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Form **990**

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.

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

		ie Service	Information about Form 990 and its instructions is at www.irs.		Inspection
<u>A</u>			lendar year, or tax year beginning 8/1/2013 , and en		
B		applicable.	C Name of organization Grand Chapter of Ohio, Order of the Eastern Star,	, Inc. D Employer id	lentification number
Ш	Address of	change	Doing Business As		
\Box	Name ch	ange	Number and street (or P.O box if mail is not delivered to street address) Room/suite	34-0680705	
$\overline{\Box}$		_	2163 Crab Tree Drive	E Telephone nu	Imber
ᆜ	Initial retu	ırn	City or town State ZIP code Beavercreek OH 45431	(937) 912-910)1
	Terminate	ed	Foreign country name Foreign province/state/county Foreign postal of	code	
\Box	Amended	i return	r oreign posture	G Gross receip	ots \$ 547,020
Η					
Ш	Application	on pending		H(a) Is this a group return for	
				H(b) Are all subordinates i	— — · · ·
1	Tax-exem	pt status	501(c)(3) X 501(c) (10) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list ((see instructions)
J	Website	e: ▶ ww	w.ohiooes org	H(c) Group exemption nur	mber >
<u>к</u>	Form of o	rganization		r of formation	I
_				or rormation	M State of legal domicile OH
- 8	art I		mmary	2	Odenski - Festers
ø	1	-	_		io, Order of the Eastern
anc anc			c. (the Grand Chapter of Ohio) is a non-profit fraternal organization affiliated	3 With over 230 local	chapters, which include
Ë	İ		,000 members in the State of Ohio. Refer to Schedule O for full narrative.		
Governance	2		his box ▶ if the organization discontinued its operations or disposed of		its net assets
Ğ	3		r of voting members of the governing body (Part VI, line 1a)		3 5
တ္	4		r of independent voting members of the governing body (Part VI, line 1b).		4 5
Activities &	5		ımber of individuals employed ın calendar year 2013 (Part V, line 2a)		5 5
÷	6		mber of volunteers (estimate if necessary)		6 0
Ă	7a	Total ur	related business revenue from Part VIII, column (C), line 12	<u>L</u>	7a 0
	b	Net unr	elated business taxable income from Form 990-T, line 34	<u> </u>	7b 0
	į		ļ	Prior Year	Current Year
ē	8		utions and grants (Part VIII, line 1h)	509,8	
Revenue	9		n service revenue (Part VIII, line 2g)	92,0	
ě	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	33,1	
Œ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,9	924 21,993
	12		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	671,9	956 510,738
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	247,3	319 73,832
	14		s paid to or for members (Part IX, column (A), line 4)		0 0
es	15		, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,5	582 22,717
SUS	16a		ional fundraising fees (Part IX, column (A), line 11e)		0 0
Expenses	. b				Contract Committee and Committ
Щ	''		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	438,6	
	18		penses Add lines 13-17 (must-equal Part IX, column (A), line 25)	708,5	
_	19	Revenu	ue less expenses. Subtract line 18 from line 12	-36,	
Net Assets or				Beginning of Current You	
ssol	20		ssets (Part X, line 16)	1,860,	
et A	- 21		abilities (Part X, line 26) . DEC 1 1 2014		924 60,509
			sets or fund balances. Subtract line 21 from line 20	1,780,8	839 1,835,552
	art II		gnature Block		
Un	der penali	lies of perju	ry, I declare that I have examined this retum, including accompanying schedules and statements, ect, and complete Declaration of preparer (other than officer) is based on all information of which	, and to the best of my knowler	wledge dae
	_	15 (140, 001)	Roberta H. Danid	preparet flad any knowled	.90
Si	gn		Signature of officer	Date	
H	ere		Roberta G. David - Grand Secretary	A	-2-14
			Type or print name and title		-2-17
_		Pri	nt/Type preparer's name Preparer's name Preparer's frame	Date	PTIN
p.	aid		OKIN V LAPILAL	Che	eck if
	repare	r La	ura J MacDonald, CPA	11/17/2014 self	f-employed P00964405
	se Onl		m's name ► Laura J. MacDonald, CPA, Inc.	Firm's EIN ► 3	34-1840478
J.	JU 0111	y	m's address ► 135 North Broadway, Medina, OH 44256		330-722-1944
B. 4	ا مطفید		es this return with the preparer shown above? (see instructions)		Y Vos No

Form **990** (2013)

