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# Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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

For the 2013 calendar year, or tax year beginning August 1 20 14 July 31 Check if applicable C Name of organization Grand Chapter of Colorado Order of the Eastern Star D Employer identification number Address change Doing Business As 84-0284775 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change initial return 2495 S. Quebec St. 60 303 759-5936 City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return G Gross receints \$ 238,445 Application pending F Name and address of principal officer Cyndie House H(a) Is this a group return for subordinates? Yes Vio 3342 Yarrow Ct., Wheatridge, CO 80033 H(b) Are all subordinates included? Tes Do If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) **√** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Website: ▶ H(c) Group exemption number ▶ L Year of formation M State of legal domicile CO Part I Briefly describe the organization's mission or most significant activities: Provide Scholarships to individuals and charitable Activities & Governance contributions to organizations Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 344 Number of independent voting members of the governing body (Part VI, line 1b) 4 344 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) . . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 3 0 Current Year SCANNED NOV 0 4 2014 8 Contributions and grants (Part VIII, line 1h) . 87,280 191,120 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7 ľά 37,969 33,473 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17,139 13,852 12 Total revenue—add lines 8 through 11 (must equal Part VII), colon 142,388 238,445 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 29,896 31,016 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 29,190 29,057 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 69,533 63,880 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 128,619 123,953 19 Revenue less expenses. Subtract line 18 from line 12 13,769 114,492 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 515,268 624,513 21 Total liabilities (Part X, line 26) . 23,977 18,729 22 Net assets or fund balances. Subtract line 21 from line 20 491,291 605,783 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 Sian ature of officer Chairman of the Boar Here Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check \_\_\_ if self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) . ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat No 11282Y

Form 990 (2013)

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Part	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		,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	<del>-</del>
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
^	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
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		,
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		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
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		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	V
	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		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		14a		~
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		v
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		~
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		~
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		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		v
20 a	The state of the s	20a	_	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Form 99	0 (2013)		F	age 4
Part	V Checklist of Required Schedules (continued)		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	res	NO
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? If "Yes," complete Schedule I, Parts I and III	22	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	V	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	24d 25a		V
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		v
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? If so, complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	V	
		East	99C	1/201

art v				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No.
40 -	Enter the number was add in Day 2 of Farms 1006 Faton 0 of ant annihable		. 55	.40
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-	- 1	
	reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return   2a   3			,
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	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			
(	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		i	
á	account)?	4a		~
	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.			-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ر ا
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6h		
	gifts were not tax deductible?	6b	<i>-</i> .	
	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?	7a		·
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ť
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			=
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h j	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8 9	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?	8		~
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		~
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		~
	Section 501(c)(7) organizations. Enter:	1		-
	Initiation fees and capital contributions included on Part VIII, line 12	{		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	{		
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			1
	Gross income from members or shareholders	- '		}-
	against amounts due or received from them.)		-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b></b> -
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		<del> </del>	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	<u> </u>	<u> </u>	
	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	1		
C				1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	l	_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		-

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	and f	or a tructi	"No" ons.
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 344			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 344			
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		1
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		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		ļ
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	,	
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	′	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	* 4		
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	~	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	
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	V	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	C 幸 <b>要</b> 示. 3	と重
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		~
b b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b 12c		
12	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	~	Ť
15	Did the process for determining compensation of the following persons include a review and approval by	A PARTY OF		
а	The organization's CEO, Executive Director, or top management official	15a	- T. C	<b>✓</b>
b	Other officers or key employees of the organization	15b	~	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	* *		(72 ° 2.)
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	ا ا	~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		- Part Series	a the
	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	- F9	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
	☐ Own website ☐ Another's website ☑ 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 int financial statements available to the public during the tax year.	erest į	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Lynda Wingate, Grand Treasurer, 2495 S Quebec St, #60, Denver, CO 80231			

Form 990 (2013)

•					
Part VII	Compensation of Officers, Dir	rectors, Trustees, Key E	Employees, Highest Cor	mpensated Employees, a	ind
	Independent Contractors				

