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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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	2014 cale	<u>endar year, or tax year be</u>	eginning AUGUST 1	, 2014, ai	nd ending	<u>JUL</u> Y	31	, 20 15	
В	Check if	applicable	C Name of organization GR	AND CHAPTER OF COLOR	ADO, ORDER O	F EASTER	N STAR	Employ	er identification n	umber
	Address	change	Doing business as						84-0284775	
	Name ch	nange	Number and street (or P C	box if mail is not delivered to str	eet address)	Room/suite	E	Telepho	ne number	
	Initial ret	um	2495 S QUEBEC STR	EET		60	. I		303-759-5936	
$\overline{\sqcap}$		m/terminated	0.1	rince, country, and ZIP or foreign p	ostal code					
$\bar{\sqcap}$	Amende		DENVER, CO 80231	•				Gross re	eceipts \$	166,575
$\overline{\sqcap}$			F Name and address of prin	cipal officer GENIE A WILCO)X		H(a) Is this a grou	no return for	subordinates? Yes	
_	, .ppou	po		RES DRIVE, COLO SPRINGS			1		s included? Tes	_
_	Tay-eyer	mpt status		7 501(c) (8) ◀ (insert no)		527			a list (see instruction	
<u>'</u>	Website		/W.OES-COLORADO.OR		<u> </u>		H(c) Group e			
<u> </u>				Association ☐ Other ►	I Year	r of formation			of legal domicile	со
	art I	Summ					1032	o.u.c	or logal dominono	
	1			n's mission or most signific	ant activities:					
0	' '	-	-							
Activities & Governance		PROVIDE	SCHOLARSHIPS AND C	CHARITABLE CONTRIBUTION	NS TO OKGAN	IIZATIONS				
Ĕ	_	Chook th	us hov No if the organ	nization discontinued its or	orations or dis	enocod of	more than	250/ of	ite not accete	
Š	2			he governing body (Part V				3		222
Ö	3		-	• • • • • • • • • • • • • • • • • • • •	· ·			4		339
S	4			members of the governing	• •					339
ij	5			oloyed in calendar year 20				5		3
cţi	6		-	mate if necessary)				6		
⋖	7a			ue from Part VIII, column (C	•			7a		0
	b	Net unre	lated business taxable	income from Form 990-T,	line 34 .		5	7b		0
	_					ר ⊢	Prior Yea	r	Current Ye	
9	8		tions and grants (Part \			∤ · _		191,120		149,192
Revenue	9	_	service revenue (Part \		0		0			
ě	10			plumn (A), lines 3, 4, and 7		}} · ├_		33,473		-2,326
_	11			າ (A), linesໍ່ 5ີ່, 6d, <u>8</u> cັ, 9c, 10	6 Z . 2) ! <u> </u>		13,852		19,709
	12			igh 11 (mušť equal Part VIII		ie 12)		238,445		166,575
	13	Grants a	nd sımılar amounts pai	d (Part IX) column (A), lines	3√1−3) ₁	·		31,016		48,992
	14	Benefits	paid to or for members	s (Part IX, column (A), line	t) · 少!	ا . ال		0		0
S	15	Salaries,	other compensation, en	nployee benefits (Part IX, co	lumn (A), lines 5	5–10)		29,057		31,203
Expenses	16a	Profession	onal fundraising fees (P	art IX, column (A), line 11e	∍)			0		0
Ģ	ь	Total fun	idraising expenses (Par	t IX, column (D), line 25) 🕨	>					
Ω	17	Other ex	penses (Part IX, colum	n (A), lines 11a-11d, 11f-2	4e)			63,880		52,614
	18	Total ex	penses. Add lines 13-1	7 (must equal Part IX, colu	mn (A), line 25)) . 🗀	•	123,953		132,809
	19	Revenue	e less expenses. Subtra	ct line 18 from line 12 .				114,492		33,766
es or		•				Beg	ginning of Curr	ent Year	End of Ye	ar
Assets or Balances	20	Total ass	sets (Part X, line 16)			\square		624,513		657,104
Ass	21		oilities (Part X, line 26)			. 🗆		18,729		17,555
Net As Fund B	22			ubtract line 21 from line 20		🗀		605,783		639,549
	art II		ture Block							
_		alties of perio	ury, I declare that I have exam	nined this return, including accom	panying schedules	and stateme	nts, and to the	best of r	ny knowledge and	belief, it is
tru	e, correc	t, and comp	lete Declaration of preparer	other than officer) is based on all	nformation of whic	ch preparer ha	as any knowled	dge	, -	
			harles	J MM Mas.			2	+ D.	oc 21014	$\overline{}$
Sig	an n	Sign	nature of officer	- 1		<u>(</u>	Date			
He			harlos Ist Ti	DOWN MAG.	hairo	t The	Reary	ot, 1	Divecto	~
		Typ	e or print name and title)	71.0(11		7		<u> </u>	
_		- 	ype preparer's name	Preparer's signature		Date		Charle I	PTIN	
Pa			•					Check (self-emp	_ ,	
	epare		namo. Þ				Ciem's	s EIN ▶	· · · · · · · · · · · · · · · · · · ·	
Us	e Onl		· · ·						<u></u>	
Ma	v the IC		address >	reparer shown above? (see	- instructions)	· · · · · · · · · · · · · · · · · · ·	Phon	E 110	Y es	No
			ection Act Notice see th	· · · · · · · · · · · · · · · · · · ·	<i></i>	Cat No	112907	<u>· </u>		90 (2014)