	90 (2013)	Grand Chapter of Ohio, Order of the Eastern Star, Inc	34-0680705	Page 2
Par	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		X
1	The Or	describe the organization's mission der comprised of persons with spiritual values. Easter Star st		
		rough uplifting and elevating associations of love and service, and through precept and example, be edicated to charity, truth and loving kindness.		
2	Did the	organization undertake any significant program services during the year which were not listed on		
	If "Yes,	or Form 990 or 990-EZ?	Yes	X No
3	service	e organization cease conducting, or make significant changes in how it conducts, any program es?	· · · Yes	X No
4	Describ expens	" describe these changes on Schedule O. be the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported		
4a	of the of as well busine	Session - The Grand Chapter convenes annually at the Grand Session to discuss the business Grand Chapter, including reports from the Worthy Grand Patron and the Worthy Grand Matron, as elections of the Grand Officers, appointment of committees and other miscellaneous		
				
4b	and ES			· • • • • • • • • • • • • • • • • • • •
				-
4c	(Code Chariti	able Activities - The Grand Chapter's Charitable Funds support a wide variety of worthy	enue \$)
4d	(Expe	program services. (Describe in Schedule O.) nses \$ 255,723 including grants of \$ 0) (Revenue \$	0)	
4e	Total of	program service expenses 449,448		

	,		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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
•	Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-0		X
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			_^_
_	complete Schedule D, Part III.	8	Ì	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	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	_	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	高温	§ (
	VII, VIII, IX, or X as applicable.	72. A		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	<u>, l</u>		.,
L	Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		^
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1	7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	40:		
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	<u> </u>	~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-70		^
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	_		
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19	If "Yes," complete Schedule G, Part III.	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		١	
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	22		l
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			Ì
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled] ;		١.,
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	تتنسنت	721.75g	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		-^-
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		 ^
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u> </u>		<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
0.5-	III, or IV, and Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	the state of the s			
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
36	organization? If "Yes," complete Schedule R, Part V, line 2	25		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		
	VI	37]	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	 	 ^`
	19? Note. All Form 990 filers are required to complete Schedule O	38	l x	
			990	

Form 9	90 (2013) Grand Chapter of Ohio, Order of the Eastern Star, Inc. 34-0	0680705	F	age 5
Par		<u>-</u>	-	
	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	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	2	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		7.5	
	gaming (gambling) winnings to prize winners?	. 1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	244		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	100	4	333
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			T
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		<u> </u>	-
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.		41	10
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	(PA)	4.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	M Nr. 24.4	5/2004 (8/2
7	Organizations that may receive deductible contributions under section 170(c).	177		42
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	172:	FA.7-4	
	and services provided to the payor?	. 7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	Ì		Ì
	required to file Form 8282?	7c	8 91×17 0	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>.8133</u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	╄	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .		├	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h	E 3 233	(40/06)
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	3.1		1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	20.30	<u> </u>	
_	organization, have excess business holdings at any time during the year?	8	1 200	X
9	Sponsoring organizations maintaining donor advised funds.			32400
a	Did the organization make any taxable distributions under section 4966?	9a	┼	X
b 10	·	9b		
	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources	—		
b		*.		
12-	against amounts due or received from them)	42-	132.5	8.00
12a		. 12a	200	r seems
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
		42-	8 7 7 8	3300
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	SPER	
L	Enter the amount of reserves the organization is required to maintain by the states in which			
b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	the organization is licensed to issue qualified health plans			

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

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

14a

Form 9	90 (2013) Grand Chapter of Ohio, Order of the Eastern Star, Inc. 34-068	30705	Ρ	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			= -
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	e ins	tructio	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			<u></u>
	terral of the management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	64133	836	700-01
	If there are material differences in voting rights among members of the governing body, or	133		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7
_	any other officer, director, trustee, or key employee?	2	X41.38	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		 ^-
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization become aware during the year of a significant diversion of the organizations assets?	6	Х	-^-
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	O		
1 a	·	_		ĺ
h	· · · · · · · · · · · · · · · · · · ·	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
	stockholders, or persons other than the governing body?	7b	8,867 (355	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1	
_	the year by the following:	77.33		20.00
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (<u> Jode.</u>		
40-	Dodding a good of the last of		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	St. Sant
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Χ	N: -"2962
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
þ	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		e.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		700.000 4,04数	2 2
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	- 2		
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only	/)	
	available for public inspection Indicate how you made these available. Check all that apply.	-		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	cy, an	d	
	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 ► Roberta David (937) 912-9	101		
	2163 Crab Tree Drive, Beavercreek, OH 45431			