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

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

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

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

Check this box if neither the organization	n nor any relate	d org	aniza			ompe	nsa	ted any currer	t officer, director	r, or trustee.
				(C	•			ļ		
(A)	(B)	(do n		Posi		than c	nne.	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unless	s per a di	rson	ıs both or/trust	an lee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Maryellen Thoren	5									
Chairman, Board of Directors		~						0	0	
(2) Marian Edwards	5			- 1						
Vice Chair, Board of Directors		~						0	0	
(3) Charles Downing	5									
Secretary, Board of Directors		1						0	0	
(4) Stephen Hahn	5								i	
Member Board of Directors		1						0	0	
(5) Sara Hady	5			ĺ						
Member Board of Directors		~		$\Box$				0	0	
(6) Cyndie House										
Worthy Grand Matron, Presiding officer	30	ļ		~			L.	0	0	
(7)C T Eliott	30									
Worthy Grand Patron				~				0	0	
(8) Genie Wilcox	30									
Associate Grand Matron				~				0	0	
(9) James Jarvis	30	ļ								
Associate Grand Patron			Ш	~				0	0	
(10) Valerie Grundvig	40	ŀ								
Grand Secretary				~				16,051	0	
(11)Lynda Wingate	16	İ	1 1							
Grand Treasurer				~				5,200	0	
(12) CherylAnn Craven-Lindblad	20									
Grand Conductress		L	$oxed{oxed}$	~			$oxed{oxed}$	0	0	
(13) Patricia Mammenga	20									
Associate Grand Conductress				~				0	0	
(14)Byron Walker	10						l			
Grand Sentinel				~	L			0	0	

Part	Section A. Unicers, Directors, Trust	, rej =					ignee		Cimpondated 2	inployees loor	1		
	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles r and	s pe l a d	ition more rson irecti	than o	an ee)	(D)  Reportable compensation from	(E) Reportable compensation fro		<b>(F)</b> Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(a)	mpensation from the rganization and related ganization	on d
(15)													
(16)										<del></del>			
(17)								-					
(18)	· · · · · · · · · · · · · · · · · · ·												
(19)									-	<u>,                                     </u>			
(20)													
(21)												<del></del>	
(22)													
(23)													
(24)													
(25)								-					
1b c d	Sub-total	VII, Section	n A	•	•			<b>&gt; &gt; &gt;</b>	21,251 0 21,251				
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	to th					e) w	ho received m	ore than \$100	,000 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high			Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$'	ble 150,	con 000	npei 0? /	nsatic f "Ye	n a s,"	nd other comp complete Sch	pensation from nedule J for : 	such	4	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	iress							(B) Description of s	ervices	Com	(C) pensation	
								F					
		<del></del>						_					
2	Total number of independent contractor received more than \$100,000 of compen	•	-					l o th	nose listed ab	ove) who			<del></del>

