




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



Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 05-01-2013, 2013, and ending 04-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

GRAND CHAPTER OF PENNSYLVANIA ORDER OF THE EASTERN STAR INC

Doing Business As

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

PO BOX 8

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WOMELSDORF, PA 19567

D Employer identification number

23-2775720

E Telephone number

(717) 361-5203

G Gross receipts \$ 6,654,453

F Name and address of principal officer

MARY ANN RHODE

PO BOX 8

WOMELSDORF, PA 19567

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.PAEASTERNSTAR.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1994

M State of legal domicile

PA

Part I Summary																																											
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO PROMOTE THE PRACTICE OF CHARITY AND FRATERNITY</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>14</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>12</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>5</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>12</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	14	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5	6	Total number of volunteers (estimate if necessary)	6	12	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0																		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14																																								
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12																																								
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5																																								
6	Total number of volunteers (estimate if necessary)	6	12																																								
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0																																								
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0																																								
Expenses	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>226,808236,890</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>286,322261,609</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>1,366,9661,465,464</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>93,58957,405</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>1,973,6852,021,368</td></tr><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>568,002536,917</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>00</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>84,81491,961</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>00</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 36,055</td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>659,268584,951</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>1,312,0841,213,829</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>661,601807,539</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	226,808236,890	9	Program service revenue (Part VIII, line 2g)	286,322261,609	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,366,9661,465,464	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,58957,405	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,973,6852,021,368	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	568,002536,917	14	Benefits paid to or for members (Part IX, column (A), line 4)	00	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	84,81491,961	16a	Professional fundraising fees (Part IX, column (A), line 11e)	00	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 36,055		17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	659,268584,951	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,312,0841,213,829	19	Revenue less expenses Subtract line 18 from line 12	661,601807,539
	Prior Year	Current Year																																									
8	Contributions and grants (Part VIII, line 1h)	226,808236,890																																									
9	Program service revenue (Part VIII, line 2g)	286,322261,609																																									
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,366,9661,465,464																																									
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,58957,405																																									
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,973,6852,021,368																																									
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	568,002536,917																																									
14	Benefits paid to or for members (Part IX, column (A), line 4)	00																																									
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	84,81491,961																																									
16a	Professional fundraising fees (Part IX, column (A), line 11e)	00																																									
b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 36,055																																										
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	659,268584,951																																									
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,312,0841,213,829																																									
19	Revenue less expenses Subtract line 18 from line 12	661,601807,539																																									
Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>23,443,24224,902,920</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>333,164324,547</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>23,110,07824,578,373</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	23,443,24224,902,920	21	Total liabilities (Part X, line 26)	333,164324,547	22	Net assets or fund balances Subtract line 21 from line 20	23,110,07824,578,373																														
	Beginning of Current Year	End of Year																																									
20	Total assets (Part X, line 16)	23,443,24224,902,920																																									
21	Total liabilities (Part X, line 26)	333,164324,547																																									
22	Net assets or fund balances Subtract line 21 from line 20	23,110,07824,578,373																																									

Part II Signature Block

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

Sign Here

Signature of officer

2014-08-29

Date

MARY ANN RHODE GRAND SECRETARY

Type or print name and title

Prnt/Type preparer's name

MICHAEL S FREY

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00327329

Firm's name

PARENTEBEARD LLC

Firm's EIN

23-2932984

Firm's address

1869 CHARTER LANE STE 301

LANCASTER, PA 17601

Phone no

(717) 393-5696

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1Briefly describe the organization’s mission

THE PURPOSE OF THIS GRAND CHAPTER, AND THE SUBORDINATE CHAPTERS CONSTITUTED BY AND UNDER ITS AUTHORITY, IS TO PROMOTE THE PRACTICE OF CHARITY AND FRATERNITY, EXCLUSIVELY WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 229,917 including grants of \$ 229,917) (Revenue \$ 0)