							_					
•												
Form 990 (2013)	Grand Chapter of Ohio, Order of th	e Eastern Star. I	Inc							34-06807	'05 Page 7	
Part VII	Compensation of Officers, Dire			ev	Em	pla	vees	s. F	lighest Comp		· ·	
_	Employees, and Independent C	ontractors	·	•		•	•	•				
	Check if Schedule O contains a re	esponse or no	te to	any	/ lin	e ir	ı this	Pa	rt VII....		🔲	
Section A.	Officers, Directors, Trustees, Key Er	nployees, and l	Highe	est (Con	npe	nsate	d E	mployees			
	this table for all persons required to be I	isted. Report co	mpen	satı	on f	or tł	ne cal	lend	lar year ending v	vith or within the		
organization's												
	of the organization's current officers, di						uals d	or o	rganizations), re	gardless of amo	unt	
	ion. Enter -0- in columns (D), (E), and (F	•			•							
	of the organization's current key emplo											
											yee)	
		., .,	<i>,</i> ,,,,				0 11111	,	or more triain with	00,000 110111 1110		
		y employees, an	nd hig	hes	t coi	mpe	ensate	ed e	mployees who r	eceived more th	an	
\$100,000 of re	eportable compensation from the organi	zation and any r	relate	d or	gan	izat	ions.					
											the	
-	List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) to received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the ganization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than 00,000 of reportable compensation from the organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the ganization, more than \$10,000 of reportable compensation from the organization and any related organizations. It persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest might be persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the ganization, more than \$10,000 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 organizations. List all of the organization's former directors or trustees of trustees, and the organizations of the organization or trustees or directors, institutional trustees, officers; key employees, highest members of the organization or trustees. (C) Reportable compensation from the organization of the organization organization organizations org											
		or directors, ins	tıtutio	nal	trus	tees	s, offi	cers	; key employees	s, highest		
												
Check th	is box if neither the organization nor any	related organiz	ation	con			ed ar	ту с	urrent officer, dir	ector, or trustee.		
	(A)	(B)	(B)	(do r	not ch			than o	ne	(D)	(E)	(F)
	Name and Title	•							Reportable			
		week (list any							from	from related	other	
		hours for related	Individual to	State	ffice	эу ег	ghes	me	the organization	organizations (W-2/1099-MISC)	compensation from the	
		organizations below dotted	ual t	lona		employee	st co yee	7	(W-2/1099-MISC)	(,	organization	
		line)	Individual trustee or director	Institutional trustee		yee	mpe				and related organizations	
			8	stee			nsat	ļ				
							- B					
	ott, Past Grand Patron	1.00	l				,					
Grand Truste	e Goerss, Past Grand Matron	0.00 1.00	_	_				ļ				
Grand Truste		0.00	1					ŀ				
	Wyse, Past Grand Matron	1 00	<u> </u>					┢				
Grand Truste		0 00	l .									
	Lowry, Past Grand Patron	1 00		T								
Grand Truste		0 00	1	L		L	L					
(5) Richard	d Barrick	1.00							<u></u>			
Sonior Tructo		0.00	Ιv	l l	1	l	l	I	ŀ	l	Í	

	line)	rustee	trustee		yee	npensated				organizations
(1) Ken Scott, Past Grand Patron	1.00									
Grand Trustee	0.00	X								
(2) Janice Goerss, Past Grand Matron	1.00									
Grand Trustee	0.00	X	<u> </u>						<u></u>	
(3) Eloise Wyse, Past Grand Matron	1 00									
Grand Trustee	0 00	Х	L							
(4) F. Lon Lowry, Past Grand Patron	1 00									
Grand Trustee	0 00		<u>L</u>							
(5) Richard Barrick	1.00						Ì			
Senior Trustee	0.00	X				L				
(6) Roberta David, Past Grand Matron	40.00					·				
Grand Secretary	0 00		L.	X	<u></u>			13,000		0
(7) Susan Dennis, Past Grand Matron	15.00									
Grand Treasurer	0.00	<u></u>		Х				3,000		0
(8) Gail Walsh	40.00				1					
Worthy Grand Matron	0.00			X				3,000		0
(9) Steve Farus	20.00	1	1							
Worthy Grand Patron	0.00	<u> </u>		X						
(10)										
(11)										
(12)										
(13)									-	
(14)										

