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Form	フフU

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

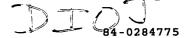
► Do not enter social security numbers on this form as it may be made public. ☐ ☐ ☐ Information about Form 990 and its instructions is at www.irs.gov/form990!

Open to Public Inspection

A	For the	2016 cale	ndar year, or tax year beginning AUGUST 1 , 2016, and ending	JUL	Y 31	, 20 17		
В	Check if	applicable	C Name of organization GRAND CHAPTER OF COLORADO, OES		D Employer identification number			
	Address	change	Doing business as ORDER OF THE EASTERN STAR			84-0284775		
\Box	Name ch	ange	Number and street (or P.O box if mail is not delivered to street address) Room/suite		E Telephor	ne number		
$\overline{\Box}$	Initial retu	•	2495 S QUEBEC STREET #60	ı		303-759-5936		
Ħ		n/terminated						
\exists	Amended		DENVER, CO 80231-6068	l	G Gross re	ceipts \$ 134,597		
\exists		on pending		le this a ar		subordinates? Yes No		
	пррисан	on pending				s included? Yes No		
	Tay ayan	npt status	☐ 501(c)(3) ☐ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 O			list (see instructions)		
<u>-</u>	Website:				exemption			
ĸ			☐ Corporation ☐ Trust ☑ Association ☐ Other ► ☐ L Year of formation	1892	T	of legal domicile CO		
	art I	Summ		1072	IN Otate	or legal dornicle OO		
			escribe the organization's mission or most significant activities: PROVIDE CH	IADITA	BIE EDI	ICATIONAL		
Ф	{ '	-	NAL, AND SCIENTIFIC SCHOLARSHIPS AND DONATIONS FOR INDIVIDUALS AND		-			
SIC.	-	- IXAI LIXI	VAL, AND SCIENTING SCHOLARSHIPS AND DONATIONS FOR INDIVIDUALS AND	OKOF	11127110	143		
Activities & Governance	2	Chook th	is box ▶☐ if the organization discontinued its operations or disposed of more	o than	250/ of	ita not appote		
Š	I		The state of the s		t I			
Ö	1		of voting members of the governing body (Part VI, line 1a)		3	273		
8			of independent voting members of the governing body (Part VI, line 1b)					
Ę			mber of individuals employed in calendar year 2016 (Part V, line 2a)		5	2 2000		
Ę	1		mber of volunteers (estimate if necessary)		6	2800		
⋖	1		related business revenue from Part VIII, column (C), line 12		7a	0		
_	b	ivet unrei	lated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year		
	1	0 - 4-4	\					
9	1		tions and grants (Part VIII, line 1h)		124,243	84,881		
ē			service revenue (Part VIII, line 2g)		0	0		
Revenue			ent income (Part VIII, column (A), lines 3, 4, and 7d)		-19,176	39,538		
-			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,316	10,178		
			enue-Ladd lines 8 through 11 (must equal Part VIII, column (A), line 12)		122,383	134,597		
i	কুত্ত	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		19,000	12,653		
- 1			paid to or for members (Part IX, column (A), line 4)		0	0		
S			other compensation, employee benefits (Part IX, column (A), lines 5-10)		29,350	27,607		
ä			onal fundraising fees (Part IX, column (A), line 11e)		0	0		
Expense			draising expenses (Part IX, column (D), line 25) ▶					
			penses (Rant IX, column (A), lines 11a–11d, 11f–24e)		34,864	37,082		
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		92,214	77,342		
		Revenue	less expenses. Subtract line 18 from line 12		30,169	57,255		
s or					rrent Year	End of Year		
ssets 3alan	20		ets (Part X, line 16)		622,585	718,103		
Net Ass Fund Ba	21		ilities (Part X, line 26)		12,151	10,413		
			ts or fund balances. Subtract line 21 from line 20		650,435	707,690		
L	art II	Signat	ture Block					
			iry, I declare that I have examined this return, including accompanying schedules and statements, a			ny knowledge and belief, it is		
	e, correct,	, and compi	lete. Declaration of preparer (other than officer) is based on all information of which preparer has an	y knowi	eage. 			
۵.			Dara Hady	L_	12-	<u> 11-17 </u>		
Sig		Sign	ature of officer	Da	té			
He	re	 	SARA HADY, CHR. BOARDO	<u>5 F</u>	VI	RECTORS		
			e or print name and title					
Pa	id	Print/Ty	pe preparer's name Preparer's signature Date		Check			
	epare	r			self-em	ployed		
	e Only		name •	Firm	r's EIN ►			
		Firm's a	ddress ▶	Pho	ne no.			
Ma	y the IR	S discuss	s this return with the preparer shown above? (see instructions)	<u> </u>	·_•	Yes No		
For	Paperw	ork Redu	ction Act Notice, see the separate instructions. Cat. No. 1128	32Y		Form 990 (2016)		