r Onn 3	2014)				Page Z
Part		tement of Program Service		4.111	
- 1		scribe the organization's missic	esponse or note to any line in this Pa	<u>ırt III </u>	<u></u> . <u>L</u>
•	•	•	ii. Is to individuals and organizatio	NS FOR CHARITARI F FRIICATI	ONAL
	Did the o	rganization undertake any signi	ficant program services during the yea	ar which were not listed on the	
-	prior Forn	n 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·	□Yes ☑No
		describe these new services on			
3			, or make significant changes in ho		_
				• • • • • • • • •	☐ Yes
4		describe these changes on Schoolse program ser	vice accomplishments for each of its	three largest program convices	as measured by
7	expenses	. Section 501(c)(3) and 501(c)(4	b) organizations are required to report	the amount of grants and allo	cations to others.
			or each program service reported.	· ·	,
	<u> </u>				
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(0000) (ποτοπασ ψ	

4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	0.11		11.0)	<u>-</u>	
4d	Other pro (Expense:	ogram services (Describe in Sch s \$ including gr		١	
		gram service expenses) (Heveride t	·	

'arτ	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	_	Yes	No
_	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	-
2 3	Did the organization required to complete <i>Scriedule B</i> , <i>Scriedule of Communities</i> (see instructions):	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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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, VII, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
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		✓
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	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		1
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		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓

Part	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	√ ×	140
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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	1	
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
ь С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√ √
ь	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		1
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		1
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		✓
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		<u>,</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	✓
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	35b 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? If "Yes," complete Schedule R,	33		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part		_		
	Check if Schedule O contains a response or note to any line in this Part V		T	
۵.			Yes	No
1a _	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a contact the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b contact the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b contact the number of Forms W-2G included in line 1a. Enter -0- if not applicable	7	ŀ	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	··•		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<u>4a</u>		/
ь	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 (EDAD)]
Ea	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		▼
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\ <u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		l	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ì	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	1.0		 • –
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	l	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	l	✓
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	}		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		1
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	L		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	ļ	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
ь	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	-		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
. ta	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See in:	for a	ions.
	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		1
6 7a	Did the organization have members or stockholders?	6 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	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	✓	<u> </u>
9 9	Each committee with authority to act on behalf of the governing body?	8b 9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	!)
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	✓	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100		
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		✓
c 13	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> describe in Schedule O how this was done	12c		1
14 15	Did the organization have a written document retention and destruction policy? 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?	14	✓	•
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a 16b		
Secti	on C. Disclosure	. 50		·
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.	erest _l	policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red JILL QUEDENFELD - GRAND TREASURER, 2495 S QUEBEC #60, DENVER, CO 80231 303-759-5936	cords:	•	

