**C**\_

		~ /.	T10					_
1 1	. 990	<b>)</b> ( .	Return of (	Organization E	xemnt From	Income Ta	a Y	OMB No. 1545-0047
+ arn			1 Jr G- //	<del>-</del>	-			2017
		7	Under section 501(c), 527					L
Depa	artment of the	Treasury	/ <b>1</b>	ocial security numbers .irs.gov/Form990 for ins			็เ <i>80</i> 7	Open to Public Inspection
_	For the 20		endar year, or tax year begin		, 2017, and e		Y 31	, 20 18
	Check if app					1041g 301		r identification number
	Address cha		Doing business as ORDER				- Employe	84-0284775
	Name chance	•	Number and street (or P.O. box			m/suite	E Telephone	<del></del>
_	Initial return	,-	2495 S QUEBEC ST		·	60	•	303-759-5936
	Final return/te	rminated	City or town, state or province,	, country, and ZIP or foreign	postal code			
	Amended re	turn	DENVER, CO 80231-6068				G Gross rec	elpts \$ 17193
	Application	pending	F Name and address of principal	officer:		H(a) Is this a g	roup return for su	bordinates? 🗌 Yes 🗹 No
	_		SHIRLEY DAY, 122 CAPITA		SPGS, CO 80829			included? 🗌 Yes 🔲 No
<u></u>	Tax-exempt	status:	☐ 501(c)(3) 🗹 50	11(c) ( 8 ) ◀ (Insert no.)	4947(a)(1) or 52	OB If "N	o," attach a l	ist. (see instructions)
	Website: ▶		w.oes-colorado.org		<b>.</b>	H(c) Group	exemption n	umber ► 134.597
			<del></del>	sociation	L Year of fo	rmation: 1892	M State o	f legal domicile: CO
P		Summ	<del></del>					<del></del> _
_		-	escribe the organization's r		****	****		
Governance	<u></u> -	CALERI	NAL AND SCIENTIFIC SCHO	LARSHIPS AND DONA	HONS FOR INDIVIDU	JALS AND ORGA	NIZATION	S.
Ē	A		in how b [] if the arraning				000/ -414	
8	ı .		is box ▶☐ if the organizat		-	ed of more than	1 - 1	
ڻ مع	t		of voting members of the o of independent voting mer		•	 16)	4	28
es			mber of individuals employ	_	• • •	10)	<del>       </del>	20
Activities &			mber of volunteers (estimate			<del></del>	6	303
Act			elated business revenue fr		RECEIV	ED	7a	
			lated business taxable inco			9	7b	·····
					B JAN TO	19 Prior Ye		Current Year
<b>.</b>	8 Cc	ontribu	84881	107761				
ž			service revenue (Part VIII,	0	41072			
Revenue	10 Inv	estme	ent income (Part VIII, colum	18499				
Œ	11 01	her rev	venue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 1	0c, and 11e)		10178	4604
_	<b>12</b> To	tal rev	enue-add lines 8 through	11 (must equal Part VII	l, column (A), line 12	)	134597	171936
			nd similar amounts paid (P			•	12653	32053
			paid to or for members (Pa		•		0	
nses			other compensation, employ	= -			27607	30744
ens			onal fundraising fees (Part I				0	(
Ехрет	1		draising expenses (Part IX,				2.40	
ш			penses (Part IX, column (A)			·	37082	85852
	18 To	tal exp	penses. Add lines 13-17 (m	nust equal Partition		·	77342	148649
	<b>19</b> Re	venue	less expenses. Subtract li			Basissias et O	57255	23287 End of Year
Net Assets or Fund Balances	00 To	4-1	oto (Dout V. Eno 46)	MAR	0 4 2019	Beginning of Cu	<del></del>	
Bata			sets (Part X, line 16)			·	718103	74076
			oilities (Part X, line 26) ts or fund balances. Subtra	ant line 31 from GI		70-	10413	9792 730976
_			ture Block	act line at mortificate	EN, UT	. 10	16 10	730976
Und	der penalties	of perju	ry, I declare that I have examined lete. Declaration of preparer (other					y knowledge and belief, it i
	1	7	Cuis A Dart	<u> </u>		<del></del>	1-5-6	2019
Sig	ın İ	Sign	ature of officer	(A) (A)		Da		<del></del>
He	1 '	, y	hairman - Boar	Divid 20 h	docs_			
		Type	or print name and title	<u></u>				······································
D-	id 1	Print/Ty	pe preparer's name	Preparer's signature		Date	Check	] # PTIN
Pa	onarer						self-emple	

Firm's address ▶

**Preparer** 

Firm's EIN ▶

Phone no.