Pa	rt III Statement of Program Service Accomplishments		04-020477	J rage z
<u></u>	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:	· · · · · · · · · · · · · · · · · · ·	• •	<u> </u>
•	Provide scholarships and donations to individuals and organizations	. fow show	.d. 4 = 1 =	
	educational, fraternal and scientific purposes.	or char	itable,	
	educational, listernal and scientific pulposes.			
2	Did the organization undertake any significant program services during the year which were not listed or	n the		
_	prior Form 990 or 990-EZ?		. Tyes	X No
	If "Yes," describe these new services on Schedule O.			<u></u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program			
	services?		. 🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.			<u></u>
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as meas	sured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants are the total expenses, and revenue, if any, for each program service reported.			
4a	(Code) (Expenses \$ 77,342 including grants of \$) (Revenue	\$	<u> </u>
-	Grants to other Masonic bodies and Fraternal meetings	, (1.0001100	<u> </u>	
			····	
				
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	<u> </u>
		, (, (5) 5), 45	*	
			-	
		· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	<u> </u>
		, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	—	
				···
				· · · · · · · · · · · · · · · · · · ·
				
				
				
				
				
1d	Other program services (Describe in Schedule O.)	 		
			,	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 77, 342)	



Form 990 (2016)

Form 990 (2016) Page 3 Grand Chapter of Colorado OES Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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, 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 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 14a

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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 Χ 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X 17

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х

EEA

Form 990 (2016)

Part IV Checklist of Required Schedules (continued) No Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х 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 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 Х 23 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 Х 24a 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 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 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 Х 26 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 Х 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); Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 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.

Part				
	Check if Schedule O contains a response or note to any line in this Part V		· · ·	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	110
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
Za				ŀ
L	otationicities, med for the daterious year entaining with or within the year develope by the return.	2b	~	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	20		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		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	30		
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		1
	·	44		
b	If "Yes," enter the name of the foreign country:			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	5a		~
5a	, , , , , , , , , , , , , , , , , , ,	5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		+
6a		6a		1
h	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		⊬
b		6b		1
_	gifts were not tax deductible?	60		
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?	70		1
		7a 7b	-	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	\vdash	+
С	required to file Form 8282?	7c		/
	·		p. Fr.	
d	Too, indicate the number of terms of the during the year.	7e		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 6	├	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7g		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h	-	1
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	/:-		
8		8		V
^	sponsoring organization have excess business holdings at any time during the year?	å		
9	Sponsoring organizations maintaining donor advised funds.	9a		V
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	i	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a)	-		
b	around the property of the pro	- 8		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			di .
a b	Gross income from members or shareholders			
U	against amounts due or received from them.)			
40-		12a		V
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 12b	128		
_b	•			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		4.7
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
B	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
C	Enter the amount of reserves on hand	4.4		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+-	10
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	1	1

