)			(C) Position					(D)	(E)		(F)
	(A) Name and title	(B) Average					than o		Barrackin	Reportable	e	Estimated
		hours per week	office		dad		or/trust	ee)	compensation from	compensation related	from	amount of other
		(describe	Individual trustee or director	instit	Officer	Key employee	High	Former	the organization	organizatio		compensation from the
		related	recto	Institutional	er	empl	est c	<u>e</u>	(W-2/1099-MISC)	(***-271099***	130,	organization
		organizations in Schedule	T trus	nal tr		oyee	omp					and related organizations
		O)	tee	trustee			Highest compensated employee					
(15)							<u> </u>					
(16)						-						
(17)					_							
(18)												
(19)						-						
(20)							! :					
(21)						-						
(22)										-		
(23)												
(24)												
(25)												
1b	Sub-total			٠.					20,280			
С	Total from continuation sheets to Part							>	0	1		
<u>d</u>	Total (add lines 1b and 1c)							<u>\</u>	20,280	<u> </u>	20.000	
2	Total number of individuals (including bureportable compensation from the organ		d to th	nose	e list	ted	above	e) w	no received m	ore than \$10	000,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	tor, o	or tr uch	ust <i>ind</i>	ee, Ivid	key e ual		oloyee, or high		nsated	Yes No 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio					多 病癌
5	individual											
Section	for services rendered to the organization on B. Independent Contractors	en res, c	Jonip	ele	SCI	ieu	ile J i	Or s		· · · · <u>-</u>	<u>· · · · · · · · · · · · · · · · · · · </u>	5 √
1	Complete this table for your five highest compensation from the organization. Rep											
	year.							<u>, </u>	(D)	-		(C)
	(A) Name and business add	fress							(B) Description of s	ervices		Compensation
									· · · · · · · · · · · · · · · · · · ·			
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who		

Part	VIII	Statement of Revenu	ıe						
			•		^	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns .		1a	0			٠	.,
Grants nounts	b	Membership dues		1b	57,396			٠,	** , ,
اع ق	_	Fundraising events		1c	0,,000	*		^]	**
ffs,	0 1		, t	1d	- 0			_	- ' ' ' 1
ija gi	d	Related organizations .			- 0			,	
ns, Sirr	е	Government grants (contrib		1e	U				
ntio er :	T	All other contributions, gifts,						,	
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not includ	L L	1f	38,501				
ă ă	g	Noncash contributions included			0		*	,	
	h	Total. Add lines 1a-1f .			<u> ೬ </u>	95,897		. 5.6	
E				- 1	Business Code				<u> </u>
Ver	2a			[
8	b								
į	С					•			
ē	d								
E	е								
g	f	All other program servic							
Program Service Revenue	g	Total. Add lines 2a-2f .				0			- 904446 (6) A
	3	Investment income (income					X 10 1/ / / / x-	27 - 15-100/2000 01	2 *********************************
		and other similar amoun	_		▶	16,630			
	4	Income from investment of	,			0			
	_				ina proceeds	0		,	
	5	Royalties	(i) Real	•	(ii) Personal	9 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			5 V 38 N 55 00 00 00 1 0 0 0 0 0 0 0 0 0 0 0 0 0
	_		(i) Fical		(ii) i cisoriai				
	6a	Gross rents		0	0				
	b	Less: rental expenses		0	. 0		11,4		
	C	Rental income or (loss)		0	0			27 idini	
	d	Net rental income or (los		<u> </u>	<u> </u>	0			·
	7a	Gross amount from sales of	(ı) Secuntı	es	(ii) Other				
		assets other than inventory		0					
	b	Less: cost or other basis							
	j	and sales expenses		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			▶	0			
venue	8a	Gross income from function (not including \$	•	0					
Other Rev		of contributions reported			. 0				
Ě	Ь	Less: direct expenses .		. b	0	 	1		
J	C	Net income or (loss) from			events .	0		Contract of the Contract of th	anne en entrettermen verseinmetermilität 200 tette tette verse
	4	Gross income from game				٠ <u>٠</u> ,	Fry. Chian		\$ 1 × × 5, 1 ×
]				o	, , , , , , , , , , , , , , , , , , ,			,
	ь	Less: direct expenses .			0				, , t, *
	C	Net income or (loss) from).	0		<u> </u>	
	_	Gross sales of inve			VIII.03 P				# - 1
	IVa	returns and allowances	intory,		_	•		`	
	١.			· а	0	•	i	•	,
	b	Less: cost of goods sole			0				
	С	Net income or (loss) from		אחו זכ		0			
		Miscellaneous Reve	enue		Business Code				
	11a								
	b								
	С	***************************************							
	d	All other revenue .		•		19,499			
	е	Total. Add lines 11a-11	d		.	19,499	, ,		****
	12	Total revenue. See inst	tructions		•	132,026			