Part	VIII	Check if Schedule O		response or note t	to any line in this	Part VIII		$\sqcap$
		Chock ii Concurs O C	ornano c	sopoliso di moto (	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	[	1a (				
iran	b	Membership dues .		<b>1b</b> 41,250	o]			- ,
s, G	С	Fundraising events .	[	1c 5,069	5			
ar /	d	Related organizations	[	1d (	o			
s, C	е	Government grants (contri	ibutions)	1e (	o		1	
tion r Si	f	All other contributions, gifts			]			
the the		and similar amounts not inclu	ided above	1f 144,80	5			-
d di	g	Noncash contributions include	d in lines 1a-	1f \$	ol,			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			191,120		<u> </u>	
Le				Business Code	-			
ven	2a							
æ	b							
/ice	С							
Sen	d							
Ĕ	е							
Program Service Revenue	f	All other program service	ce revenu	е.				
_ 톱	g	Total. Add lines 2a-2f		<del>.</del> <b>&gt;</b>	0			
	3	Investment income (ir						
		and other similar amou	•		33,473		<u> </u>	
	4	Income from investment of		•	0			
	5	Royalties		<u> ▶</u>	0	·····		
		_	(i) Real	(II) Personal			1	
	6a	Gross rents		0	<u>o</u>			-
	b	Less: rental expenses		0	<u>o</u>		İ	
	C	Rental income or (loss)		0	<u> </u>		<u> </u>	
	d	Net rental income or (lo		<b>.</b>	0			<u></u>
	7a	Gross amount from sales of	(i) Securition					
	١.	assets other than inventory		0	의			
	b	Less: cost or other basis						
		and sales expenses .			의		İ	
	C	Gain or (loss)		0	9			
	d	Net gain or (loss) .		<u> </u>	0			
Φ					1			
anue	8a	Gross income from fun	draising					
ě		events (not including \$		,			1	-
Œ		of contributions reported See Part IV, line 18 .	on line 10					
Other Reve	١.							
ō		Less: direct expenses			4			ļ
		Net income or (loss) fro			0		<del></del>	<del>                                     </del>
	ya	Gross income from gam See Part IV, line 19 .						
		Less: direct expenses Net income or (loss) fro			<del></del>			
	100	Gross sales of inv			0			
	l lua	returns and allowances	•					
				<u> </u>				,
		Less: cost of goods so Net income or (loss) fro			<u> </u>		- <del> </del>	ļ
	С	Miscellaneous Rev		Business Code	+ 9		+	
	11-	wisceraneous Rev	- CHUC	Busiliess Code	-t ·			
	11a				<del>                                     </del>		-	<del> </del>
	b			<del></del>	+	-	<del> </del>	<del> </del>
	C	All other revenue			+		+	<del> </del>
	d	All other revenue .  Total. Add lines 11a-1	 1d	·	13,852		<del> </del>	<del>                                     </del>
	12	Total revenue. See ins			238,445		<del> </del>	<del>                                     </del>
	1.6	LACTION OF HIS	, いいしいいけん		430.4431			i .

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com			ns must complete col	umn (A).
	Check if Schedule O contains a respon-			· · · · · · · · · · · · · · · · · · ·	
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	24,516			المناه دين ورسوا
2	Grants and other assistance to individuals in			·	1 keta
	the United States. See Part IV, line 22	6,500			_P 1
3	Grants and other assistance to governments,				7
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			, <u> </u>
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	21,251			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	i			
	persons described in section 4958(c)(3)(B)	o		1	
7	Other salaries and wages	5,398			
8	Pension plan accruals and contributions (include	-,,,,,			
-	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	2,408			
11	Fees for services (non-employees):	2,400		<del></del>	
''a	Management	o			
b	Legal	0		<del> </del>	
	Accounting	0			
c d	Lobbying	0	··-	<u> </u>	
	Professional fundraising services. See Part IV, line 17	0			_ <del></del>
e 4	<u> </u>	0			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
40	- 1	0 85			
12	Advertising and promotion				
13	Office expenses	24,883			
14	Information technology	0			<u> </u>
15	Royalties	0			
16	Occupancy	9,500			<u> </u>
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			<del></del>
19	Conferences, conventions, and meetings .	11,749			
20	Interest	0		ļ	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	4,482			
23	Insurance	3,271			
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.)				
а	Grand Officer Allowances	5,160		<del>  </del>	<del></del>
b	Special Assess,emts	4,750		<b> </b>	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	123,953			
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation, Check here  if				
	following SOP 98-2 (ASC 958-720)				

Form **990** (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 71,182 79,450 1 10,572 2 Savings and temporary cash investments . . . . . . . 685 2 0 3 Pledges and grants receivable, net . . . . . 0 3 4 905 4 994 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. ol 5 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 O Assets 0 o 7 0 8 Inventories for sale or use . . . . . . . . . . . . 12,271 8 9,182 9 Prepaid expenses and deferred charges . 9 0 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 139.892 10b Less accumulated depreciation . . . . 27,722 10c 32,571 500,012 11 Investments—publicly traded securities 394,235 11 12 Investments - other securities. See Part IV, line 11 0 12 0 13 Investments - program-related. See Part IV, line 11. . . 0 13 0 14 0 14 0 15 0 15 0 16 515,268 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 624,513 508 17 Accounts payable and accrued expenses . . . . . . . 17 551 23,469 18 18 18,179 19 ol 19 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. ol 21 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . 22 0 23 Secured mortgages and notes payable to unrelated third parties . . o 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . o 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 O 25 Total liabilities. Add lines 17 through 25 . . . . . 23.977 26 18.730 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 0 27 0 28 0 28 0 ol 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . 477,522 30 491,291 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds. 13,769 32 114,492 33 491,291 33 605,783 Total liabilities and net assets/fund balances . . . . . . . 515,268 34 624,513