Part		rough 7b below,	and i	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · · ·	• •	<u>···</u>	<u> </u>
3601	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 273			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 273			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		~
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth	er person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		~
5	Did the organization become aware during the year of a significant diversion of the organization by the organization have members or stockholders?		5 6	~	~
6 7a	Did the organization have members or stockholders?				
	one or more members of the governing body?		7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,			
	stockholders, or persons other than the governing body?		7b	1	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during			
а	The governing body?		8a	~	<u></u>
р	Each committee with authority to act on behalf of the governing body?		_8b	~	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	~	
Secti	on B. Policies (This Section B requests information about policies not required by the				
<u> </u>	on bit one to this cool on broquette information about policies not required by the			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	۷	
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b	~	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the c		11a		/
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990		12a		V
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 gi		12b	<u> </u>	1
C	Did the organization regularly and consistently monitor and enforce compliance with the				
	describe in Schedule O how this was done		12c	1	~
13	Did the organization have a written whistleblower policy?		13		~
14	Did the organization have a written document retention and destruction policy?		14	~	
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 deliberatio		45		
a	The organization's CEO, Executive Director, or top management official		15a 15b	V	~
b	Other officers or key employees of the organization		130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	nilar arrangement			
	with a taxable entity during the year?	-	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps		<u> </u>		
	organization's exempt status with respect to such arrangements?	<u> </u>	16b	<u> </u>	~
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed COLORADO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and 990-T /Section	n 501	(C)(3)	s only
.0	available for public inspection. Indicate how you made these available. Check all that apply.	una 000-1 (060110	50 11	(5)(5)8	July)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in So				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docum	ents, conflict of in	terest	polic	y, and
00	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organizat		cords	: ▶	

Part VII	Compensation of Officers, Directors, Trustees	, Key Employees	Highest Compensate	d 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 organization compensated any current officer, director, or trustee.												
(C)												
(A)	(B)				ition			(D)	(E)	(F)		
Name and Title	Average					than c		Reportable	Reportable	Estimated		
· · · · · · · · · · · · · · · · · · ·	hours per	er officer and		box, unless person is both an officer and a director/trustee)						compensation	compensation from	amount of
	week (list any hours for	익물	Ĕ	Q	\$	육표	Ţ	from the	related organizations	other compensation		
	related	Individual trustee or director	atitu	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the		
	organizations below dotted	ctel	l on	`	恴	/e co		(W-2/1099-MISC)		organization and related		
	line)	trus	# #		yee	mg				organizations		
	1	e e	Institutional trustee	!		Highest compensated employee		1				
			L			e e						
(1) SARA HADY	5											
CHAIRWOMAN, BOARD OF DIRECTORS		1										
(2) JANICE JACOBOWITZ	5			-								
VICE CHAIR, BOARD OF DIRECTORS		1		İ	İ							
(3) TRUDE DAVIS	5											
SECRETARY, BOARD OF DIRECTORS		1			ŀ		İ					
(4) DAVID WILCOX	5											
MEMBER, BOARD OF DIRECTORS		1					Ì					
(5) ROBERT HARPER	5						Π					
MEMBER, BOARD OF DIRECTORS		/	ļ									
(6) PATRICIA MAMMENGA	30											
WORTHY GRAND MATRON			L	~	┖		乚					
(7) DAVID RAMSAY	30											
WORTHY GRAND PATRON		<u> </u>	<u> </u>	1	L.	<u> </u>						
(8) RENE BALLINGER	40]										
GRAND SECRETARY		ļ		ļ	~	<u> </u>	<u> </u>	18,486				
(9) JILL QUEDENFELD	20]										
GRAND TREASURER			ļ	┞-	"	<u> </u>	<u> </u>	6,932				
(10) SHIRLEY DAY	20]			ļ	1	}	1	1			
ASSOCIATE GRAND MATRON			$oxed{igspace}$	~	<u> </u>	<u> </u>	ļ.,					
(11) LES SAYLOR	20]			İ							
ASSOCIATE GRAND PATRON			<u> </u>	~	<u> </u>	<u> </u>	<u> </u>	ļ				
(12) LYNDA WINGATE	20		i									
GRAND CONDUCTRESS		<u> </u>	↓	~	 	 _	<u> </u>	<u></u>				
(13) MIKE BREWER	10			1			ĺ	{	1			
GRAND SENTINEL			1_	~	<u> </u>	<u> </u>	_	<u> </u>				
(14) ANNA PETERSON	10				l			1				
ASSOCIATE GRAND CONDUCTRESS	1	1	1	1	1		1	1				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI		other compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)								_				
(19)						\vdash		_				
(20)												
(21)											+	· · · · · · · · · · · · · · · · · · ·
(22)										}		
(23)								-				
(24)								-				<u>.</u>
(25)								<u> </u>				
1b c d	Sub-total	VII, Section	n A				 	> > >	25,418 0 25,418			
2	Total number of individuals (including bu reportable compensation from the organ	t not limite						e) w	_ 	ore than \$10	00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	l for s	uch	ınc	livid	ual					Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$ 	150	,00	0? <i>i</i>	if "Υε 	es," •	complete Sci	hedule J for	r such 	4 0
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c ? If "Yes,"	ompe comp	ensa lete	tior Sc	n fro hed	m an ule J	y ur <i>for</i>	nrelated organi such person	zation or ind	lıvidual · ·	5 /
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Reyear.	compensa	ted in ensati	dep ion f	end for t	tent he	cont	ract dar	tors that receiv year ending wi	ed more thatth or within the	n \$100,i the orga	000 of Inization's tax
	(A) Name and business add	dress							(B) Description of	services	С	(C) ompensation
								_				
						_						
2	Total number of independent contractor received more than \$100,000 of compens							o t	hose listed at	oove) who		