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 Part IX											
	t include amounts reported on lines 6b, 7b, , 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	23,604									
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	10,500		h. 18 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16							
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0		Park Tales							
5	Compensation of current officers, directors,										
	trustees, and key employees	20,280									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B) .	0		. <u>-</u>							
7	Other salaries and wages	5,502									
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	0									
9	Other employee benefits	0									
10	Payroll taxes	2,401									
11	Fees for services (non-employees):										
a	Management	0									
b	Legal	810		<u> </u>							
C	Accounting	0									
d	Lobbying	0	gazit dir şeriğin zinayı								
e	Professional fundraising services. See Part IV, line 17	0	377								
f	Investment management fees	0									
g 12	Other	0		<u> </u>							
13		17,941									
14	Office expenses	0									
15	Royalties	0									
16	Occupancy	0									
17	Travel	0									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings .	9,580			···-						
20	Interest	0									
21	Payments to affiliates	0	-								
22	Depreciation, depletion, and amortization .	5,866									
23	Insurance	2,517									
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.)		- 1. S	S X V. S. C. C.							
а	GRAND OFFICER ALLOWANCE	4,500									
b	SPECIAL ASSESMENT	11,385									
C											
d											
е	All other expenses			ļ							
25	Total functional expenses. Add lines 1 through 24e	114,886									
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 following SOP 98-2 (ASC 958-720)			•							
	, , ,	i de la companya de		i							

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	82,476	1	90,417
	2	Savings and temporary cash investments	691	2	691
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	613	4	1103
	5	Receivables from current and former officers, directors, trustees, key	× .	1.	٠
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
s	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)	0	6	0
ğ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	6,670	8	7,879
`	9	Prepaid expenses and deferred charges	0,070	9	0
	10a	Land, buildings, and equipment: cost or			/
		other basis. Complete Part VI of Schedule D	'		,
	b	Less: accumulated depreciation 10b	40,325	10c	34,460
	11	Investments—publicly traded securities	358,203		370,725
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	488,978	16	505,275
	17	Accounts payable and accrued expenses	419	17	411
	18	Grants payable	17,667	18	20,827
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
S	22	Payables to current and former officers, directors, trustees, key			· .]
litie		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	o		0
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	18,086	26	21,238
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	£	٠	- ,
ĕ	27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·	27	
3ali	28	Temporarily restricted net assets		28	
פַ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	, -** ₄	~~``\ `_\\\\ }	
Si	30	Capital stock or trust principal, or current funds	466,729	30	466,897
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	32	Retained earnings, endowment, accumulated income, or other funds.	4,163	32	17,140
et	33	Total net assets or fund balances	470,892		484,038
~	34	Total liabilities and net assets/fund balances	488,978		505,275
				·	Form 990 (2011)

_	4	0
Page	1	2

_			
Form	990	1201	11

	Check if Schedule O contains a response to any question in this Part XI	<u></u>	· · ·	_
1	Total revenue (must equal Part VIII, column (A), line 12)		132	2.
2	Total expenses (must equal Part IX, column (A), line 25)		114	÷
3	Revenue less expenses. Subtract line 2 from line 1		17	-
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		470	-
5	Other changes in net assets or fund balances (explain in Schedule O)		-:	-
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			-
_	column (B))		484	ļ
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	
1	Accounting method used to prepare the Form 990: Cash Cash Other	533	12:3	
	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		
b	Were the organization's financial statements audited by an independent accountant?	2b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	8 55	1.2	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1.5	3,3 4	
	issued on a separate basis, consolidated basis, or both:		، م رم والمنور	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	22.44.2		3
	the Single Audit Act and OMB Circular A-133?	3a	. 1	
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		
		Forn	n 99 0	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