_	4	•
Page	•	4

	<u> </u>			
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>	<del></del>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		238,265
2	Total expenses (must equal Part IX, column (A), line 25)	2		123,773
3	Revenue less expenses. Subtract line 2 from line 1	3		114,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		491,291
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7	<del>-</del>	0
8	Prior period adjustments	8		0
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	l	605,783
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<del></del>	<u></u>
1	Accounting method used to prepare the Form 990:  Cash Accrual Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.		in in	Yes No
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 com reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audito separate basis, consolidated basis, or both:	ed on	a	4
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		j.*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın	in ,	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	in . 3a	~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo th	ne	
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			~
			Form	n <b>990</b> (2013)

### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Grand	Chapter of Colorado Order of the Eastern Star		84-0284775
Par	Organizations Maintaining Don	or Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answ	wered "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		donor advisors in writing that the assets	
		ect to the organization's exclusive legal cont	
6		onors, and donor advisors in writing that gra	
	· · · · · · · · · · · · · · · · · · ·	e benefit of the donor or donor advisor, or	
		<u> </u>	· · · · · · · · · · · Yes · No
Par		wared Wast to Farm 200 Boot N. Car 7	
		wered "Yes" to Form 990, Part IV, line 7	·
1	Purpose(s) of conservation easements held		of an interest and a second second second
		recreation or education) Preservation	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
2	Preservation of open space	ation held a qualified conservation contribut	tion in the form of a conseniation
_	easement on the last day of the tax year.	ation held a qualified conservation contribut	Held at the End of the Tax Year
а	Total number of conservation easements		
b		sements	
c		ertified historic structure included in (a)	<del></del>
d		ded in (c) acquired after 8/17/06, and no	
_		ster	
3		ed, transferred, released, extinguished, or te	
	tax year ▶	, · · · · · · · · · · · · · · · · · ·	g
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written po	olicy regarding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conserva	ation easements it holds?	· · · · · · Tes . No
6	Staff and volunteer hours devoted to monit	oring, inspecting, and enforcing conservatio	n easements during the year
	<b>&gt;</b>		
7		, inspecting, and enforcing conservation eas	sements during the year
	▶\$		
8	· · · · · · · · · · · · · · · · · · ·	d on line 2(d) above satisfy the requirements	* * * * * * *
9		eports conservation easements in its revenu	
		e text of the footnote to the organization's f	inancial statements that describes the
0	organization's accounting for conservation		Other Circles Access
Part		ections of Art, Historical Treasures, o	
4-		wered "Yes" to Form 990, Part IV, line 8	
1a		nder SFAS 116 (ASC 958), not to report in a similar assets held for public exhibition, e	
		of the footnote to its financial statements th	
b	•	inder SFAS 116 (ASC 958), to report in its	
D		similar assets held for public exhibition, e	
	public service, provide the following amour	· · · · · · · · · · · · · · · · · · ·	
	•	I, line 1	<b>▶</b> \$
	••		
2		of art, historical treasures, or other similar	* * * *
_		under SFAS 116 (ASC 958) relating to these	
а	-	ne 1	