Part	VIII	Statement of Revenue				<u> </u>	
_,		Check if Schedule O contains a response or	note to any line in t	hıs Part VIII			[
	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b		62,750				0.201
ي ق	C		2,380				
ifts lar A	d		2,300		-		
s, G	е				:		
ter (f	All other contributions, gifts, grants,		:			
Ęŧ		and similar amounts not included above 1f	19,751				
and	g	Noncash contributions included in lines 1a-1f:			}		
	<u>h</u>	Total. Add lines 1a-1f		84,881			
			Business Code				
Program Service Revenue	2a						
λ Ş	b						
9 <u>A</u> IC	C						
n Sei	ď						
gran	e	AH ath and an area and a					
5		All other program service revenue .					
	ì	Total. Add lines 2a-2f		-			
	3	Investment income (including dividends, interes and other similar amounts)	t, ▶	39,538	39,538		
	4	Income from investment of tax-exempt bond pro		33,330	35,330		
	5	Royalties	F				
		(ı) Real	(II) Personal	•	, , , , , , , , , , , , , , , , , , , 	,	
	6a	Gross rents					
	b	Less: rental expenses.	···········				
	С	Rental income or (loss) .					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Secunties	(II) Other				
	ь	Less cost or other basis and sales expenses			ļ		
		Gain or (loss)			ŀ		
ø.	d	Net gain or (loss)	>			····	
Ž	8a	Gross income from fundraising	•				
Other Revenu		events (not including \$ 2,380					
<u> </u>		of contributions reported on line 1c).					
Ě		See Part IV, line 18 a			1		
Ŭ		Less. direct expenses b Net income or (loss) from fundraising events					
		Gross income from gaming activities	<u> </u>				
		See Part IV, line 19					
	b	Less direct expenses b	,				
		Net income or (loss) from gaming activities		ĺ	1		Ì
		Gross sales of inventory, less					
		returns and allowances			[
		Less cost of goods sold b	-				
	С	Net income or (loss) from sales of inventory		Ī			
		Miscellaneous Revenue	Business Code				
	11a	Grand Chapter Session	110000	10,178	10,178		
	b						
	C						
		All other revenue				·	
		Total. Add lines 11a-11d		10,178			
	12	Total revenue. See instructions	<u></u> ▶_	134,597	49,716		d o