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

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

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

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

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

☐ Check this box if neither the organization nor	any related	d orga	aniz	atıc	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	악고	ij	Q	<u>چ</u>	9.₹	7	from the	related organizations	other compensation
	related	dire	<u> </u>	Officer	y e	팔	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	cto	g		호	8 c	1	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	a		Key employee	ă	ŀ			organizations
	, i	tee	Institutional trustee		"	Highest compensated employee				•
			ě			ře d				
(4)	_									
(1) MARIAN EDWARDS	5	1			ļ					
CHAIRMAN, BOARD OF DIRECTORS			-			├				
(2) CHARLES DOWNING	5									
VICE CHAIR, BOARD OF DIRECTORS	_	✓		<u> </u>						
(3) SARA HADY	5	,								
SECRETARY, BOARD OF DIRECTORS		✓				_				
(4) JANICE JACOBIVITZ	5	,								
MEMBER, BOARD OF DIRECTORS		_	_							
(5) STEPHAN HAHN	5	,								
MEMBER, BOARD OF DIRECTORS		✓		_	-					
(6) GENIE WILCOX	30			١,	l					
WORTHY GRAND MATRON (PRESIDING OFFICER)	_	 -		✓	├					
(7) JAMES JARVIS	30			١,						
WORTHY GRAND PATRON				✓						
(8) CHERYLANN CRAVEN-LINDBLAD	30			١,			İ			
ASSOCIATE GRAND MATRON			_	✓	<u> </u>					
(9) BYRON WALKER	30			,			1			
ASSOCIATE GRAND PATRON				1						·
(10) VALERIE GRUNDVIG	40									
GRAND SECRETARY	_		-				_	16,919		
(11) LYNDA WINGATE	16									
GRAND TREASURER			_		<u> </u>	<u> </u>		6,345		
(12) PATRICIA MAMMENGA	20			١,		1		ļ		
GRAND CONDUCTRESS				✓	_					
(13) SHIRLEY DAY	20									
ASSOCIATE GRAND CONDUCTRESS			<u> </u>	✓	<u> </u>	├	<u> </u>			
(14) DAVID RAMSAY	10									
GRAND SENTINEL	<u> </u>	<u> </u>		✓			<u> </u>	<u> </u>		

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or directo	unles	eck s pe	tion more	hand Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	from ns	Estr amo comp fro orga and	(F) mated ount of ther ensation m the nization related nization	1
(15)		<u> </u>												
(16)														
(17)														
(18)														
(19)														
(20)												 -		
													_	
(21)														
(22)						_								
(23)														
(24)														
(25)											-+			
1b	Sub-total	<u> </u>	<u> </u>					<u> </u>	23,264					
C	Total from continuation sheets to Part			•	•		•	>	0	-				
d 2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic	t not limited					above	e) w	23,264 ho received m		00,000	of		
3	Did the organization list any former of	ficer. direc	tor. c	or tr	uste	ee.	kev e	ame	lovee. or high	est compe	nsated		Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for s	ıch	indi	vidi	ıal					3	✓	
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual	 or accrue co	 ompe	nsat	tion	 froi	n any	 un	related organiz	. . . zation or ind	 ıvıdual	4		✓
	for services rendered to the organization on B. Independent Contractors											5		✓
1	Complete this table for your five highest compensation from the organization. Repyear													
	(A) Name and business add	lress							(B) Description of s	ervices		(C) Compens	ation	_
							<u>.</u>					 .		
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed ab	ove) who				

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to	a any lina in this	Dort VIII		<u></u>
i I		Check if Schedule O contains a response of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 76,081				
S, E	С	Fundraising events 1c 6,254				
ar /	d	Related organizations 1d				
S, E	e	Government grants (contributions) 1e				
io io	f	All other contributions, gifts, grants,				
the the	ľ	and similar amounts not included above 11f 66,857				
ğğ	g	Noncash contributions included in lines 1a-1f: \$				
a Co	h	Total. Add lines 1a–1f	149,192			
		Business Code	1.0,102			
ē	2a			n en		
ě	b					·
<u>8</u>	c					
Program Service Revenue	d					
	_ _					
	f	All other program service revenue .				
P.	g	Total. Add lines 2a–2f ▶				*
	3	Investment income (including dividends, interest,				<u> </u>
		and other similar amounts)	-4,726			
	4	Income from investment of tax-exempt bond proceeds ▶	.,,,,,			
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents		i		
	b	Less rental expenses				
	c	Rental income or (loss)				
	ď	Net rental income or (loss)		- 1		
	7a	Gross amount from sales of (i) Securities (ii) Other	·			1
		assets other than inventory 2,400	1			
	b	Less, cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	2,400		-	
	-	The games (1888)	2,400			
Other Revenue	8a	Gross income from fundraising				
Ver		events (not including \$				
æ	ł	of contributions reported on line 1c)				
ē	ļ	See Part IV, line 18 a				
¥	b	Less: direct expenses b				
•	С	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities				
		See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a				· 	
	ь					
	С					
	d	All other revenue 19,709				
	е	Total. Add lines 11a-11d	19,709			
	12	Total revenue. See instructions ▶	166 575			