Pari					
3	Using the organization's acquisition, accollection items (check all that apply)				
а	☐ Public exhibition	d	Loan or exchang	ge programs	
b	☐ Scholarly research		☐ Other	0 , 0	
C	☐ Preservation for future generations				
4	Provide a description of the organization XIII.	n's collections and expla	ain how they further	the organization's exem	pt purpose in Part
5	During the year, did the organization so	olicit or receive donation	s of art, historical t	reasures, or other simila	r
	assets to be sold to raise funds rather the	an to be maintained as i	part of the organizat	ion's collection?	☐ Yes ☐ No
Pari					
	Complete if the organization ar 990, Part X, line 21.			·	
1a		ustodian or other intern	nediary for contribu	tions or other assets no	t
	included on Form 990, Part X?				🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part	XIII and complete the fo	llowing table:		
				Ar	nount
C	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 amount of				
	If "Yes," explain the arrangement in Part	XIII. Check here if the e	xplanation has been	provided in Part XIII .	<u> </u>
Par					
	Complete if the organization ar				<del></del>
_	<b>├</b>	(a) Current year (b) Pri	or year (c) Two yea	rs back (d) Three years back	(e) Four years back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·			<del> </del>
Ь	Contributions				<u> </u>
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	current year end balance	e (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowment	▶ %			
b	Permanent endowment ►	%			
C	Temporarily restricted endowment ▶	%			
	The percentages in lines 2a, 2b, and 2c s				
За	Are there endowment funds not in the p	ossession of the organi	zation that are held	and administered for the	e
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organizat	tions listed as required of	on Schedule R? .		3b
_4	Describe in Part XIII the intended uses of	f the organization's endo	wment funds.		
Part					
	Complete if the organization ar	nswered "Yes" to Fori	n 990, Part IV, line	e 11a. See Form 990, I	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				
ď	Equipment		14,424	13,172	1,252
e	Other		125,468	<del></del>	31,319
Total.	Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part			32,571

Part VII	Complete if the organization answered "\	Yes" to Form	990. Part IV. line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(4) Emercial		<del></del>			
(1) Financial	neld equity interests	-			
(3) Other	leid equity interests				
(A)		-		<del></del> ·	
(B)		ļ			
(C)		-			
(D)		<u> </u>	<del></del>	<del></del>	·
(E)		<u> </u> -		<del></del>	
(E) (F)		<u> </u>			
(G)					
(G) (H)		<u> </u>		<del></del>	
	Normal Service Cook Dead Variet (D) have 40.1 N	<u> </u>		<del></del>	
	b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments—Program Related.	/aa!! +=	000 David IV IIma	11 - Cas Farms	000 Dart V III. 10
	Complete if the organization answered "\	res to Form			
	(a) Description of investment	1	(b) Book value		thod of valuation -of-year market value
(1)					
(2)				<del></del>	
(3)					
(4)					
(5)			· · · · · · · · · · · · · · · · · · ·		
(6)					<del>-</del> <del>-</del>
(7)					
(8)				<del></del>	
(9)					<del></del>
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 13 )				
Part IX	Other Assets.		•		
	Complete if the organization answered "Y	Yes" to Form	990, Part IV, line	11d. See Form	990, Part X, line 15.
	(a) Description				(b) Book value
(1)		-			
(2)					
(3)				·	
(4)					
(5)		-			
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line	15.)		<b>&gt;</b>	
Part X	Other Liabilities.				
	Complete if the organization answered "\	Yes" to Form	990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability (b)	) Book value			
(1) Federal in	ncome taxes		_		Á
(2)					
(3)					
(4)					
(5)		<del></del>			
(6)		<del> </del>	-	-	, , , ,
(7)			$\neg$		
(8)			<del>-</del>		्र के इ. त
(9)					F (**)
	b) must equal Form 990, Part X, col. (B) line 25.)		_		# ·
2. Liability for	uncertain tax positions. In Part XIII, provide the tex				
organization'	s liability for uncertain tax positions under FIN 48 (A	SC 740). Check	here if the text of the	e footnote has bee	en provided in Part XIII

Page	4
ı ayc	

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n
	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	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	}	
С	Recoveries of prior year grants	34	
d	Other (Describe in Part XIII.)	rein ri	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	F. T. L.	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		urn.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Ret	urn.
1	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		urn.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	er Ret	urn.
1	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Ret	urn.
1 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Ret	urn.
1 2 a	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Ret	urn.
1 2 a b	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	er Ret	urn.
1 2 a b	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	er Ret	urn.
1 2 a b c	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1	1	urn.
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	1 2e	urn.
1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	urn.
1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	urn.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	2e 3	urn.

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.