οιπ 98 Part	00 (2017) 	ent of Program Service	Accomplishments		F
Part			response or note to any line in this Pa	art III	
1		be the organization's missi		211111111111111111111111111111111111111	<del></del>
•	•	<del>-</del>	ONS TO INDIVIDUALS AND ORGANIZATION	INS FOR CHARITARI F EDUCATIO	NΔI
		AND SCIENTIFIC PURPOSES			
	1 1/41 ENIGAE		J.		
2			nificant program services during the year	_	_
	•				⊒Yes 🗹
_		ribe these new services or			
3			g, or make significant changes in h		<b>_</b>
					]Yes 🗹
		ribe these changes on Scl			
4	expenses. Se	ection 501(c)(3) and 501(c)	ervice accomplishments for each of its (4) organizations are required to report for each program service reported.	three largest program services, a the amount of grants and alloca	as measure ations to of
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(				***************************************
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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4b	(Code:	) (Expenses \$	including grants of \$	) (Bevenue \$	١
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	JJ-466			***************************************	
40	(Code:	\/Evnenges \$	including grants of \$	\ (Revenue \$	· · · · · · · · · · · · · · · · · · ·
40	(Oode	) (Expenses 4			/
		***************************************			
		***************************************			
		***************************************			
	4			000000000000000000000000000000000000000	
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			····		
4d	Other program	m services (Describe in Sc	hedule O.)		



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,"			
	complete Schedule A	1		~
2 `	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	(2)	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			•
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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.			777-
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	Χ	
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	X	0
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
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		•
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		,
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		<b>V</b>
14 a		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>/</b>
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		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~

Form 990 (2017)

,Part	Checklist of Required Schedules (continued)			
00	Did the proprieties execute one or more beenital facilities? If "Voc." complete Cabadula LI	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If,"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		~
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	(3)	X
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	٧	
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	$\odot$	X
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		~
	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		<b>V</b>
	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		<b>V</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		·
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
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		٧
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>v</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		٧
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 35b		7
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, Part VI	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.	38	X	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			<del></del> -
	Check if Schedule O contains a response or note to any line in this Part V			. 这
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		[
b`	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	L	~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
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)		120	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		IX
Ь	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)?	4a		~
b	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	~
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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," dld the organization include with every solicitation an express statement that such contributions or			ļ.
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			ļ.
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		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
9	If the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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	-	V
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		V
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	- 63		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		:	7
	110			
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	- 12		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			1
_	- · · · · · · · · · · · · · · · · · · ·			
C	Enter the amount of reserves on hand	2.00		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	1
Ъ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	<b></b>	$\perp$

, Part											
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		truct	ions.							
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	$\mathbf{Z}$							
Secti	on A. Governing Body and Management										
4.	Enter the number of voting members of the appearing body at the and of the tay year.	ر <u>-</u>	Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 281  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.	1	•								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 281		-								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?	2		7							
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		~							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~							
6	Did the organization have members or stockholders?	6	<u> </u>	Ь—							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		,								
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	<u> </u>	├─							
	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:			-							
а	The governing body?	8a	マ								
b	Each committee with authority to act on behalf of the governing body?	8b	~								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>							
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	V	100							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100									
	affillates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	~								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u></u>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	,									
13	Did the organization have a written whistleblower policy?	12c		1							
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	7									
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		~							
b	Other officers or key employees of the organization	15b	~								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a				-							
	with a taxable entity during the year?	16a		LX.							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b									
Section	on C. Disclosure	100		<u> </u>							
17	List the states with which a copy of this Form 990 is required to be filed ▶										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	c)(3)s	only)							
	available for public inspection. Indicate how you made these available. Check all that apply.										
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, 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 organization's books and re RENE BALLINGER, 2495 S QUEBEC ST #60, DENVER, CO 80231-6068	cords:									
	NGNG DAGENGGER, 2473 3 QUEDEU 3   #00, DENVER, UU 0V23  *0000										