THE SPECIAL PURPOSE FUND IS USED TO PROVIDE SUPPORT FOR THE MASONIC VILLAGES, WHERE WE ASK THEM TO PURCHASE SPECIFIC ITEMS THAT WILL ENHANCE THE RESIDENTS' LIFE OR SPECIALTY ITEMS NEEDED IN THE HEALTH CARE AREA THE FUND ALSO COVERS THE NATIONAL MS SOCIETY, WHICH IS OUR SPECIAL SERVICE PROJECT, AND THE 16 VETERANS' FACILITIES THROUGHOUT THE STATE WHERE WE PROVIDE MONETARY DONATIONS ALONG WITH OVER 10,000 HOURS OF VOLUNTEER HOURS AT EACH OF THE FACILITIES ANNUALLY WE PROVIDE MONETARY CONTRIBUTIONS ANNUALLY TO OUR YOUTH AND YOUTH ORGANIZATIONS AS WELL THESE FUNDS ARE PROVIDED IN ACCORDANCE WITH THE ORGANIZATION'S CONSTITUTION AND LAWS AND DONATIONS PRESENTED BY OUR CHAPTERS SPECIALLY DESIGNED TO GO TO SPECIFIC ORGANIZATIONS

4b

(Code) (Expenses \$ 95,500 including grants of \$ 95,500) (Revenue \$ 0)

THE ORGANIZATION PROVIDES EDUCATIONAL SCHOLARSHIPS AND ESTARL AWARDS ANNUALLY 95 INDIVIDUALS BENEFITTED FROM THIS PROGRAM SERVICE THIS PAST YEAR THE APPLICANTS MUST PRESENT ALL THE INFORMATION THAT IS REQUIRED IN THE APPLICATION PROCESS BY APRIL 1ST, AT WHICH TIME THE SCHOLARSHIP COMMITTEE REVIEWS EACH APPLICATION THE APPLICANTS AND THE CHAPTERS ARE THEN NOTIFIED IF THEY WERE ACCEPTED TO RECEIVE SCHOLARSHIP MONEY FROM OUR ORGANIZATION THE ONLY TIME APPLICANTS ARE REFUSED IS WHEN THEY DO NOT PROVIDE THE INFORMATION THAT IS REQUESTED THE SCHOLARSHIP MONEY THAT IS PRESENTED TO THOSE ELIGIBLE IS IN THE AMOUNTS OF EITHER \$1,000 00 OR \$500 00 AND CAN BE USED IN ANY WAY THE STUDENT DESIRES THE MONEY THAT IS RAISED FOR THESE FUNDS COMES FROM OUR CHAPTER DONATIONS ALONG WITH DIRECT GIFTS FROM OUR MEMBERS

4c

(Code) (Expenses \$ 211,500 including grants of \$ 211,500) (Revenue \$ 0)

THE FRATERNAL AND EMERGENCY FRATERNAL FUNDS ARE USED TO HELP THOSE IN NEED OF FINANCIAL SUPPORT THE EMERGENCY FRATERNAL ASSISTANCE IS PROVIDED AT REQUEST BY EITHER THE INDIVIDUAL OR THE CHAPTER ON BEHALF OF THE INDIVIDUAL FOR NEEDS THAT REQUIRE IMMEDIATE RESPONSE FOR PAYMENT THE FRATERNAL FUND PROVIDES MONTHLY ASSISTANCE TO THOSE INDIVIDUALS REQUESTING THE NEED FOR ADDITIONAL FUNDS TO HELP THEM MEET THEIR MONTHLY BILLS THESE FUNDS ARE GIVEN AND THEY NEVER NEED TO BE REPAYD BY THE INDIVIDUALS AN ANNUAL REASSESSMENT IS DONE ON ALL RECIPIENTS TO MAKE SURE THEY FALL UNDER THE GUIDELINES TO RECEIVE THE FUNDS THE MONTHLY AMOUNTS VARY PER INDIVIDUAL AND NEED AND ARE REVIEWED EVERY SIX MONTHS BY THE COMMITTEE TO MAKE SURE MORE MONEY IS NOT NEEDED OR THAT LIFESTYLES HAVE CHANGED PRESENTLY THERE ARE 33 PEOPLE GETTING MONTHLY ASSISTANCE BUT WE HAVE PROVIDED EMERGENCY ASSISTANCE TO AN ADDITIONAL 34 RECIPIENTS THE MONEY THAT IS COLLECTED FROM THESE FUNDS COMES FROM OUR CHAPTER DONATIONS ALONG WITH 3 BAZAARS THROUGHOUT EACH FISCAL YEAR TO RAISE MONEY FOR OUR RECIPIENTS