Part IX Statement of Functional Expenses

000	Check if Schedule O contains a response or note to				
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	, , , <u>.</u> (D)
	9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21		ļ		
2	Grants and other assistance to domestic				······
_	individuals. See Part IV, line 22	12,653	12,653		
3	Grants and other assistance to foreign	12,033	12,033		
Ŭ	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	- DC1				
5	Compensation of current officers, directors,				
•	Annahara and La	25,418	25,418		
6	Compensation not included above, to disqualified	25,416	23,410		
Ū	persons (as defined under section 4958(f)(1)) and	:			
	persons described in section 4958(c)(3)(B)				
7					
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions) .	1		1	
9	Other employee benefits		1	-	
10		2,189	2 100		
11	Payroll taxes Fees for services (non-employees):	2,169	2,189		
'' a	Management				
b	Legal				
C					
d	Lobbying	-			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	-			
q	Other (If line 11g amount exceeds 10% of line 25, column				
y	(4)				
12					
13		10 206	10 206		
14	Office expenses	12,306	12,306		
15	Information technology	252	252		
16	Royalties	6 770	6 710		
17	Occupancy	6,710	6,710		
18	Payments of travel or entertainment expenses	852	852		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4 500	4 502		
20		4,592	4,592		
20 21	Interest				
22	Depreciation, depletion, and amortization	2 355	2 355		
22 23	Insurance	2,355	2,355		
23 24	Other expenses litemize expenses not covered	1,922	1,922		
4	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.)				
_	· · · · · · · · · · · · · · · · · · ·	4.550	4 550		
a b	Grand Officer Allowances General Grand Chapter Assess	4,750	4,750		
-	General Grand Chapter Assess	3,343	3,343		
c d					
_	All other expenses				
9 25	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	77,342	77,342	0	0
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			<u> </u>	

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 136,341 1 154,389 Savings and temporary cash investments 2 10,575 2 10,576 Pledges and grants receivable, net . 3 3 4 Accounts receivable, net . 4 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 6 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 Inventories for sale or use 12,917 8 11,010 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D . . . | 10a 144,100 b 28,114 10c 28,257 11 Investments - publicly traded securities 474,639 11 513,871 Investments - other securities See Part IV, line 11 . . . 12 12 13 Investments - program-related See Part IV, line 11. 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11... 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 662,586 16 718,103 17 276 17 764 18 11,875 18 9,649 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 Total liabilities. Add lines 17 through 25 . 12,151 26 10,413 Organizations that follow SFAS 117 (ASC 958), check here $\,\blacktriangleright\,\,\Box$ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 650,435 32 707,690 33 650,435 33 707,690 Total liabilities and net assets/fund balances 662,586 34 718,103

Form	1990(2016) Grand Chapter of Colorado OES	84-028477	5	Pa	ge 12			
Pa	rt 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		134,5	597			
2	Total expenses (must equal Part IX, column (A), line 25)	2		77,3	342			
3	, - 							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		550,4	135			
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			0			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line							
	_ 33, column (B))	. 10		707,6	590			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O			•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Ī	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c					
	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			Ì				
	the Single Audit Act and OMB Circular A-133?		3a		Х			
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		3b					
EEA	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		Form	990 (2016)			

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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Employer identification number

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name o	the organization		Employer identification number
GRAN	CHAPTER OF COLORADO, ORDER OF THE EASTER		84-0284775
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	ds or Accounts.
	Complete if the organization answered		
		(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 funds are the organization's property, subject to the	advisors in writing that the assets he	neld in donor advised ol? Yes . No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that gra fit of the donor or donor advisor, or t	nt funds can be used for any other purpose
Par			
ı aı	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7	
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization h	e organization (check all that apply). ation or education) Preservation of	of a historically important land area of a certified historic structure on in the form 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 easemen	its	2b
C	Number of conservation easements on a certified		
d			· · 2d
3	Number of conservation easements modified, trantax year ▶	nsferred, released, extinguished, or ter	minated by the organization during the
4 5	Number of states where property subject to consecutive Does the organization have a written policy reviolations, and enforcement of the conservation earlier to the conser	egarding the periodic monitoring, in	
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
8			· · · · · · 🗀 Yes 🗆 No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's finents.	nancial statements that describes the
	Organizations Maintaining Collection Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	J
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	ar assets held for public exhibition, e	ducation, or research in furtherance of
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts related to the state of the public service, provide the following amounts related to the state of the st	ar assets held for public exhibition, earting to these items:	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line(ii) Assets included in Form 990, Part X	1	▶ \$
	(ii) Assets included in Form 990, Part X		· · · · • \$
2	If the organization received or held works of ar following amounts required to be reported under	t, historical treasures, or other simila SFAS 116 (ASC 958) relating to these	ar assets for financial gain, provide the items:
а	Revenue included on Form 990, Part VIII, line 1		· · · · ▶ \$
b	Assets included in Form 990, Part X		· · · · ▶ \$