Form 99	00 (2014)				Page 10
Part	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			ns must complete co	olumn (A).
	Check if Schedule O contains a respons			<u> </u>	
	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 domestic organizations and domestic governments. See Part IV, line 21	32,992)
2	Grants and other assistance to domestic individuals. See Part IV, line 22	16,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	23,264			
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,324			
9 10 11	Other employee benefits	2,615			
a b	Management				
c d e	Accounting Lobbying				
f 9	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 13	Advertising and promotion	85 18,311			
14 15	Information technology				
16 17	Occupancy	6,000			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	10,028			
21 22	Payments to affiliates	3,926			
23 24	Insurance	2,396			
9	(A) amount, list line 24e expenses on Schedule O) GRAND OFFICER ALLOWANCES	7 240			· · · · · · · · · · · · · · · · · · ·
a b	SPECIAL ASSESSMENTS	7,310 4,558			
d d	All other evenence				
25	All other expenses Total functional expenses. Add lines 1 through 24e	132,809	· .		
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 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing 1 105,611 71,182 10,574 2 Savings and temporary cash investments 10.572 2 3 Pledges and grants receivable, net 3 0 0 4 4 994 957 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 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 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9,182 14,580 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 32,571 10c Less accumulated depreciation . . . 111,247 30.247 11 Investments—publicly traded securities 500,012 11 495,135 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 624.513 16 657,104 17 Accounts payable and accrued expenses . 17 551 659 18 18 18,179 16,896 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 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 18,730 26 17,555 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 Unrestricted net assets 27 28 28 Temporarily restricted net assets . . .

complete lines 30 through 34.

30

31

32

33

34

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund . . .

605,783

33,766

639,549

657,104

29

30

31

32

33

34

491,291

114,492

605,783

624,513

Form 9	90 (2014)			Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			•	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	66,57
2	Total expenses (must equal Part IX, column (A), line 25)	2		1:	32,809
3	Revenue less expenses Subtract line 2 from line 1	3			33,76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		60	05,783
5	Net unrealized gains (losses) on investments	5			(
6	Donated services and use of facilities	6			
7	Investment expenses	7	-		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6:	39,549
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain 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 comreviewed on a separate basis, consolidated basis, or both:		2a	-	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
_	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a			
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account	untant?	2c		
•	If the organization changed either its oversight process or selection process during the tax year, exchedule O. As a result of a federal award, was the organization required to undergo an audit or audits as est.	•			_

3b

Form **990** (2014)

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.

OMB No 1545-0047 20**14**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

84-0284775 GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Assets included in Form 990, Part X . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2014

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	ds, chec	k any of th	e follov	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	Othei	r			
С	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	on's collections a	and expla	in how t	hey further	the org	ganization's exe	empt purpose in Pari
5	During the year, did the organization assets to be sold to raise funds rather			-			•	
Part	V Escrow and Custodial Arra	ngements.						
	Complete if the organization	answered "Yes'	" to Forr	n 990, P	art IV, line	9, or	reported an a	mount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee,							not
	included on Form 990, Part X?							· 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing ta	able:			
								Amount
С	Beginning balance					10	;	
d	Additions during the year					10	1	
е	Distributions during the year					16		
f	Ending balance					11		
2a	Did the organization include an amoun					ustodia	l account liabili	ty? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the ex	planation	n has been	provide	ed in Part XIII	🗆
Part	V Endowment Funds.							
	Complete if the organization	answered "Yes'	" to Forr	n 990, P	art IV, line	10.		
•		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance						·	
b	Contributions							
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	ne current year en	d balanc	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmen	t ►	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%.					
3a	Are there endowment funds not in the	possession of th	ie organi:	zation tha	at are held	and ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organize		equired o	n Sched	ule R? .			. 3b
4	Describe in Part XIII the intended uses							
Part	VI Land, Buildings, and Equip	ment.			*			
	Complete if the organization		" to Forr	n 990, P	art IV, line	11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or ot (investme			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land		•	-				
b	Buildings							
c	Leasehold improvements	-						
d	Equipment		16,026				14,423	1,603
e	Other		125,468			_	96,824	28,644
	Add lines 1a through 1e. (Column (d) m	oust equal Form 9			n (B), line 10)c.) .	▶	30,247

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Obscription assert or security or clings (c) Method of valuation (Cost or end-of-year market value) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (3) Other (A) (3) Other (A) (4) (5) (6) (7) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VII	Investments—Other Securities.	yorod "Voo" to For	m 000	Dort IV line	11h Soo Form	000 Port V line 10
(2) Closely-held equity interests		(a) Description of security or category	reled tes to Foli			(c) Me	hod of valuation
(3) Other (A) (B) (C) (C) (D) (D) (C) (E) (F) (C) (C) (D) (C) (D) (E) (E) (F) (C) (C) (C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(1) Financial	derivatives		<u> </u>	-		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-h	eld equity interests					
G G G G G G G G	(3) Other						
Co Co Co Co Co Co Co Co	(A)						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Coal of end-of-year market value (c)	(B)						
(G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)						
(i) (ii) (iii) (iiii) (iiii) (iiiiiiiiii	(D)						
Total,	(E)						
(1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(F)						
Total.							
Investments							
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. 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							
(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. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part X: 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) (4) (5) (6) (7) (8) (9) 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. 1. (a) Description of hisbility (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part VIII			m 990.	Part IV. line	11c See Form	990 Part X line 13
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (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) (9) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Z. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						(c) Me	thod of valuation.
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Page	4