Form	gĝn	(2017)	

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		_	rayer
P	art VII		Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
			Independent Contractors
			independent Contractors

Check if Schedule O contains a response or note to an	y line in this Part VII $\ldots$	 <b></b>

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)							<u> </u>		
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		er and	,	irect	or/trus		compensation from	compensation from related	amount of other
	hours for	유료	2	Officer	₹	훏픑	Former	the	organizations	compensation
	related organizations	Individual to or director	Institutional trustee	ഒ	Key employee	l Šest	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호	) Mar		를 일	🛱 🚉		(** 2 1055 1/1100)		and related
	line)	trustee	Ę		8	g				organizations
		•	8			Highest compensated employee				
										······································
(1) JANICE JACOBOWITZ	5			ł			İ			
CHAIRMAN OF THE BOARD		~		ļ						
(2) TRUDE DAVIS	5									
VICE CHAIR OF THE BOARD		~		$oxed{oxed}$	<u> </u>					
(3) DAVID WILCOX	5									
BOARD OF DIRECTOR MEMBER		~		_						
(4) MEGAN FRITTS	5									
SECRETARY OF THE BOARD		~								
(5) ED PETERSON	5						l			
BOARD OF DIRECTOR MEMBER		~								
(6) SHIRLEY DAY	30					İ	İ			
WORTHY GRAND MATRON (PRESIDING OFFICER)				~	Ĺ		_			
(7) LES SAYLOR	30									
WORTHY GRAND PATRON				~						
(8) LYNDA WINGATE	30									
ASSOCIATE GRAND MATRON				~						·
(9) MIKE BREWER	30									
ASSOCIATE GRAND PATRON				~						
(10) ANNA PETERSON	30									
GRAND CONDUCTRESS				7						
(11) CHERYL WILLIAMS	30									
ASSOCIATE GRAND CONDUCTRESS				~						
(12) RENE BALLINGER	40									
GRAND SECRETARY					~			20436		
(13) JILL QUEDENFELD	30									
GRAND TREASURER					~			7664		
(14) ROBERT HARPER	30									-
GRAND SENTINEL				~			L			

Part	Section A. Officers, Directors, Trus  (A)  Name and title	(B)	(do n	ot ch	Pos neck	C) sition more	_	one	(D) Reportable	mployees (c		(F) Estimated
•		hours per week (list any hours for related organizations below dotted line)	office or directo				Highest compensated or employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-M	from ns	amount of other compensation from the organization and related organizations
(15)						Г						
(16)												
(17)												
(18)											<del> </del>	
(19)												···
(20)												
(21)												<del></del>
(22)												
(23)												
(24)												
(25)				-								
1b c	Sub-total	VII, Section		•		 	•	<b>&gt;</b>	28100			
2	Total number of individuals (including but reportable compensation from the organic	not limited					above	e) w		ore than \$10	0,000 of	, 0
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct	tor, o	r tri	uste indi	e, vid∪	key e	mp	oloyee, or high	est comper	sated	Yes No
4		greater that	an \$1 	50,6	000	? II 	"Ye:	s," 	complete Sch	edule J for 	such	4
5	Did any person listed on line 1a receive o for services rendered to the organization?	r accrue co ? If "Yes," c	omper comple	nsat ete (	ion Sch	fror ledu	n any ile J f	un or s	related organiz such person	ation or indi	vidual · ·	5
Section 1	on B. Independent Contractors		!						45-4			00.4
	Complete this table for your five highest compensation from the organization. Repyear.	ort comper	nsatio	n fo	or th	ie c	alend	acto ar y	rear ending wit	h or within t	ne organ	uu of iization's tax
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C) mpensation
					_						·············	
					_				·			
2	Total number of independent contracto received more than \$100,000 of compensations.							th	ose listed abo	ove) who		