D	
rage	4

	Form 990) 2	016
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Part III Organizations Maintaining Collections of Art, Histori	ical Treasures, or	Other Similar As	sets (continued)
3 Using the organization's acquisition, accession, and other records,	check any of the foll	owing that are a si	gnificant use of its
 collection items (check all that apply): 			
a ☐ Public exhibition d ☐	Loan or exchange pro	ograms	
b ☐ Scholarly research e ☐	Other		
c Preservation for future generations			
4 Provide a description of the organization's collections and explain h	how they further the o	organization's exem	npt purpose in Part
XIII.			
5 During the year, did the organization solicit or receive donations of	f art, historical treasu	res, or other simila	ar
assets to be sold to raise funds rather than to be maintained as part	of the organization's	collection?	☐ Yes ☐ No
Part IV Escrow and Custodial Arrangements.			
Complete if the organization answered "Yes" on Form 9	990, Part IV, line 9, o	or reported an am	nount on Form
990, Part X, line 21.			
1a Is the organization an agent, trustee, custodian or other intermedia			
included on Form 990, Part X?			☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII and complete the follow	ving table:		
		Aı	mount
c Beginning balance	[1c	
d Additions during the year	[1d	
e Distributions during the year		1e	
f Ending balance	[1f	
2a Did the organization include an amount on Form 990, Part X, line 21	, for escrow or custod	dial account liability	? 🗌 Yes 🗌 No
b If "Yes," explain the arrangement in Part XIII. Check here if the explain	anation has been prov	ided on Part XIII .	🗆 _
Part V Endowment Funds.			
Complete if the organization answered "Yes" on Form 9	990, Part IV, line 10.		
(a) Current year (b) Prior year	ear (c) Two years bac	k (d) Three years back	(e) Four years back
1a Beginning of year balance			
b Contributions			
c Net investment earnings, gains, and			
losses			
d Grants or scholarships			
e Other expenditures for facilities and			
programs			
f Administrative expenses			
g End of year balance			
2 Provide the estimated percentage of the current year end balance (I	ine 1g. column (a)) he	ld as:	
a Board designated or quasi-endowment ▶ %	3, (),		
b Permanent endowment ▶%			
c Temporarily restricted endowment ▶ %			
The percentages on lines 2a, 2b, and 2c should equal 100%.			
3a Are there endowment funds not in the possession of the organizati	on that are held and	administered for th	ne
organization by:			Yes No
(i) unrelated organizations			3a(i)
(ii) related organizations			3a(ii)
b If "Yes" on line 3a(ii), are the related organizations listed as required			3b
4 Describe in Part XIII the intended uses of the organization's endown			
Part VI Land, Buildings, and Equipment.			
Complete if the organization answered "Yes" on Form	990. Part IV. line 11	a. See Form 990.	Part X. line 10.
		c) Accumulated	(d) Book value
(investment)	(other)	depreciation	(4) 20011 12:20
1a Land			
b Buildings			
c Leasehold improvements			
d Equipment		15,028	998
e Other		100,815	27,259
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, c	column (B) line 10c)		28,257

