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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax

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

Internal Revenue Service

► 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.lrs.gov/form990.

Α	For th	e 2014 calendar year, or tax year beginning $APR~1$, 2014 and endin	ng M	AR 31, 201	5			
В	Check if	C Name of organization		D Employer identit				
	applicab	GRAND CHAPTER OF TENNESSEE ORDER OF THE						
	Addre	SS TA CEPTAL CELL	ļ					
	Name			62-0	216709			
	Initial		ı/suite	E Telephone numb				
	Final	ממן אוד אוד אוד הס		•	-413-4455			
	termir			G Gross receipts \$	229,584.			
	Amen	ded CEDMANIMOUNT MNI 20120	Ì	H(a) Is this a group				
	Appla		<u></u>	for subordinate				
	pendi	9272 WHEATLAND DR, GERMANTOWN, TN 3813/91		H(b) Are all subordinates	· — —			
ī	Tax-ex		√527	• •	a list. (see instructions)			
_		te: ► OESTN.COM		H(c) Group exempti				
rck	Form o				M State of legal domicile: TN			
₫P.	art I	Summary			··· otato ot togal dollato,			
	Ι.	Briefly describe the organization's mission or most significant activities. DOMESTI	C F	RATERNAL SO	CIETY			
200	`							
-E	2	Check this box If the organization discontinued its operations or disposed of	f more	than 25% of its net a	assets			
چ	3	Number of voting members of the governing body (Part VI, line 1a)		3				
<u>~</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4				
Ç.	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	-			
錗	6	Total number of volunteers (estimate if necessary)		6				
25	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		72	 			
CALACIMITED OF 2 3	ь	Net unrelated business taxable income from Form 990-T, line 34		71				
W.	5			Prior Year	Current Year			
	۱.	Contributions and grants (Part VIII, line 1h)		49,872				
age .	9	Program service revenue (Part VIII, line 2g)		48,712				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,171				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,600				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	137,355				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0				
v	1	Salaries, other compensation, employee benefits (Part-IX, column (A)-lines 5-10)		24,059				
JSe	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ackslash	0				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>;</u> }					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11/24e)	- }	123,057	. 108,745.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25)		147,116	219,779.			
		Revenue less expenses Subtract line 18 from line 12		<9,761				
Vet Assets or I	1	NOVORGO OSCINGO MITO TO HOLLI III O 72	Rec	inning of Current Year	I .			
ets	20	Total assets (Part X, line 16)	100,	1,231,395				
ASS	21	Total liabilities (Part X, line 26)		22,254	·			
Net L	22	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	1,209,141	1,226,362.			
_	art II			1,200,1111	1,220,3021			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of	my knowledge and belief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pi			my knowledge and belief, kno			
	, 00110	Essi I yay	торагог	// //	13/2015			
وزي	ın	Signature of officer		Date	10/20/2			
EHe		EDDIE YAUN, GRAND PRESIDENT TREASURER	>					
ر: او م		Type or print name and title			 			
<u></u>		Print/Type preparer's name Preparer's signature	ŢĊ	ate Check	PTIN			
⊖ ∠ Pai	d	DAVID A. CURBO, CPA Devid P. Culo C.	PAI	o ツマンン if seff-emp	loyed P00316246			
		Firm's name CANNON & COMPANY, PC	· " <u> </u>	Firm's EIN	62-0962852			
Use Only Firm's address 5605 MURRAY AVE.								
(A)	,	MEMPHIS, TN 38119-3868		Phone no (901)761-1710			
ay- Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 1101 1	X Yes No			
	001 11-			· - v	Form 990 (2014)			

432002 11-07-14

	990 (2014) EASTERN STAR 62-0	216709	P	age 3
ar	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
·	If "Yes," complete Schedule A .	. 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	or		
	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 e	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 t	.o		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, F	Part I 6		X
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		X
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, perma	nent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or	r 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,	1	
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		"	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		X
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		ļ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	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, fundraising, business			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,0	000		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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		Х
6	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	1	X
7	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	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	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		X

Form **990** (2014)

20a

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) EASTERN STAR
Part IV 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			
	domestic 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 or for domestic individuals on		7.7	
00	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	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	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		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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			l
	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, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		_
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			† -
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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			ŀ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
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	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X_
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	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	27		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	140 to 1 vini on illero die required to complete ochedule o			(2014)