Par	VIII	Check if Schedule C		a 100	nonse or note to	any line in this	s Part VIII		Γ
				2103		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-314
nts nts	1a	Federated campaigns	s	1a	0				
ia io	ь	Membership dues .		1b	64188				
A. C	С	Fundraising events .		1c	5375				
픑	d	Related organizations		1d	0				
S E	e	Government grants (cor		1e	32053				
er S	f	All other contributions, g		l					
듗뙾		and similar amounts not inc		_1f	6145				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions inclu							
	h	Total. Add lines 1a-1	<u> </u>	• •	Business Code	107761		ļ	
ğ	0-	CDAND CHARTED ME							
<u> </u>	2a	GRAND CHAPTER ME GRAND CHAPTER RE			30378 7600			· · · ·	
3 93	b	GRAND CHAPTER TO		114	1544		<del> </del>		
Š	d	GRAND CHAPTER VE			1550				
σ̈ E	```	OKAND OHAP IER VE			1550				
Program Service Revenue	f	All other program ser	vice reveni	18			<del> </del>		
P S	g	Total. Add lines 2a-2				41072			
	3	Investment income	(including	divid	ends, interest,				
		and other similar amo	ounts) .		▶	18499		ļ	
	4	Income from investmen	t of tax-exe	mpt be	ond proceeds ▶				
	5	Royalties	(i) Rea		•				
			(i) Rea		(li) Personal				
	6a	Gross rents							Carried to the first
	ь	Less: rental expenses							
	C	Rental income or (loss)	<u> </u>		<u> </u>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_ d	Net rental income or		<u> </u>	▶				
	7a	Gross amount from sales of	(f) Securit	les	(ii) Other				
	١.	assets other than inventory							
	b	Less: cost or other basis and sales expenses .	ļ						
		•							
	C	Gain or (loss)	L						
	ď	Net gain or (loss) .		• •				الاستطفار المستندية	
enne	8a	Gross income from fuevents (not including \$	•						
Other Reve		of contributions reported See Part IV, line 18	ed on line 1	-					
8	b	Less: direct expenses							-
	C	Net income or (loss) f			events . 🕨				
	ya	Gross income from ga See Part IV, line 19	_						
		-		u					
		Less: direct expenses							
	10a	Net income or (loss) f Gross sales of in			vities ▶				
	108	returns and allowance	•		4604				
	h	Less; cost of goods s		· a	4004				
	b	Net income or (loss) f			entory >	4604			
		Miscellaneous P		51 11146	Business Code				
	11a								
	b								
	C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
	ď	All other revenue .					<del> </del>		
	e	Total, Add lines 11a-	11d	•					
	40	Total revenue See in		•		171024	<u> </u>		

. •					
	90 (2017)				Page 10
	t IX Statement of Functional Expenses			<u></u>	· · · · · · · · · · · · · · · · · · ·
Secti	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX		<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16053			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	16000			
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	28100			
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				
9 10	Other employee benefits	2644			