(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total .		(A) Name and title	(B) Average hours per	(do n box, office	ot ch unles	Pos eck s pe	c) ition more rson irecto	than o	one an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(19) (29) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (21) (21) (22) (23) (23) (24) (25) (25) (26) (27) (24) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (23) (24) (25) (26) (26) (27) (27) (28) (29) (20) (20) (20) (21) (21) (22) (22) (23) (23) (24) (25) (26) (26) (27) (27) (28) (29) (20) (20) (21) (21) (22) (22) (23) (23) (24) (25) (26) (26) (27) (27) (28) (27) (28) (28) (28) (28) (28) (29) (20) (20) (21) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (27) (28) (29) (20) (20) (20) (21) (21) (22) (22) (23) (23) (24) (24) (25) (25) (26) (27) (27) (28) (27) (28) (29) (20) (20) (20) (21) (21) (22) (22) (23) (23) (24) (25) (25) (26) (26) (27) (27) (28) (27) (28) (28) (28) (28) (28) (28) (29) (20) (20) (20) (21) (21) (22) (22) (23) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (28) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (20) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (28) (29) (20) (20) (20) (20) (20) (20) (20) (20			related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(17). (18). (19). (20). (21). (22). (23). (24). (25). (26). (27). (28). (29). (29). (29). (20). (21). (22). (23). (24). (25). (26). (27). (28). (29). (29). (29). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (28). (29). (29). (29). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (28). (29). (20). (20). (21). (21). (22). (23). (24). (25). (26). (27). (29). (29). (29). (29). (29). (29). (29). (20). (21). (21). (22). (23). (24). (24). (25). (26). (27). (29). (20). (20). (21). (21). (21). (22). (23). (24). (24). (25). (25). (26). (27). (29). (20). (29). (2	(15)											
(29) (21) (22) (23) (24) (25) 1b Sub-total (25) 1b Sub-total (26) 1c Total from continuation sheets to Part VII, Section A (27) 1c Total from continuation sheets to Part VII, Section A (28) 1c Total quidelines to and fe) 1c I quidelines to and fe) 1c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization of sences 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) Description of sences (B) Compensation (C) Compensation	(16)											
(29)	(17)											
(20) (21) (22) (23) (24) (25) (25) (25) (25) (26) (27) (27) (28) (28) (29)	(18)						ļ		_			
(20) (21) (22) (23) (24) (25) (25) (25) (25) (26) (27) (27) (28) (28) (29)	(19)								-			
(22) (23) (24) (25) (25) (26) (27) (28) (28) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (24) (25) (26) (27) (27) (28) (29) (20) (20) (21) (24) (25) (26) (27) (27) (28) (27) (28) (29) (20) (20) (21) (24) (25) (25) (26) (27) (27) (28) (27) (28) (29) (20) (20) (21) (24) (25) (25) (26) (27) (27) (27) (28) (27) (28) (28) (29) (20) (29) (20) (20) (20) (21) (22) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (28) (28) (29) (20) (20) (27) (27) (27) (27) (28) (28) (20) (20) (27) (27) (27) (27) (28) (28) (28) (29) (20) (20) (20) (20) (20) (20) (21) (21) (22) (21) (22) (22) (23) (24) (25) (26) (27) (27) (27) (27) (28) (28) (26) (27) (27) (27) (27) (27) (28) (28) (28) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (24) (24) (25) (26) (27) (27) (27) (27) (28) (28) (28) (29) (20) (20) (21) (21) (22) (22) (23) (23) (24) (24) (25) (26) (27) (27) (27) (27) (28) (28) (28) (29) (20) (20) (21) (21) (22) (22) (23) (23) (24) (25) (26) (27) (27) (27) (27) (28) (28) (27) (28) (28) (28) (28) (29) (20) (21) (21) (21) (22) (22) (23) (23) (24) (24) (24) (24) (24) (25) (26) (27) (27) (27) (28) (28) (29) (20) (21) (21) (21) (22) (23) (24) (24) (24) (25) (26) (27)												
(23)												
(24) (25) 19,000 0 0 0 0 0 0 0 0 0											 ·	
(24)												
19,000 0 0 0 0 0 0 0 0 0					_							
Total from continuation sheets to Part VII, Section A.		· · · · · · · · · · · · · · · · · · ·			-		-					
C Total from continuation sheets to Part VII, Section A.				ļ		l	_			19,000		0
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	С	Total from continuation sheets to Part VII, S	ection A						•	0	0	0
reportable compensation from the organization ▶ 0 Tes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												0
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		· · · · · · · · · · · · · · · · · · ·	_							THIOTE than \$100		
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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 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) (B) (C) Name and business address NONE	3	•		-	•	•	ee, c	or hig	hes	t compensated		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line 1a, is the sum of the organization and related organizations greaters.	of reportable cor	npen	satio	on a				•	1	
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) (B) (C) Compensation NONE	5	Did any person listed on line 1a receive or acci				_			_			74.2
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) (B) (C) Name and business address NONE (B) Compensation	Sec		es, complete s	cneac	iie u	i ioi	Suc	n pe	rsor	7 <u></u>	· · · · ·	5 X
(A) Name and business address NONE (B) Description of services Compensation		Complete this table for your five highest compecompensation from the organization. Report co	•									tax
		(A)	fress					_			vices	
		NONE										0
									\vdash	 		0
												0
2 Total number of independent contractors (including but not limited to those listed above) who received			ن الحد فريما مرسات	4	1-		1:- 1			\b.a.aa.a		0