(Code) (Expenses \$ 287,869 including grants of \$ 0) (Revenue \$ 261,609)

REVENUE THAT IS GENERATED AS PART OF THE GENERAL FUND OF THE ORGANIZATION THAT IS NOT SPECIFICALLY DESIGNATED BUT IS ALLOCATED WHEREVER THE NEED IS GREATEST


















4dOther program services (Describe in Schedule O)

(Expenses \$ 287,869 including grants of \$) (Revenue \$ 261,609)

4eTotal program service expenses

824,786

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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 Yes	
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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	No
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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 "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.				
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			Yes	
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				No
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?				No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				No
d If "Yes," indicate the number of Forms 8282 filed during the year.				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?				
b Did the organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12.				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.				
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders.				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.				
c Enter the amount of reserves on hand.				
14a Did the organization receive any payments for indoor tanning services during the tax year?				No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶MARY ANN RHODE GRAND SECRETARY 105 FREEMASON DRIVE ELIZABETHTOWN,PA 17022 (717) 361-5203

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY ANN RHODE GRAND SECRETARY	40 00	X		X				36,660	0	0
(2) VIRGINIA L PLYLER WORTHY GRAND MATRON	1 00	X						600	0	0
(3) MARTHA A JOHNS GRAND TREASURER	30 00	X		X				19,103	0	0
(4) EDWARD C SEITER WORTHY GRAND PATRON	1 00	X						0	0	0
(5) NORMA J RIDDER FINANCE COMMITTEE	1 00	X						0	0	0
(6) BARBARA A HESS FINANCE COMMITTEE	1 00	X						0	0	0
(7) JOHN E BERGER FINANCE COMMITTEE	1 00	X						0	0	0
(8) CLYDE C STINE GRAND TRUSTEE	1 00	X						0	0	0
(9) JOHN J KIBLER GRAND TRUSTEE	1 00	X						0	0	0
(10) WILLIAM D JOHNSTON JR GRAND TRUSTEE	1 00	X						0	0	0
(11) HELENBETH G VILCEK ASSOCIATE GRAND MATRON	1 00	X						0	0	0
(12) FRANK L EINSEL ASSOCIATE GRAND PATRON	1 00	X						0	0	0
(13) MARY H STILLMAN GRAND CONDUCTRESS	1 00	X						0	0	0
(14) DIANA N MICHAEL ASSOCIATE GRAND CONDUCTRESS	1 00	X						0	0	0

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							56,363	0	0	

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b	136,590			
	c	Fundraising events 1c	5,520			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	94,780			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	236,890			
Program Service Revenue	2a	ANNUAL SESSIONS	900099	144,351	144,351	
	b	CLUB BOARDS	900099	60,644	60,644	
	c	DEPUTY GRAND MATRON	900099	38,181	38,181	
	d	MS SOCIETY OUTREACH PROJECT	900099	8,098	8,098	
	e	TRIENNIAL/GOLDEN STAR	900099	7,096	7,096	
	f	All other program service revenue	3,239	3,239		
	g	Total. Add lines 2a-2f	261,609			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	927,430			927,430
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	538,034			538,034
	8a	Gross income from fundraising events (not including \$ 5,520 of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses b	68,003			
	c	Net income or (loss) from fundraising events	35,230			
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses b	2,950			
	c	Net income or (loss) from gaming activities	1,475			
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold b	53,726			
	c	Net income or (loss) from sales of inventory	32,770			
		Miscellaneous Revenue	20,956			20,956
11a	DISPENSATONS	Business Code	900099	1,331		1,331
	b	CLASS ACTION PROCEEDS	900099	622		622
	c	LOST WORK	900099	210		210
	d	All other revenue		38		38
	e	Total. Add lines 11a-11d		2,201		
	12	Total revenue. See Instructions	2,021,368	261,609	0	1,522,869