Page 5

The Enter the number reported in Box 3 of Form 1096 Enter ·O· if not applicable Enter the number of Forms W-2G included in line 1 a Enter ·O· if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 2 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b if "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c So 6b 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? 6b X 7b Organizations that may receive deductible contributions under section 170(c). 6b If "Yes," did t		Check if Schedule O contains a response or note to any line in this Part V							
1a Enter the number reported in Box 3 of Form 1096 Enter 0-4 not applicable Enter the number of Forms W26 included in the in Enter 0-4 not applicable De Text the number of ore works with backup withholding rules for reportable payments to vendors and reportable gaming (gamthing) wimmings to prize with making with the service of the payments of the					Yes	No			
b Enter the number of Forms W20 included in line 1s. Enter 0-f not applicable 0. Did the organization comby with backing witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmitted of Wage and Tax Statements. [2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		103	-110			
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 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 Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Table Tabl	f			7f					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				142	<u> </u>	x			
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Form 990 (2014) EASTERN STAR 62-0216709 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
000	tion A. doverning body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year)	162	NO					
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	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	ו							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
_	officer, director, trustee, or key employee?	2		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		X					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
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		x					
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		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
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		Х					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	X						
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	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	ļ					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			İ					
	in Schedule O how this was done	12c	ļ						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
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?								
	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
IOa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		37					
_	taxable entity during the year?	<u>16a</u>	-	X					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	400							
500	exempt status with respect to such arrangements? tion C. Disclosure	16b							
17	List the states with which a copy of this Form 990 is required to be filed TN Section 6104 requires an organization to make its Forms 1023 for 1024 if applicable), 990, and 990 T (Section 501(a)(2)) and 990 T (Section 501(a)(2)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	ovodok	10						
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) for public inspection. Indicate how you made these available. Check all that apply.	availdi	,1 0						
	Own website 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 policy, ar	nd finan	cial						
13	statements available to the public during the tax year	iu iiilal	ciai						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	EDDIE YAUN - 901-413-4455								
	9272 WHEATLAND DR, GERMANTOWN, TN 38139								
43200	3 11-07-14	Forn	990	(2014)					

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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 (A)	(B)			(0	;)			(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
rialize and Title	hours per	(do	not c	heck i	more	than is bot	one h an	compensation	compensation	amount of
	week	offic	er an	d a d	recto	or/trus	tee)	from	from related	other
	(list any	ē						the	organizations	compensation
	hours for	E				-		organization	(W-2/1099-MISC)	from the
	related	5	stee			ş		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	l šš	5		9	뻍		(11 2) 1000 111100)		and related
	below	<u></u>		_	줱	st Co	_			organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	a a			0.942400
(1) JEAN VINCENT	18.00	† <u> </u>	-	Ŭ	.a.		-	-		
GRAND SECRETARY		1		х				12,000.	0.	0
(2) EDDIE YAUN	10.00							22,000		
GRAND TREASURER		1		X				3,600.	0.	0
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Form 990 (2014) EASTERN									62-02	16'	709	Page 8
Part VII Section A. Officers, Directors, Tru		ploy	ees			ghe	st C		es (continued)			_
(A) Name and title	(B) Average hours per week	offic	not c	Pos heck ss pe	more rson	than is bot	th an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of er
(list any hours for related organizations below line)							Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MIS		from organia and re organiz	the zation lated
	line)	르	SE	Officer	Key	운동	Ē					
				ļ	-							
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						İ						
1b Sub-total c Total from continuation sheets to Part	VII Section A				•			15,600.		0.		0.
d Total (add lines 1b and 1c)								15,600.	-	0.		0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	θ) w	ho r	eceived more than \$100	0,000 of reportable	3	Т	(
3 Did the organization list any former office			e, ke	еу өг	mplo	oyee	, or	highest compensated e	employee on		Ye	
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the			omp	ens	atıor	n an	d ot	her compensation from	the organization		3	X
and related organizations greater than \$1Did any person listed on line 1a receive or									vidual for services		4	X
rendered to the organization? If "Yes," co Section B. Independent Contractors	-										5	Х
1 Complete this table for your five highest of										pens	ation fron	n
the organization Report compensation for (A) Name and business					<u>WILIT</u>	OI V	VILLIII	(B) Description of			(C) ompensa	tion
Traine and busines	55 8001655	N	ON:	<u> </u>				Description of	Services		Ompense	
							-					
				<u>.</u>								
2 Total number of independent contractors	(including but	not le	mite	ed to	tho	se l	ster	d above) who received r	more than	,		
\$100,000 of compensation from the orga		-				0					Form 99	() (201.4
											1 01111 33	· → 1∠∪ 14

GRAND CHAPTER OF TENNESSEE ORDER OF THE 62-0216709 Form 990 (2014) EASTERN Page 9 Part VIII Statement of Revenue Gheck if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 59,683 **b** Membership dues c Fundraising events 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 104,751 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 164,434 h Total, Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,129 4,129. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19

and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a CALENDAR SALES 453000 28,234 28,234 **b SALE OF SUPPLIES** 453000 23,566. 23,566. 900099 6,640. 6,640. REGISTRATION FOR COVEN 2,581

d All other revenue

c Net income or (loss) from gaming activities

10 a Gross sales of inventory, less returns

b Less. direct expenses

e Total, Add lines 11a-11d

15201009 758818 3025990

Total revenue. See instructions.