Part VIII

		Check if Schedule O contains a response of	or note to any line in	this Part VIII	<u>.</u>		🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S 8	1a	Federated campaigns	1a 0				
E ti	b	Membership dues	1b 262,574				
9 8	С	Fundraising events	1c 0				
ar f	d	Related organizations	1d 0				
imi (е	Government grants (contributions)	1e 0				
tior er S	f	All other contributions, gifts, grants, and					
혈		similar amounts not included above	1f 67,641				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f.	\$ 0				
ပ ပ	h	Total. Add lines 1a-1f	<u>, , , , , , </u>	330,215			
e Te			Business Code				
le l	2a	Grand Session income	900099	110,939	110,939		
Se	b			0			
ië	С			0			
Şe	d			0			
Ę.	е			0			
Program Service Revenue	f	All other program service revenue .		0			
٦	g	Total. Add lines 2a-2f		110,939			
	3	Investment income (including dividends, intere					
		other similar amounts)		34,195			34,195
	4	Income from investment of tax-exempt bond p	roceeds >	0			
	5	Royalties	<u> </u>	0	284.384		
		(i) Real	(II) Personal				
	6a	Gross rents					
	b	Less. rental expenses					
	С	Rental income or (loss)	0 0				
	d	Net rental income or (loss) .	<u> </u>	0	()	Con 1 Control Course Control C	2003.000
	7a	Gross amount from sales of (i) Securities	 -				
		assets other than inventory	0 13,396				
	b	Less: cost or other basis					
		and sales expenses .	0 0				
	С	Gain or (loss)	0 13,396				
	d	Net gain or (loss)	<u>, ▶</u>	13,396	13,396		98725, G77986, A 5 78
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c) See Part IV, line 18	a 0				
he	ь		b 0				
ō	c	Net income or (loss) from fundraising events .	· · · · · · · · · · · · · · · · · · ·	0		3.6-2-38803 ·	
		Gross income from gaming activities. See Part IV, line 19	a 0				
	Ь	Less: direct expenses	b 0				
	C	Net income or (loss) from gaming activities.		<u> </u>	2.2	<u> </u>	<u> </u>
	l .	Gross sales of inventory, less		1 1 1 1 1 1	25 1 Y6 1 Y3		2 7 8 4
	100	returns and allowances	a 49,148			,	
	Ь	Less: cost of goods sold		T (2) (2) (2) (3)			
	C	Net income or (loss) from sales of inventory.		12,866	12,866		
		Miscellaneous Revenue	Business Code	12,000	*	-	
	11a			1 0	, J	 	
	b			0			
	C			1 0	 	 	
	d	All other revenue		9,127		 	
	e	Total. Add lines 11a–11d		9,127		.	
	12	Total revenue. See instructions	•	510 738		1	34 195

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must co	omplete column (A)	
	Check if Schedule O contains a response or note t			sinplote delairii (rij	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			, \$	
	organizations in the United States. See Part IV, line 21	15,482	15,482	, ,	
2	Grants and other assistance to individuals in the			*1.0 · 1. · · · · · · · · · · · · · · · · ·	
	United States. See Part IV, line 22	58,350	58,350	·	1 1 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				, , ,
	United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				_
_	trustees, and key employees	19,000	14,625	4,375	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages	1,200	924	276	0
0	•	0	0		•
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0	0	0	0
10	Payroll taxes	2,517	1,968	549	0
11	Fees for services (non-employees):	2,317	1,906	549	
''a	Management	o	o	0	0
b	Legal	0	0	0	0
C	Accounting	7,625	0	7,625	0
d	Lobbying	0	Ö	7,023	0
e	Professional fundraising services See Part IV, line 17.	0		` * 2	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	-			
3	(A) amount, list line 11g expenses on Schedule O)	ol	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	24,896	19,365	5,531	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	6,520	5,020	1,500	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	. 0	0
19	Conferences, conventions, and meetings	133,707	133,707	0	
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	_0	0	0	0
23	Insurance	5,302	0	5,302	0
24	Other expenses Itemize expenses not covered	- :		_	•
	above (List miscellaneous expenses in line 24e If	·		-	v
	line 24e amount exceeds 10% of line 25, column	51	A ** *	- ** ŷ	
_	(A) amount, list line 24e expenses on Schedule O)				
a	Grand Chapter per capita dues	30,806	30,806	0	
b	OES Home per capita dues	163,195	163,195	0	
C C		0	0	0	
d e	All other expenses	7,800	0 006	1 704	<u>_</u>
е 25	Total functional expenses. Add lines 1 through 24e .	476,400	6,006 449,448	1,794	
26	Joint costs. Complete this line only if the	4/0,400	449,448	26,952	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	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 294,884 1 292,670 2 2 27,906 51,743 3 3 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets organizations (see instructions). Complete Part II of Schedule L. 6 7 Inventories for sale or use 9 Prepaid expenses and deferred charges . 22,803 19.682 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10c 11 1.488.020 11 1,500,191 12 Investments—other securities. See Part IV, line 11... 12 13 Investments—program-related. See Part IV, line 11 13 0 14 14 15 Other assets. See Part IV, line 11 27,150 15 31,775 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,860,763 16 1,896,061 17 34,585 55,501 17 18 Grants payable. 18 19 Deferred revenue. 24,423 19 25,924 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Liabilities 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 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 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. 26 Total liabilities. Add lines 17 through 25 26 60,509 Organizations that follow SFAS 117 (ASC 958), check here | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 559,179 620,083 28 954,649 28 947.458 29 267,011 29 268,011 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 0 Paid-in or capital surplus, or land, building, or equipment fund. 0 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 0 32 33 1,780,839 33 1,835,552 Total liabilities and net assets/fund balances 1.860.763 1,896,061