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	229,917	229,917		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	307,000	307,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	55,180		55,180	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	29,329		29,329	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.	7,452		7,452	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	25,200		25,200	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	96,787		96,787	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.	73,333	40,886	32,447	
14	Information technology.	7,865		7,865	
15	Royalties.				
16	Occupancy.	18,690		18,690	
17	Travel.	33,163		33,163	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	258,082	200,711	21,316	36,055
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,069		1,069	
23	Insurance.	15,341		15,341	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	COMMITTEE EXPENSES	43,472	43,472		
b	RETIREMENT GIFTS	3,980		3,980	
c	REHABILITATION	2,800	2,800		
d	MOVING EXPENSE	1,243		1,243	
e	All other expenses	3,926		3,926	
25	Total functional expenses. Add lines 1 through 24e.	1,213,829	824,786	352,988	36,055
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			173,481	1	28,553
	2	Savings and temporary cash investments			734,701	2	996,806
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,247	4	2,587
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other 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) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			31,895	8	31,917
	9	Prepaid expenses and deferred charges			57,736	9	39,662
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	18,228	3,099	10c	2,030
	b	Less accumulated depreciation	10b	16,198			
	11	Investments—publicly traded securities			20,504,274	11	21,696,126
	12	Investments—other securities See Part IV, line 11			1,935,809	12	2,105,239
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			23,443,242	16	24,902,920	
Liabilities	17	Accounts payable and accrued expenses			99,411	17	100,900
	18	Grants payable				18	
	19	Deferred revenue			233,753	19	223,647
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			333,164	26	324,547
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			22,971,789	27	24,416,420
	28	Temporarily restricted net assets			49,789	28	73,453
	29	Permanently restricted net assets			88,500	29	88,500
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			23,110,078	33	24,578,373
	34	Total liabilities and net assets/fund balances			23,443,242	34	24,902,920

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,021,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,213,829
3	Revenue less expenses Subtract line 2 from line 1	3	807,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,110,078
5	Net unrealized gains (losses) on investments	5	660,756
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,578,373

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization GRAND CHAPTER OF PENNSYLVANIA ORDER OF THE EASTERN STAR INC	Employer identification number 23-2775720
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	316,334	385,124	470,865	290,247	342,791	1,805,361
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	316,334	385,124	470,865	290,247	342,791	1,805,361
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,805,361

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	316,334	385,124	470,865	290,247	342,791	1,805,361
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	498,960	520,552	650,801	760,365	927,430	3,358,108
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,454	11,750	3,120	1,761	1,579	25,664
11 Total support (Add lines 7 through 10)						5,189,133
12 Gross receipts from related activities, etc (see instructions)					12	2,012,651
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	34 790 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	36 690 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2009 AMOUNT \$ 7,454 2010 AMOUNT \$ 11,750 2011 AMOUNT \$ 3,120 2012 AMOUNT \$ 1,761 2013 AMOUNT \$ 38 DISPENSATIONS - 2013 AMOUNT \$ 1,331 LOST WORK - 2013 AMOUNT \$ 210

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization GRAND CHAPTER OF PENNSYLVANIA ORDER OF THE EASTERN STAR INC	Employer identification number 23-2775720
--	--