Part VII	Investments—Other Securities. Complete if the organization answers		m 000) Part IV line	a 11b. See Form	000 Part V line 12
·——						hod of valuation
·	(a) Description of security or category (including name of security)		(0)	Book value		of valuation of-year market value
(1) Financial						
	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments-Program Related	d.	<u> </u>			
	Complete if the organization answ		rm 990), Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment			Book value	(c) Met	thod of valuation -of-year market value
(4)					Cost of end	-oi-yeai market value
(1)	· . · -		 			
(2)			 			
(3)			 			
(4)						
(5)						
(6)			 			
(7)			 	 	· · · · · · · · · · · · · · · · · · ·	
(8)			├		<u>-</u>	
(9) Tabel (Calcase 4)	15 - 200 D + V - 1 (D) L - 40 L D		 			
	n) must equal Form 990, Part X, col. (B) line 13.)		.l			
Part IX	Other Assets.	1004 11 -			44.1.0 5.	000 D. 4 V. Bros. 45
	Complete if the organization ans		rm 990	o, Part IV, IIn	e 11a. See Form	
		a) Description		·	·	(b) Book value
_(1)						
(2)					·	
_(3)						
(4)						
(5)					· · · · · · · · · · · · · · · · · · ·	
(6)						
(7)						
(8)						
(9)						
Total. (Colur	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			<u></u> ▶	
Part X	Other Liabilities.					
	Complete if the organization ans	wered "Yes" on Fo	rm 99	0, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2)						
(3)						
(4)						
(5)						
(6)		 				
		 				
(7)		 				
(8)		ļ <u>-</u>				
(9)						
	must equal Form 990, Part X, col. (B) line 25.)					
Liability for	uncertain tax positions. In Part XIII, prov	ide the text of the footi	note to	the organizatio	n's financial statem	ents 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

		_	
			Page 4
			Page 🕶
_		_	
_			
	_		
_	_		
	_		
_			
	_		

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . Amounts included on line 1 but not on Form 990, Part VIII, line 12: **b** Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . . . Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a **b** Prior year adjustments 2b d Other (Describe in Part XIII.) . . . e Add lines 2a through 2d . . Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 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.

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

Schedule D (Form 990) 2016

Part XI^b

chedule D (For	m 990) 2016	Page 3
Part XIII	Supplemental Information (continued)	
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SCHEDULE 1 (Form 990)

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

2016	4

OMB No. 1545-0047

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► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

84-0284775

Part I General Information on Grants and Assistance	s and Assistance				:	
1 Does the organization maintain records to substantiate th	to substantiate the amo	ount of the grants or	assistance, the g	rantees' eligibility for	le amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance?	grants or assistance?					· □ Yes □ No
2 Describe in Part IV the organization's procedures for mon	ocedures for monitoring	itoring the use of grant funds in the United States.	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form on Day IV line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	to Domestic Organi	zations and Don	Dart II can be d	lents. Complete in the interior of the interio	f the organization answer	red "Yes" on Form
1 (a) Name and address of organization or government	(f applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
ω						
(8)						
(6)						
(10)						
(11)						
(12)						
2 Enter total number of section 501(c)(3) and government of Enter total number of other organizations listed in the line	and government organization listed in the line 1 table	rganizations listed in the line 1 table	line 1 table			A A
1 2	יטן.			Cat. No. 50055P		Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance WHEN DONATIONS ARE RECEIVED FROM VARIOUS SUBORDINATE CHAPTERS, OR INDIVIDUALS, THE FUNDS ARE HELD IN A SHORT TERM LIABILITY ACCOUNT AND DEPOSITED LEARNING INSTITUTION WHERE THE AWARD RECIPIENT WILL ATTEND COURSES. A COPY OF THE AWARDED AMOUNT IS SENT TO THE RECIPIENT ALONG WITH THEIR AWARD INTO A SEPARATE BANK ACCOUNT UNTIL JULY OF THE CURRENT YEAR. AT THAT TIME, A DISBURSEMENT CHECK IS ISSUED TO THE UNIVERSITY OR SCHOOL OR OTHER Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance NOTIFICATION ALL TRANSACTIONS ARE REPORTED TO AND MONITORED BY THE BOARD OF DIRECTORS. 5,891 6,762 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients က 2 1 GLENN MONROE YOUTH SCHOLARSHIP (a) Type of grant or assistance 2 ESTAR Part IV Part III က 4 S 9