	990 (2013) Grand Chapter of Ohio, Order of the Eastern Star, Inc.	34	<u>1-0680705</u>	Pag	ge 1
Part		-			
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		510),73
2	Total expenses (must equal Part IX, column (A), line 25)	2		476	3,40
3	Revenue less expenses. Subtract line 2 from line 1	3		34	4,33
Ļ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,780),83
5	Net unrealized gains (losses) on investments	5		2(0,37
3	Donated services and use of facilities	6			
7	Investment expenses	7			
3	Prior period adjustments	8	·-·		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10		1,83	5,55
art	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u>· · · · · · · · · · · · · · · · · · · </u>		느
			Source	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	 -	_ 14	4	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			**	
_	Schedule O.		1225		7.00
a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	-APPEAR	X Seg
	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:			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	1 10000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1		l.
	separate basis, consolidated basis, or both.				ķ.
	Separate basis X Consolidated basis Both consolidated and separate basis		3.2		
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		P		J×.
	Schedule O.			\$2. V	
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?		. За		Lx
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	<u> </u>	. 3b		
			Form	990	120

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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Manie	or the organization	Employer identification number
Grane	d Chapter of Ohio, Order of the Eastern Star, Inc	34-0680705
Part	Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds 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 d	oper advised
3	funds are the organization's property, subject to the organization's exclusive legal control?	
c		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
	purpose conferring impermissible private benefit?	Yes No
Par		
	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
		a certified historic structure
	=	a destined matoric attucture
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	1.00 J. 70 J
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated 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, his	andling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easi	
	•	3 ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year
•	► \$	and daming the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	section
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	· · · · · · · · · · · · · · · · · · ·
	the organization's accounting for conservation easements	da statements that describes
Par		Other Similar Assets
I ai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Ominar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve	
	works of art, historical treasures, or other similar assets held for public exhibition, education	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	e statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education	n, 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	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	.
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	. • \$
	resolution de la contraction d	<u>· · · · · · · · · · · · · · · · · · · </u>

Part	III Organizations Maintaining	Collections of A	rt, Historical	Treasures, or	Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, ac	cession, and other r	records, check a	ny of the followi	ng that a	re a significant	
	use of its collection items (check all that	it apply).					
а	Public exhibition		d Loa	n or exchange p	orograms	i	
b	Scholarly research		e Oth	er			
С	Preservation for future generation	ns					
4	Provide a description of the organization		explain how they	further the orga	anization'	's exempt purpo	se in
•	Part XIII.	orra concentoria aria i	explain now they	ranner the orga	JI 112011011	o exempt purpe	,50 III
5	During the year, did the organization so	olicit or receive dona	ations of art, histo	orical treasures.	or other	similar	
	assets to be sold to raise funds rather						Yes No
Part			<u> </u>				
t ait	Complete if the organization		to Form 990 P	art IV line 9	or repor	ted an amoun	t on Form
	990, Part X, line 21.	Gilowella i e			о оро.		
1a	Is the organization an agent, trustee, c	ustodian or other int	ermediary for co	ntributions or of	her asse	ts not	
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Pa						
		·	J			<i>P</i>	Amount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		(
2a	Did the organization include an amoun	t on Form 990, Part	X, line 21?				Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here it	f the explanation	has been provide	ded in Pa	art XIII	$\overline{}$
Part			 · _ · _				
	Complete if the organization	answered "Yes"	to Form 990. F	art IV. line 10.			
	Complete it the cogaline	(a) Current year	(b) Prior year	(c) Two years		d) Three years back	(e) Four years back
1a	Beginning of year balance	501,286	500,9	59			
b	Contributions	40,716	11,2				
C	Net investment earnings, gains,						
	and losses			i <u>.</u>			
d	Grants or scholarships	13,250	10,90	00			
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance		501,2		0		0
2	Provide the estimated percentage of the	ne current year end	balance (line 1g,	column (a)) hel	d as [.]		
а	Board designated or quasi-endowmen	t •	49%				
b	Permanent endowment	51%					
С	Temporarily restricted endowment	×%	n.				
•	The percentages in lines 2a, 2b, and 2				!-4	+1	
3a	Are there endowment funds not in the	possession of the o	rganization that	are neid and adi	ministere	a for the	Yes No
	organization by (i) unrelated organizations						3a(i) X
	(i) unrelated organizations(ii) related organizations				•		3a(ii) X
b	If "Yes" to 3a(II), are the related organi						3b
4	Describe in Part XIII the intended uses						00
Part			o ondominant to				
L	Complete if the organization		to Form 990. F	Part IV. line 11	a. See l	Form 990. Par	rt X. line 10.
	Description of property	(a) Cost or ot) Cost or other		ccumulated	(d) Book value
	2000 planting	(investm		basis (other)		preciation	(-, 200
1a	Land		0	0			
b	Buildings		0	0		0	
С	Leasehold improvements		0	0		0	
d	Equipment		0	0		0	
e	Other		0	0		0	
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form 99	00, Part X, colum	n (B), line 10(c).	.)	•	