Open to Public Inspection

Name o	f the organization		Employ	er identification number
GRAN	D CHAPTER OF COLORADO ORDER OF THE EA	ASTERN STAR	-	84-0284775
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Fu	inds or	Accounts. Complete if the
	organization answered res to re	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at and of year	(a) Donor advised failes	'	b) Turius and other accounts
	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		hadalaa a	la a a u a di ua a d
5	Did the organization inform all donors and funds are the organization's property, subject			
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gr	ant funds	
	only for charitable purposes and not for the			
		<u> </u>		
Par	Conservation Easements, Comp	lete if the organization answered "Yes	" to Forr	m 990. Part IV. line 7.
1	Purpose(s) of conservation easements held to			
-	Preservation of land for public use (e.g., r		of an his	torically important land area
	Protection of natural habitat	_		fied historic structure
	☐ Preservation of open space	- Teservation	OI a Ceiti	ned historic structure
2	Complete lines 2a through 2d if the organizar	tion held a gualified conservation contribut	tion in the	form of a consequence
-	easement on the last day of the tax year.	non held a qualified conservation continud		e form of a conservation
	outside of the last day of the tax year.		ſ	Held at the End of the Tax Year
_	Total number of conservation easements .		ŀ	
a			1	2a
b	Total acreage restricted by conservation eas			2b
C	Number of conservation easements on a cer			2c
d	Number of conservation easements include			
•	historic structure listed in the National Regist			2d
3	Number of conservation easements modified	i, transferred, released, extinguished, or te	rminated	by the organization during the
	tax year ▶			
4	Number of states where property subject to			
5	Does the organization have a written poli violations, and enforcement of the conservat			i, handling of
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easem	
	·			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements	during the year
	▶ \$			
8	Does each conservation easement reported	• • •		
9	In Part XIV, describe how the organization re	ports conservation easements in its reven-	ue and ex	pense statement, and
	balance sheet, and include, if applicable, the		financial s	statements that describes the
	organization's accounting for conservation e	asements.		
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other	Similar Assets.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8	3.	
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in	ts revenu	e statement and balance sheet
	works of art, historical treasures, or other s			
	public service, provide, in Part XIV, the text of	of the footnote to its financial statements the	nat descr	ibes these items.
b	If the organization elected, as permitted un	nder SFAS 116 (ASC 958), to report in it	s revenu	e statement and balance sheet
	works of art, historical treasures, or other			
	public service, provide the following amounts			, in the second of
	(i) Revenues included in Form 990, Part VIII,	•		▶ ¢
				\$
0		of art, historical transpures, or other similar		
2	If the organization received or held works			s for financial gain, provide the
	following amounts required to be reported up			
a	Revenues included in Form 990, Part VIII, line	eı		. • \$

Part										
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	follow	ing that are a si	gnificant	use	of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progra	ams			
b	☐ Scholarly research		е	Other	r					
С	☐ Preservation for future generations									
4	Provide a description of the organization	tion's collections	and expla	ain how t	hey further t	he orga	anızatıon's exem	pt purp	ose in	Part
	XIV.									
5	During the year, did the organization									
	assets to be sold to raise funds rather									
Part					janization a	nswer	ed "Yes" to Fo	rm 990,	Part	: IV,
	line 9, or reported an amour	it on Form 990,	Part X, li	ne 21.						
1a	Is the organization an agent, trustee included on Form 990, Part X?					ons or	other assets no	t □ Y •	es 🗀	No
b	If "Yes," explain the arrangement in P	art XIV and comp	lete the fo	llowing t	able:		- ₁	 :		
							Ar	nount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou		art X, line	217 .				☐ Y	es L	No
	If "Yes," explain the arrangement in P				"\\oo" to [O Deat IV line	10		
rai	V Endowment Funds. Compl	(a) Current year		or year			(d) Three years back		voam	back
10	Posinning of year balance	(a) Current year	(0) (1)	oi yeai	(c) Two years	Dack	(u) Three years back			
1a	Beginning of year balance							1. T. C.	1884 - 188 ISS-7-15	12 36 I
b	Contributions		 		1			NAME OF THE OWNER OWNER OF THE OWNER		26.3
·	losses									
d	Grants or scholarships								192 <mark>1 . 7 .</mark> 18. 21.	**
e	Other expenditures for facilities and							San Femilias A	inger a Type Contact to the	1-9 . 1
Ū	programs									
f	Administrative expenses							3.03	12-70/- Li	******
g	End of year balance				<u> </u>			100	Lagranda En 1841	**************************************
2	Provide the estimated percentage of t	he current vear e	nd balanc	e (line 1c	Column (a)	hold a	e:	W. 200 1	₹) ×.	<u>*," •]</u>
- а	Board designated or quasi-endowme	•	%	e (iiile 19	, column (a))	, neid a				
b	Permanent endowment	%	/0							
	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2		00%							
3a	Are there endowment funds not in the			zation the	at are held a	nd adr	ninistered for the	9		
	organization by:							_	Yes	No
	(i) unrelated organizations					_		3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organ							3b		
4	Describe in Part XIV the intended use									
Part	VI Land, Buildings, and Equip	ment. See For	m 990, P	art X, lin	e 10.					
	Description of property	(a) Cost or o			or other basis other)		ccumulated preciation	(d) Boo	k value	
1a	Land		0		0					0
b	Buildings		0		0		o			0
C	Leasehold improvements		0		0		0			0
d	Equipment				25,225		24,095			1,130
е	Other				118,905		85,575			3,330
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	990. Part	X. columr	n (B), line 100	(c).)	•			4,460