900099 2,581. 61,021

229,584

4,129. Form 990 (2014)

61,021

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
_	Check if Schedule O contains a respon			(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	80,892.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	13,275.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			-	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	15 600			
_	trustees, and key employees	15,600.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	.			
7	Other salaries and wages	-	· · · · · · · · · · · · · · · · · · ·		
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	1,267.	 	 	
11	Fees for services (non-employees):	1,201.			
''	Management				
b	Legal				
6	Accounting	1,800.			
d	Lobbying	1,000.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u> </u>			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	16,528.			
14	Information technology				
15	Royalties				
16	Occupancy	23,438.			
17	Travel	15,040.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,000.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	100			
23	Insurance	496.			
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	ALLOWANCE FOR BRANCH ME	15,890.			
b	PRINTING & POSTAGE	14,119.			
c	CALENDER PRINTING	10,640.			
d	HONORARIUM	3,708.			
e	All other expenses	2,086.			
25	Total functional expenses. Add lines 1 through 24e	219,779.			
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)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	128,444.	1	127,911.
	2	Savings and temporary cash investments	1,102,951.	2	1,113,289.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		_8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4 004 005	15	4 044 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,231,395.	16	1,241,200.
	17	Accounts payable and accrued expenses	00.054	17	4.4.020
	18	Grants payable	22,254.	18	14,838.
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ijes	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	22,254.	26	14,838.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	22/2311		22/0001
v		complete lines 27 through 29, and lines 33 and 34.		1	
ည	27	Unrestricted net assets	318,532.	27	363,830.
alar	28	Temporarily restricted net assets	890,609.	28	862,532.
Ä	29	Permanently restricted net assets	3307303	29	
Ě	-	Organizations that do not follow SFAS 117 (ASC 958), check here			
Ä		and complete lines 30 through 34.			
ţş	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,209,141.	33	1,226,362.
	34	Total liabilities and net assets/fund balances	1,231,395.		1,241,200.
					For- 990 (2014)

Form 990 (2014)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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

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

Act and OMB Circular A-133?

За

X

Form 990 (2014)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990.

2014
Open to Public Inspection

Name of the organization

GRAND CHAPTER OF TENNESSEE ORDER OF THE EASTERN STAR

Employer identification number 62-0216709

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor o	<u> </u>	
	impermissible private benefit?	, , ,	Yes No
Par		anization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation 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
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items.		
	(i) Revenue 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 tre	asures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	D		. > \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Ο.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Equipment Other

GRAND CHAPT	ER OF TENNESS	EE ORDER OF THE
Schedule D (Form 990) 2014 EASTERN STA	R	62-0216709 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
_ (A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII	Inve	estn	nents	- P	rogram	Rei	lated	•
	_							

Complete if the organization answered "Yes" t	to Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)_		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "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)

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

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

(a) Description of liability

(b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	· · · · · · · · · · · · · · · · · · ·	
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

10-01-

SCHEDULEI (Form 990)

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

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

OMB No 1545-0047

▶ Attach to Form 990.

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

GRAND CHAPTER OF TENNESSEE ORDER OF THE

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Inspection **Employer identification number**

62-0216709 ☐ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance? EASTERN STAR Part

% |×

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	pa			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOXVILLE SCOTTISH RITE							
16 STREET & WHITE AVENUE				•			OUCHIOUS SECOND
KNOXVILLE, TN 37901	62-6209505	501(C)(3)	10,000.	0			PROGRAM SERVICES
JERICHO SHRINERS 1100 JERICHO DRIVE KINGSPORT, TN 37663	62-0963839	501(C)(3)	10,000,	0			PROGRAM SERVICES
KINGSPORT MASONIC LODGE 2317 FORT HENERY DRIVE			1 1 1	c			PROGRAM SERVICES
KINGSPORT, TN 37663	23-7194208	201(0)(10)	0//0	0			יייייייייייייייייייייייייייייייייייייי
		_					
1	and government or	lsuon	isted in the line 1 table				A A
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					

Schedule I (Form 990) (2014)

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

Page 2

62-0216709

Schedule I (Form 990) (2014)

Part III

EASTERN STAR

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
YOUTH SCHOLARSHIP PROVIDED TO A STUDENT SPONSORED BY AN EASTERN STAR CHAPTER GIVEN TO A JUNIOR, SENIOR, OR GRADUATE STUDENT IN COLLEGE	17	9,875,	•0		
1 12 12	-	3 400	o		
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	(b), and any other a	Part I, line 2, Part III, column (b), and any other additional information.	
PART III, COLUMN (A):					
(A) TYPE OF GRANT OR ASSISTANCE: C	HRISTAIN	SCHOLARSH	CHRISTAIN SCHOLARSHIP PROVIDED TO A	D TO A	
STUDENT SPONSORED BY AN EASTERN STAR CHAPTER GIVEN TO A JUNIOR, SENIOR	PAR CHAPT	ER GIVEN T	O A JUNIOR	, SENIOR,	
OR GRADUATE STUDENT IN COLLEGE TO FURTHER	FURTHER '	THE EDUCAT	EDUCATIONAL OPPURTUNITY OF	RTUNITY OF	
THOSE INDIVDUALS CALLED TO CHRISTAIN	IN SERVICE	CE CE			

432102 10-15-14

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990 GRAND CHAPTER OF TENNESSEE ORDER OF THE EASTERN STAR

Employer identification number 62-0216709

FORM 990, PART VI, SECTION B, LINE 11:
AFTER THE RETURN IS PREPARED, THE GOVERNING BODY WILL REVIEW THE RETURN FOR
ACCURACY BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
NO DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN GRANTS PAYABLE 7,416.
•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)