Part VII	Investments—Other Securit Complete if the organization a		990, Part IV,	line 11b. See Form 99	90, Part X, line 12.
(a)	Description of security or category (including name of security)	(b) Book value		(c) Method of valuate Cost or end-of-year mark	on
(1) Financial of	derivatives		0		
(2) Closely-he	eld equity interests		0		
(m) Other	· · ·			*	-
(4)					
(D)					
(C)					
<u>(D)</u>					
(E)					
					· · · · · · · · · · · · · · · · · · ·
(G)					· · · · · · · · · · · · · · · · · · ·
(H)					
	nust equal Form 990, Part X, col (B) line 12)	_l	0		
Part VIII	Investments—Program Rela				
	Complete if the organization a	inswered "Yes" to Form	990, Part IV,	line 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of valuate Cost or end-of-year mark	
(1)				Cost of end-of-year mark	et value
<u>(1)</u> (2)		<u> </u>			
(3)			_		
(4)					
(5)					
(6)	_				-
(7)					
(8)					
(9)	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	must equal Form 990, Part X, col (B) line 13)	•	0 200		
Part IX	Other Assets.	<u> </u>	O 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Extraction of the proof of the control of the contr	PONTO CONTRACTOR MANAGEMENTS AND
T GIVE IX	Complete if the organization a	nswered "Yes" to Form	990 Part IV	line 11d See Form 9	90 Part X line 15
	Complete it the organization of	(a) Description	1000, 1 4, 11,	1110 110.0001011110.	(b) Book value
(1)		(,			(D) DOOK TOIGO
(2)					-
(3)		• • • • • • • • • • • • • • • • • • • •			
(4)		- ****			
(5)		***			·
(6)			**		
(7)			- P		
_ (8)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			**	· · · · · · · · · · · · · · · · · · ·
(9)					
	nn (b) must equal Form 990, Part X, o	col. (B) line 15)			(
Part X	Other Liabilities.	<u> </u>			
	Complete if the organization a	answered "Yes" to Form	990, Part IV,	line 11e or 11f. See F	orm 990, Part X.
	line 25.				,
1.	(a) Description of liability	(b) Book value			
(1) Federal	income taxes		0		
(2)					
(3)					
(4)					
_ (5)					
(6)					
(8)					
(9)					
	oust equal Form 990, Part X, col (B) line 25)		0		
2. Liability for t	uncertain tax positions. In Part XIII, prov	vide the text of the footnote to	o the organization	n's financial statements tha	t reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XIII Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).

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.

4a

Part X. Line 2 FIN 48 (ASC 740) Footnote

The Grand Chapter of Ohio, Order of the Eastern Star, Inc. has adopted the provisions of FASB ASC 740-10-25, <u>Accounting for Uncertainty in Income Taxes</u>, that requires the disclosure of uncertain tax positions. There have been no interest or penalties recognized in the Consolidated Statements of Financial Position or the Consolidated Statements of Activities relating to uncertain tax positions. Additionally, no tax positions exist for which it is reasonably possible that the total amount of unrecognized tax benefits will significantly increase or decrease during the next 12 months. The Organization evaluates uncertain tax positions, if any, on a continual basis.