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR

84-0284775

Part	Questions Regarding Compensation				
1a		ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.		Yes	No
	☐ First-class or charter travel ☐ Travel for companions	Housing allowance or residence for personal use Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
b	or reimbursement or provision of all of the ex	he organization follow a written policy regarding payment penses described above? If "No," complete Part III to	415		
_	·		1b		
2		or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line	2		
3	organization's CEO/Executive Director. Check all t	ganization used to establish the compensation of the hat apply. Do not check any boxes for methods used by a the CEO/Executive Director, but explain in Part III.			ì
	☐ Compensation committee	☐ Written employment contract			
	☐ Independent compensation consultant	☐ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 organization or a related organization:	D, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control		4a		<u> </u>
b	Participate in, or receive payment from, a supplem		4b		
С	Participate in, or receive payment from, an equity- If "Yes" to any of lines 4a-c, list the persons and p	based compensation arrangement?	4c		
					i) 1: 1:
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of:) :		
а	The organization?		5a		
b	Any related organization?		5b		
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:				
а	The organization?		6a		<u> </u>
b	Any related organization?		6b		
7		ion A, line 1a, did the organization provide any nonfixed "describe in Part III	7		
8	to the initial contract exception described in	, paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8		
9		ollow the rebuttable presumption procedure described in	9		

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Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on 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 aren't 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.

(P) Breakdown of VV-2 and Ale Commencestion		(B) Breakdown o	f W-2 and/or 1099-Mis	SC compensation		and application of the		I tilat illdividual.
:		2000	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City Other	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) base compensation	(II) Bonus & incentive compensation	reportable compensation	compensation	Derrents		as deferred on prior Form 990
RENE BALLINGER	8	18,486	0	0	0	0	18,486	0
1 GRAND SECRETARY	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				• • • • • • • • • • • • • • • • • • •		
JILL OUEDENFELD	ε	6,932	0	0	0	0	6,932	0
2 GRAND TREASURER	8							• • • • • • • • • • • • • • • • • • •
	8							
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	8							
4	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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9	(ii)							
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11	(E)							
	8	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
12	(3)							1
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13	E							
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14	(1)							
	()						100000000000000000000000000000000000000	
15	Ξ							
	8			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100000000000000000000000000000000000000			
16	(3)							

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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.

Open to Public Inspection

Name of the organization **Employer identification number** GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR 84-0284775 01. PART VI -- SECTION A -- LINE 1A ALL MEMBERS ARE ELIGIBLE TO VOTE AND THOSE MEMBERS ATTENDING THE ANNUAL MEETING ARE THE VOTING MEMBES OF THE GOVERNING BODY 02 PART VI -- SECTION B -- LINE 11A A REVIEW COMMITTEE OF AT LEAST 3 MEMBERS IS APPOINTED ANNUALLY BY THE BOARD OF DIRECTORS TO REVIEW ALL FINANCIAL RECORDS. 03. PART VI -- SECTION B -- LINE 15B COMPENSATION IS DOCUMENTED IN THE PUBLISHED CONSTITUTION ANY CHANGES IN THE RATE OR MANNER OF COMPENSATION IS VOTED UPON AT THE TIME OF THE ANNUAL MEETING BY THOSE MEMBERS IN ATTENDANCE 04. PART VI -- SECTION C -- LINE 19 GOVERNING DOCUMENTS ARE INCLUDED IN A PUBLICATION CONTAINING THE CONSTITUTION, BY-LAWS, AND ANNUAL FINANCIAL STATEMENTS. A REVIEW COMMITTEE OF AT LEAST 3 MEMBERS IS APPOINTED ANNUALLY BY THE BOARD OF 05. PART XII -- LINE 3B **DIRECTORS TO REVIEW ALL FINANCIAL RECORDS.**

Schedule O (Form 990 or 990-EZ) (2016)	F
Name of the organization GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR	Employer identification number 84-0284775
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