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area

☐ Protection of natural habitat☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	22,040,516	20,603,080	21,386,755	18,984,903	15,159,350
b Contributions	2,508	9,615	22,024	1,994	19,364
c Net investment earnings, gains, and losses	2,080,354	2,202,412	-25,706	2,988,409	4,425,341
d Grants or scholarships	688,656	685,809	682,636		
e Other expenditures for facilities and programs				488,366	515,829
f Administrative expenses	94,795	88,782	97,357	100,185	103,323
g End of year balance	23,339,927	22,040,516	20,603,080	21,386,755	18,984,903

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

99 620 %
- b

Permanent endowment

0 380 %
- c

Temporarily restricted endowment

0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No
- b

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

3b
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part 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				
b Buildings				
c Leasehold improvements				
d Equipment		18,228	16,198	2,030
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,030

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,718,829
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	660,756
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	660,756
3	Subtract line 2e from line 1	3	2,058,073
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 XIII)	4b	-36,705
c	Add lines 4a and 4b	4c	-36,705
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,021,368

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,250,534
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	36,705
e	Add lines 2a through 2d	2e	36,705
3	Subtract line 2e from line 1	3	1,213,829
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,213,829

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE GRAND CHAPTER ENDOWMENT FUND SHALL REMAIN AS A PERMANENT FUND UNTIL OTHERWISE DETERMINED BY GRAND CHAPTER IN SESSION UNDER THE RECOMMENDATION OF THE GRAND TRUSTEES AND THE FINANCE COMMITTEE. THE ANNUAL INCOME OF THE ENDOWMENT SHALL BE DISTRIBUTED AS FOLLOWS: 20% TO THE GRAND CHAPTER FRATERNAL FUND, 15% TO THE GRAND CHAPTER EDUCATIONAL SCHOLARSHIP AND ESTABLISHMENT FUND, 15% TO THE MASONIC VILLAGES, 10% TO THE OUTREACH PROJECT (NATIONAL MS SOCIETY), 4% TO OPTIONAL FUND, 33% TO THE GRAND CHAPTER GENERAL FUND FOR ADMINISTRATIVE COSTS, AND 3% AS A REINVESTMENT INTO THE GRAND CHAPTER ENDOWMENT FUND.
PART X, LINE 2	GRAND CHAPTER FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARD FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THE STANDARD ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. MANAGEMENT HAS DETERMINED THAT THIS STANDARD DOES NOT HAVE A MATERIAL IMPACT ON THESE FINANCIAL STATEMENTS. GRAND CHAPTER'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED APRIL 30, 2013, 2012, AND 2011 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING/GAMING EXPENSES -36,705
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING/GAMING EXPENSES 36,705

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GRAND CHAPTER OF PENNSYLVANIA ORDER
OF THE EASTERN STAR INC

Employer identification number

23-2775720

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CARING AND SHARING BAZAAR (event type)	MASONIC VILLAGE FESTIVAL (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	45,045	22,949	67,994
	2	Less Contributions . .	5,520	0	5,520
	3	Gross income (line 1 minus line 2)	39,525	22,949	62,474
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .	13,566	3,562	17,128
	8	Entertainment			
	9	Other direct expenses .	15,339	1,164	16,503
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes % No	Yes % No	Yes % No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No



13 Indicate the percentage of gaming activity operated in					
a The organization's facility	<table><tr><td>13a</td><td>%</td></tr><tr><td>b An outside facility</td><td>13b %</td></tr></table>	13a	%	b An outside facility	13b %
13a	%				
b An outside facility	13b %				

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name 

Address 

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No


b If "Yes," enter the amount of gaming revenue received by the organization  \$ _____ and the amount of gaming revenue retained by the third party  \$ _____