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.		
(a	Description of security or category (including name of security)	(b) Book value) Method of valuation or end-of-year market	
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		1.2437)	1.25 BE	
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.		
	(a) Description of investment type	(b) Book value) Method of valuation or end-of-year market	
(1)					
(2)					
(3)					
(4)					
(5)		1			
(6)					
(7)					
(8)					
(10)					
	b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets. See Form 990, Pa	art X, line 15.			
	(a) Description			(b) Book value
(1)					
(2)		-	 		
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)					· · · · · · · · · · · · · · · · · · ·
<u>(6)</u> (7)					
(8)					
(9)			·-		
(10)					
	mn (b) must equal Form 990, Part X, c			>	
Part X	Other Liabilities. See Form 990				
1.	(a) Description of liability	(b) Book value		, ,	,
	income taxes				
(2)			, , ,	ية يري	
(3)			, ,	2	· · · · · · · · · · · · · · · · · · ·
(5)			r		* ,
(6)			,	, , ,	,
(7)				, ",	**
(8)					
(9)				*	
(10)					•
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 🕨		2	48	`t
	SC 740) Footnote, In Part XIV, provide	the text of the footnote to	the organization's fin	ancial statement	e that reports the

	e D (Form 990) 2011		Page 4
Pari	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Statem	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)	[2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses	1	6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9			9
10	Excess or (deficit) for the year per audited financial statements. Combine		10
Part	XII Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	r Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		G.W.
а	Net unrealized gains on investments	2a	4 5
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XIII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses p	per Return
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		X al.
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	328
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		5
Part	XIV Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III. lines 1a and 4:	Part IV, lines 1b and 2b:
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII		
any a	dditional information.		
		·	

Schedule D (For			Page 5
Part XIV	Supplemental Information	(continued)	
•		•••••••••••••••••••••••••••••••••••••••	
••••••			
· • • • • • • • • • • • • • • • • • • •	•••••		

••	***************************************		
•••••••••	·		
			••••
			•

		•••••••••••••••••••••••••••••••••••••••	
			
		······································	
·····			
	····		

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

0

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

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

► Attach to Form 990.

,	
201	Open to Public Inspection

OMB No. 1545-0047

%□ (h) Purpose of grant **Employer identification number** or assistance 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. 84-0284775 □ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8,000 (d) Amount of cash grant Part II can be duplicated if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance GRAND CHAPTER OF COLORADO ORDER OF THE EASTERN STAR 84-1218177 (P) EIN 1 (a) Name and address of organization **LONGMONT FOUNDATION** or government (1) KIWANIS CLUB OF Name of the organization Part

0

Ø

€

<u>(S</u>

9

2

8

Schedule I (Form 990) (2011)

Cat. No. 50055P

Enter total number of other organizations listed in the line 1 table

0

(12)

Ê

9

9

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

Schedule I (Form 990) (2011)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	lividuals in the U space is needed	Inited States. Con	nplete if the organiz	ation answered "Yes" to I	orm 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
-						
2						
3						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to		vide the information	n required in Part I,	provide the information required in Part I, line 2, and any other additional information.	tional information.
				1		
1 4 1 1 1 6 6 6 6						
1 4 7 8 8 8 6 6 6 7						
		1				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
						Apply (Common of Control of Contr