Part	·	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	_
b	Donated services and use of facilities	
С	Recoveries of prior year grants	_]
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	
	Total revenue Add lines 2 and 40. (This must equal Form 900, Part I line 12.)	5
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Return.
Part	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 Return.
Part	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 Return.
Part	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 Return.
Part 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	er Return.
Parti	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 Return.
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Parti	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 Return.
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Part 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	er Return.
Part 1 2 a b c d e 3 4	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 Return. 1 2e 3

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
Part XIII	Supplemental information (continued)	-
		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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2014	Open to Public Inspection
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OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 84-0284775 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR (b) EIN 1 (a) Name and address of organization or government Vame of the organization Part II Partl Ξ <u>8</u> (3) (4) (5) 9 |€ 8 9 (10) Schedule I (Form 990) (2014)

Cat No. 50055P

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

N

(11)

(12)

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

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

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. Schedule I (Form 990) (2014)

Part III Grants ar

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.

WHEN DONATIONS ARE RECEIVED FROM VARIOUS SUBSIDIARIES OR INDIVIDUALS, A LIABILITY ACCOUNT IS CREATED AND FUNDS ARE DEPOSITED INTO A SEPARATE BANK

ACCOUNT UNTIL JULY OF THE CURRENT YEAR. AT THAT TIME, A DISBURSEMENT CHECK IS ISSUED AND DISTRIBUTED TO SEVERAL RECIPIENTS. 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.

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

2014

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number**

GRAN	ND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR	84-02847	75		
Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person lister 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items				
	☐ First-class or charter travel ☐ Housing allowance or residence for personal	use			
	☐ Travel for companions ☐ Payments for business use of personal reside	ence			
	☐ 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	or reimbursement or provision of all of the expenses described above? If "No," complete P		4.		
	explain		1b		ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred directors, trustees, and officers, including the CEO/Executive Director, regarding the items check				
	1a?		2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of to organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods us related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	sed by a			
	☐ Compensation committee ☐ Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	☐ Form 990 of other organizations ☐ Approval by the board or compensation com	mittee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the file organization or a related organization:	ng			
а	Receive a severance payment or change-of-control payment?		4a		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		
C			4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa	rt III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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:				
а	The organization?		5a		[
b	Any related organization?		5b		
	II 165 to line 3a of 3b, describe in Fart III.				
6	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:				
а	The organization?		6a		
b	•		6b	_	
	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any	non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was started in the initial parameter asserting and accrued pursuant to a contract that was started in Parameters asserting 52 4058 4(a)(2)2 If "You"				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes,"		_		
	in Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure des	cribed in			

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Schedule J (Form 990) 2014

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 (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The Sum of columns (b)(I)-(III) for each listed midvidual must equal trie total amount of W-2 and/or 1099-MISC compensation	lor eac	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Detrement and	ra, application	(c) dried (e) drineden.	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred in prior Form 990
VALERIE GRUNDVIG 1 GRAND SECRETARY	€ €	16,919	0	0	0	0	16,919	
LYNDA WINGATE 2 GRAND TREASURER	EE	6,345	0	0	0	0	6,345	
	8							
6	(ii)							
	8							
4	€							
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	6						!	
16	Ξ							
							Sch	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part III Supplemental Information

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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.

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number 84-0284775

Name of the organization GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR

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 THE

COMPENSATION ARE VOTED ON AT THE TIME OF THE ANNUAL MEETING BY THOSE MEMBERS

IN ATTENDANCE.

PART VI - SECTION C - LINE 19 GOVERNING DOCUMENTS ARE INCLUDED IN A PUBLICATION CONTAINING THE CONSTITUTION,

BY-LAWS, AND FINANCIAL STATEMENTS.

PART XII - LINE 3(B)

A REVIEW COMMITTEE OF AT LEAST 3 MEMBERS IS APPOINTED ANNUALLY BY THE BOARD OF

DIRECTORS TO REVIEW ALL FINANCIAL RECORDS.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
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