Schedule D (Fo	Supplemental Information (continued)	Page 5
Part Alli	Supplemental information (continued)	
	······································	
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

2013	
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Open to Public Inspection

2								Employer Identification number
Grand	Grand Chapter of Colorado Order of the Eastern Star	he Eastern Star					•	84-0284775
Part	General Information on Grants and Assistan	on Grants and	Assistance					
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to sub	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistar	;
	nie selection chrena used to award nie grants of assistante?	awaru ilie yrailis	or assistance:					· · · · Yes · · ·
7	Sec	ization's procedur	es tor monitoring	the use of grant fu	nds in the United	States.		
Part	_	s <b>sistance to Go</b> ıy recipient that	<b>vernments and</b> received more th	Organizations i lan \$5,000. Part	n the United Si Il can be duplica	<b>ts and Organizations in the United States.</b> Complete if the organizatior more than \$5,000. Part II can be duplicated if additional space is needed.	the organization ans space is needed.	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.
1 (a)	(a) Name and address of organization or government	( <b>Q</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Der	(1) Denver Fisher House	04 1446540		r t				
(S)		6000		101,74				
(6)								
3								
<u>(2)</u>							1	
9								
E								
<u>8</u>								
(6)								
(10)								
(11)								
(12)								
ი ღ	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov rganizations listec	rernment organization of the line 1 table	ions listed in the li	ne 1 table			<b>A. A.</b>
For Pag	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		ပိ	Cat. No. 50055P		Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

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. Part III

	rait III can be duplicated II additional space is needed.	space is lieeded	Ι.			
	(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 Schlarships	ships	4	\$6,500			
2						
ဗ						
4						
S						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, line	2, Part III, column	(b), and any other addition	onal information.

When donations are received from various subsidiaries or Individuals, a liability account is created and funds are depsited in a separate bank account until July of the current year

At that time a disbursement check is issued and distributed to the several recepients. All transactions are reported to and monitored by the Board of Directors

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Grand Chapter of Colorado Order of the Eastern Star

Employer Identification number

84-0284775

**Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use ☐ First-class or charter travel ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract ☐ Compensation committee ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? . . . . . . 5a **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note The sum of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total angular of columns (BA) (iii) for each letted individual must carried the total must carried the

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(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retrement and (C) Retrement a		(B) Breakdown of W-2	f W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Montacobio	(E) Total of optimize	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	(b) Nortaxable benefits	(E) (D) (B)(()+(D)	(F) Compensation reported as deferred in prior Form 990
Valerie Grundvig	<b>E E</b>	16,050	0	0	0	0	16,050	0
Lynda Wingate 2 Grand Treasurer	€ €	5,200	0	0	0	0	5,200	
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3	(E)							
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16	€							
							Sch	Schedule J (Form 990) 2013

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### 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.

2013

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization

Grand Chapter of Colorado Order of the Eastern Star

Employer Identification number 84-0284775

PART VI Section A - Line 1 (a) All members are eligible to vote and those members attending the annual meeting are the voting members of the Governing Body.

PART VI Section B - Line 15 b Compensation is documented in published constitution and any changes in compensation are voted on at the annual meeting by those members attending

PART VI Section C Line 19 Governng Documents are included in a publication containing Constitution, By-Laws, and financial statements

PART 11 Line 3 b A review committee of at least 3 members is appointed annually by the Board of Directors to review all financial records

List of Names and Addresses of Directors and Officers who are not reachable at 2495 S Quebec St #60, Denver, CO 80231:

Maryellen Thoren, Chairman Board of Directors, % Benson, 121 Toledo Ave, Leadville, CO 80461

Marian Edwards, Vice Chair Board of Directors, 7631 S Monaco Dir W, Centennial, CO 80112

Chuck Downing, Secretary Board of Directors, 9138 Viaggio Way, Highlands Ranch, CO 80126

Steve Hahn, Board Member, 4731 S Wright Way, Morrison, CO 80465

Sara Hady, Board Member, 7625 E Quincy Ave #201, Denver, CO 80237

Cyndie House, Worthy Grand Matron (Presiding Officer) 3342 Yarrow Ct , Wheatridge, CO 80033

C.T Elliott, Worthy Grand Patron, 6840 Harding St, Colorado Springs, CO 80911

Genie Wilcox, Associate Grand Matron, 3145 Cathedral Spires Dr, Colorado Springs, CO 80904

James Jarvis, Associate Grand Patron, 625 Creek Ct, Colorado Springs, CO 80916