c If "Yes," enter name and address of the third party

Name 

Address 

16 Gaming manager information

Name 


Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
GRAND CHAPTER OF PENNSYLVANIA ORDER
OF THE EASTERN STAR INC

Employer identification number
23-2775720

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MASONIC HOMES AT ELIZABETHTOWNGRAND LODGE OF FREE & ACCEPTED MASONS OF PA ONE MASONIC DRIVE ELIZABETHTOWN, PA 17022	23-0360210	501(C)(3)	123,650				TO SUPPORT THE CHARITABLE EFFORTS OF THIS ORGANIZATION
(2) NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 100173288	13-5661935	501(C)(3)	74,466				TO SUPPORT THE CHARITABLE EFFORTS OF THIS ORGANIZATION
(3) UP THE VOLUME 5485 SAUCON RIDGE ROAD COOPERSBURG, PA 18036	26-3919953	501(C)(3)	5,000				TO SUPPORT THE CHARITABLE EFFORTS OF THIS ORGANIZATION
(4) PENNSYLVANIA MASONIC YOUTH FOUNDATION 1244 BAINBRIDGE ROAD ELIZABETHTOWN, PA 17022	23-2188997	501(C)(3)	7,281				TO SUPPORT THE CHARITABLE EFFORTS OF THIS ORGANIZATION
(5) SHRINERS HOSPITAL FOR CHILDREN 3551 N BROAD ST PHILADELPHIA, PA 19140	04-2121377	501(C)(3)	5,000				TO SUPPORT THE CHARITABLE EFFORTS OF THIS ORGANIZATION
(6) GENERAL GRAND CHAPTER DISASTER RELIEF FUND 1618 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	53-0121305	501(C)(3)	5,000				TO SUPPORT THE CHARITABLE EFFORTS OF THIS ORGANIZATION

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶

6

3

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

▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	36	95,500			
(2) FRATERNAL ASSISTANCE	33	195,475			
(3) EMERGENCY ASSISTANCE	34	16,025			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE CHARITABLE ORGANIZATIONS TO WHICH WE GIVE TO ARE CHOSEN EACH YEAR BY OUR WORTHY GRAND MATRON VIA REQUESTS THAT SHE MAKES AT OUR ANNUAL MEETING TO OUR DELEGATES THE DELEGATES THEN VOTE TO ALLOW THESE CHARITIES FOR THE UPCOMING YEAR THIS CHANGES ANNUALLY WITH EACH ELECTION WITH THE EXCEPTION OF OUR OUTREACH PROJECT WHICH IS MULTIPLE SCLEROSIS WE ARE ALSO ASKED BY OUR GENERAL GRAND CHAPTER TO CONTRIBUTE TO THEIR PROJECTS WHICH CHANGE EVERY 3 YEARS ONLY RECOGNIZED NON-PROFITS ARE CHOSEN, HOWEVER, THE ORGANIZATION DOES NOT INSIST ON POST-CONTRIBUTION MONITORING GIVEN THAT THE STATUS OF RECEIVING ORGANIZATIONS HAS PREVIOUSLY BEEN ESTABLISHED NO FURTHER MONITORING IS CONSIDERED NECESSARY THE GRAND CHAPTER FRATERNAL FUND IS ADMINISTERED BY A COMMITTEE OF THREE MEMBERS, ONE OF WHOM IS ELECTED FOR A THREE YEAR TERM, ONE FROM EACH OF THE THREE GEOGRAPHICAL SUBDIVISIONS OF THE STATE THE ONE-YEAR MEMBER SHALL BE CHAIRMAN IF THE CHAPTER FRATERNAL COMMITTEE DESIRES TO RECEIVE FRATERNAL AID FOR A MEMBER, THEY SHALL SEND A LETTER TO A MEMBER OF THE GRAND CHAPTER FRATERNAL COMMITTEE REQUESTING AN APPLICATION THIS LETTER MUST BEAR ALL (3) SIGNATURES OF THE CHAPTER FRATERNAL COMMITTEE THE MEMBER'S NAME AND CIRCUMSTANCES SHALL NOT BE REVEALED WHEN THE CHAPTER TAKES SUCH ACTION AFTER APPROVAL BY THE CHAPTER, THE CHAPTER SECRETARY, UNDER THE SEAL OF THE CHAPTER, WILL THEN REQUEST AN APPLICATION FROM THE GRAND CHAPTER FRATERNAL COMMITTEE THE GRAND CHAPTER FRATERNAL COMMITTEE SHALL USE APPLICATION FORMS CONTAINING PERTINENT INFORMATION RELATIVE TO THE CASE IN QUESTION THESE FORMS, WHEN COMPLETED, SHALL BEAR THE SIGNATURES OF THE MEMBERS OF THE GRAND CHAPTER FRATERNAL COMMITTEE AND THE COUNTER-SIGNATURE OF THE WORTHY GRAND MATRON THE FORMS SHALL BE RETAINED BY THE CHAIRMAN OF THE GRAND CHAPTER FRATERNAL COMMITTEE AND SHALL BE THE BASIS ON WHICH THE MONTHLY CHECKS ARE DRAWN