SCHEDÙLE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GRAND CHAPTER OF COLORADO ORDER OF THE EASTERN STAR

Employer identification number 84-0284775

Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III to p	ovided any of the following to or for a person listed in Form provide any relevant information regarding these items.	- 1 - 1		
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use			
	☐ Travel for companions	Payments for business use of personal residence	1	, j	
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		<u>.</u>	
	☐ Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)	5		
b		he organization follow a written policy regarding payment penses described above? If "No," complete Part III to	1b	<u> </u>	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Director	reimbursing or allowing expenses incurred by all officers, r, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director. Check all the related organization to establish compensation of the	nanization used to establish the compensation of the hat apply. Do not check any boxes for methods used by a she CEO/Executive Director. Explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		12.5	
	Independent compensation consultant	☐ Compensation survey or study	13.4		
	Form 990 of other organizations	Approval by the board or compensation committee	7.20 67.4		
4	During the year, did any person listed in Form 990, organization or a related organization:	Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contro	ol payment?	4a		
b	Participate in, or receive payment from, a supplement		4b		
C	Participate in, or receive payment from, an equity-b		4c		
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organization				
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of:	line 1a, did the organization pay or accrue any			
а	The organization?		5a	,	
b	Any related organization?		5b		
	If "Yes" to line 5a or 5b, describe in Part III.		3	\$450 / J	1 2 2
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of:	line 1a, did the organization pay or accrue any			
а	The organization?		6a	گائڈنٹ، ــــــــــــــــــــــــــــــــــــ	
b	Any related organization?		6b		
	If "Yes" to line 6a or 6b, describe in Part III.		:40	\$5 ::;	89°. 3
7		n A, line 1a, did the organization provide any non-fixed describe in Part III	7		
8		paid or accrued pursuant to a contract that was subject	-	ļ	
•		Regulations section 53.4958-4(a)(3)? If "Yes," describe	1	}	
			8		
9		low the rebuttable presumption procedure described in			

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B(t)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	or eac	ch listed individual m	ust equal the total amo	ount of Form 990, Pa	rt VIII, Section A, line 1	a, applicable colum	n (D) and (E) amounts	s for that individual.
		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontavable	(E) Total of columns	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	(F) Compensation reported as deferred in prior Form 990
VALERIE GRUNDVIG	8	15,080	0	0	0	0	15,080	0
1	<u> </u>							
CHARLOTTE SCRIVEN	(1)	5,200	0 0	0	0	0	5,200	0
2	€				5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
	8							
n	€							
	(3)							
4	≘							
	(8)							
ı,	Ξ	0 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • •)
	8							
9	≘		*	11 11 11 11 11 11 11 11 11 11 11 11 11	1	6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	(9)							
7	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		111111111111111111111111111111111111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	€							
8	€							
	8							
6	E	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(1)							
10	≘			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		
	=							
11	≘							
	=							
12	€							
	8							
13	€							
	ε							
14	(ii)							
	Ξ							
15	€							
	€							
16	€							

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

GRAND CHAPTER OF COLORADO ORDER OF THE EASTERN STAR	84-0284775
PART VI SECTION A - LINE 1 (a) AL MEMBERS ARE ELIGIBLE TO VOTE AND THOSE MEMBERS ATT	ENDING THE ANNUAL MEETING
ARE THE VOTING MEMBERS OF THE GOVERNING BODY	
PART VI SECTION B - LINE 15(b) COMPENSATION IS DOCUMENTED IN PUBLISHED CONSTITITION	
PART VI SECTION C - LINE 19 GOVERNING DOCUMENTS ARE INCLUDED IN A PUBLICATION CONT.	AINING CONSTITUTION AND BYLAWS
AVAILABLE TO ALL MEMBERS	
PART XI LINE 5 PRIOR YEAR ADJUSTMENT (\$3,994) TRANSFER INVESTMENTS	
PART XII LINE 3 (b) A REVIEW COMMITTEE OF AT LEAST 3 MEMBERS IS APPOINTED ANNUALLY B	Y THE BOARD OF DIRECTORS TO
REVIEW FINANCIAL RECORDS	
	
	
	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Employer identification number
	-