0

476,400

4c

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Open to Public å (h) Purpose of grant or assistance X Yes Employer identification number 34-0680705 non-cash assistance 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 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 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 ► Attach to Form 990. (d) Amount of cash grant the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (c) IRC section ıf applicable Grand Chapter of Ohio, Order of the Eastern Star, Inc. (p) EIN 1 (a) Name and address of organization Department of the Treasury Internal Revenue Service Name of the organization Part ! Part II <u>@</u> 9 $\mathbf{\Xi}$ 2 0 € 9 \mathbf{E} € <u></u>

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

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

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

2

Schedule I (Form 990) (2013)

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Grand Chapter of Ohio, Order of the Eastern Star, Inc. Schedule I (Form 990) (2013)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 13,250 9,400 35,700 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 14 21 7 (b) Number of recipients (a) Type of grant or assistance Benevolence - Member Hardships Educational scholarships for youth Religious educational scholarships Part IV 4

SCHEDULE O (Form.990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

34-0680705

Grand Chapter of Ohio, Order of the Eastern Star, Inc.

Form 990; Part 1, Line 1

The Grand Chapter of Ohio, Order of the Eastern Star, Inc. (the Grand Chapter of Ohio) is a non-profit fraternal organization affiliated with over 230 local chapters, which include over 38,000 members in the State of Ohio. The Grand Chapter of Ohio supports a wide variety of charities and provides educational scholarships to its members. Revenues consist primarily of member dues and charitable contributions.

Form 990; Part III, Line 4d

Other program services include per capita dues and memberships and other general funds.

Form 990; Part VI, Section B, Line 11b

The 990 return is reviewed by board members prior to filing.

Form 990; Part VI, Section B, Line 12c

Policies:

Conflicts are evaluated by the Board of Trustees as they arise.

Form 990; Part VI, Section B, Line 15b

The salaries for the Grand Secretary and Grand Treasurer are dictated by the Grand Law.

Form 990; Part VI, Section C, Line 19 Disclosure:

The Grand Chapter's governing documents, conflict of interest policy and financial statements are available to the public upon request.

SCHEDULE R (Form 990) Grand Chapter of Ohio, Order of the Eastern Star, Inc.

Part

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

See separate instructions. Attach to Form 990.

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

Open to Public

Employer identification number

34-0680705 <u>e</u> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. € 9

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	(1)					
(2)	(2)					
(3)						-
(4)	(4)					
(5)	(6)					
(6)						
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	mplete if the organizati IX year.	on answered "Yes	" on Form 990, F	art IV, line 34 bed	cause it had

Olfe of Hiole felated tax-exempt organizations during and text	מווווק מוכ נמץ אכמו.	[3]	(7)	(e)	ψ,	(5)	
(a)	(n) -	(2)				(9)	1440)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))		Section 512(b)(13) controlled entity?	(D)(13) led ?
						Yes	S.
(1) Grand Chapter of Ohio, OES Charitable Foundation, Inc.	Charitable donations	НО	501(c)(3)	2	Filing organization		×
(2)							-
							-
(3)							-
(4)							
(5)							
(9)							-
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.				Schedule R (Form 990) 2013	rm 990)	2013

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\rm HTA}$

Section 512(b)(13) controlled entity? Percentage ownership Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part (j) General or managing partner? å (h) Percentage ownership 34-0680705 Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportonate
allocations? Ŷ (f) Share of total Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) 6 because it had one or more related organizations treated as a partnership during the tax year. Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated, tax under sections 512-514) excluded from (c)
Legal domicile
(state or foreign country) Grand Chapter of Ohio, Order of the Eastern Star, Inc. (d)
Direct controlling | (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2013 <u>a</u> Part III Part IV (2) Ξ €. Ξ 3 3 3 9 0

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Schedule R (Form 990) 2013

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(3)

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Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 4 0 Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for related organization(s). Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Lease of facilities, equipment, or other assets from related organization(s)..... Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. Lease of facilities, equipment, or other assets to related organization(s). Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Sharing of paid employees with related organization(s).... Gift, grant, or capital contribution to related organization(s). Gift, grant, or capital contribution from related organization(s). Reimbursement paid to related organization(s) for expenses . Reimbursement paid by related organization(s) for expenses . Other transfer of cash or property from related organization(s) Other transfer of cash or property to related organization(s). Loans or loan guarantees to or for related organization(s). Loans or loan guarantees by related organization(s). Purchase of assets from related organization(s). Exchange of assets with related organization(s). Sale of assets to related organization(s). . . Dividends from related organization(s) Ε _ م 0 Ø ~

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) Grand Chapter of Ohio, OES Charitable Foundation, Inc.	u	0	-
(2)			-
(3)			
(4)			·
(5)			
(9)			
		Sched	Schedule R (Form 990) 2013

34-0680705

Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	Yes	Yes					
			•	Yes No	\neg	Yes No	
(5) (6) (7) (8) (9) (10)							
(6) (8) (9) (10)							
(7) (8) (9) (10)							
(9) (10) (11)							
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