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization GRAND CHAPTER OF PENNSYLVANIA ORDER OF THE EASTERN STAR INC	Employer identification number 23-2775720
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS BELONGING TO SUBORDINATE CHAPTERS. THE SUBORDINATE CHAPTERS REPORT TO THE GRAND CHAPTER WITH MEMBERSHIP CHANGES AND DONATIONS. VOTING MEMBERS ARE PAST MATRONS, PAST PATRONS, WORTHY MATRONS, WORTHY PATRONS, ASSOCIATE MATRONS AND ASSOCIATE PATRONS.
FORM 990, PART VI, SECTION A, LINE 7A	ALL PAST MATRONS, PAST PATRONS, WORTHY MATRONS, WORTHY PATRONS, ASSOCIATE MATRONS AND ASSOCIATE PATRONS VOTE TO ELECT THE GOVERNING BODY AT THE ANNUAL SESSION OF THE GRAND CHAPTER. THE FULL MEMBERSHIP VOTES ON THE SUBORDINATE CHAPTER LEVEL.
FORM 990, PART VI, SECTION A, LINE 7B	ANY PROPOSED CHANGES TO THE CONSTITUTION AND LAWS, AND STANDARD FLOOR WORK, ARE SUBJECT TO MEMBER APPROVAL AT THE ANNUAL MEETING. IF THERE ARE DECISIONS MADE THAT DO NOT AFFECT THE CONSTITUTION AND LAWS, THE DECISIONS ARE BROUGHT BEFORE THE BOARD OF DIRECTORS. THESE DECISIONS DO NOT HAVE TO BE APPROVED BY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE CHAIRMAN WILL PERFORM AN INITIAL REVIEW OF THE FINAL FORM 990. AT THE BOARD MEETING IMMEDIATELY FOLLOWING RECEIPT OF THE FORM 990, COPIES WILL BE MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO THE RETURN BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS GIVEN TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW AT THE FIRST BOARD OF DIRECTORS MEETING FOLLOWING THE ANNUAL SESSION. THE CHAIRMAN OF THE FINANCE COMMITTEE REVIEWS THE STATEMENTS TO MAKE SURE EVERYONE IS IN COMPLIANCE WITH THE POLICY. ANY DIRECTOR WITH A CONFLICT OF INTEREST WILL ABSTAIN FROM VOTING ON THE CONFLICT AND WILL NOT USE HIS/HER PERSONAL INFLUENCE WITH RESPECT TO THE CONFLICT. THE DIRECTOR WITH THE CONFLICT MAY STATE A POSITION ON THE MATTER THAT PROVIDES INFORMATION WHICH MAY BE HELPFUL TO OTHER DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15	THE MEMBERSHIP, THROUGH THE CONSTITUTION AND LAWS, DESIGNATES THE COMPENSATION TO CEO/EXECUTIVE DIRECTOR AND TOP MANAGEMENT. THE SALARIES FOR THE GRAND TREASURER/GRAND SECRETARY ARE LISTED IN THE CONSTITUTION AND LAWS. ANY RAISES THAT OCCUR ARE BASED ON YEARLY RECOMMENDATIONS FROM THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS. THE BUDGET IS THEN APPROVED BY THE MEMBERSHIP AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.