8b, 9t	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16053			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	16000			
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	28100			
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)				
9	Other employee benefits				
10	Payroll taxes	2644			
11	Fees for services (non-employees):  Management				
a b	Legal			<del> </del>	
c	Accounting				
þ	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	19132			
14	Information technology		<u> </u>		
15 16	Royalties	(545		<del> </del>	<u> </u>
17	Occupancy	6545			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	43036			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1622			
23	Insurance	2059			
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	GRAND OFFICER ALLOWANCE	4000			
b	SPECIAL ASSESSMENT	6727	· · · · · · · · · · · · · · · · · · ·		
c	JEWELS	2731			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	148649		<del> </del>	
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 following SOP 98-2 (ASC 958-720)			:	
					Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	154389		156598
	2	Savings and temporary cash investments	10576		10583
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		~ .	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	· · · · · · · · · · · · · · · · · · ·	7.	
		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	學的意思的意思		
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	11010	8	11175
İ	9 10a	Prepaid expenses and deferred charges		9	
	iva				
	ь	other basis. Complete Part VI of Schedule D 10a 147516  Less: accumulated depreciation 10b 117465	28257	100	20051
	11	Investments—publicly traded securities	513571	11	30051 532356
,	12	Investments—other securities. See Part IV, line 11	313371	12	332330
	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)	718103		740768
	17	Accounts payable and accrued expenses	764		6859
	18	Grants payable	9649		2933
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and	2969 E-20619	1.7	
abi		disqualified persons. Complete Part II of Schedule L		22	
ב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	i	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	200
	26	Total liabilities. Add lines 17 through 25	10413	26	9792
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
or Fund Balances	27	Unrestricted net assets	650529	27	707691
ala	28	Temporarily restricted net assets	030327	28	707071
E P	29	Permanently restricted net assets	<del></del> -	29	
5	_	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	217 7/6 5 5 5/2		
7		complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds	Mary Transfer of the Control of the	30	
še	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Į A	32	Retained earnings, endowment, accumulated income, or other funds .	57158	32	23285
Net Assets	33	Total net assets or fund balances	707690		730975
	34	Total liabilities and net assets/fund balances	718103	34	740768
					Form <b>990</b> (2017)

Form 9	90 (2017)			Page 12
Par	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		171936
2	Total expenses (must equal Part IX, column (A), line 25)	2		148649
3	Revenue less expenses. Subtract line 2 from line 1	3		23287
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		707690
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		23285
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		730975
Part	XII Financial Statements and Reporting			
	Check If Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other MODIFIED CAST			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			V
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	ır 💮	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
Ь	Were the organization's financial statements audited by an Independent accountant?		. 2b	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			
	of the audit, review, or compilation of its financial statements and selection of an independent account			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	n P	
_	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i		
	the Single Audit Act and OMB Circular A-133?		· 3a	\ \\\
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	1 1

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

ORDE	R OF THE EASTERN STAR GRAND CHAPTER OF CO	LORADO	84-0284775
Pa			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(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 dono	or advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to t	he organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Par	t II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recreations)	ation or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	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 easemer	nts	2b
C	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		· ·   2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · · 🗌 Yes 🗍 No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	ig conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		
Par		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance shee
	works of art, historical treasures, or other similar	· ·	ducation, or research in furtherance o
	public service, provide the following amounts rela	<del>-</del>	
	(i) Revenue included on Form 990, Part VIII, line	1	<b>▶</b> \$
	(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	SFAS 116 (ASC 958) relating to these i	tems:
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Par	Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	ds, chec	k any of th	e follov	ving that are a	significant	use of its
а	■ Public exhibition		d	Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	and expla	un how th	ney further	the org	janization's ex	empt purpo	se in Part
5	During the year, did the organization								
	assets to be sold to raise funds rather		ined as p	part of the	organizati	ion's co	llection? .	· 🗌 Ye	s 🗌 No
Part	Escrow and Custodial Arra Complete if the organization		" on For	m 990, F	Part IV, line	e 9, or	reported an a	amount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee,								<b>—</b>
	included on Form 990, Part X?							. <u></u> Үе	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	ible:		1	Amount	
	Paginning balance					10		Amount	
c d	Beginning balance					1d	+		
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour					ustodia	account liabil	ity? 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa								
Par	Endowment Funds.			· · · · ·	•				
	Complete if the organization								
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance		_						
ь	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	h	<u> </u>	- // 1		المامط ((			
2	Provide the estimated percentage of the Board designated or quasi-endowmer			e (ime 1g	, column (a	ij) neid a	48.		
a b	Permanent endowment	%	70						
c	Temporarily restricted endowment ▶	′°							
	The percentages on lines 2a, 2b, and 2		00%.						
3a	Are there endowment funds not in the			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" on line 3a(ii), are the related or							. 3b	
4	Describe in Part XIII the intended uses		on's endo	wment fu	inds.				
Par	Land, Buildings, and Equip		" on For	000 F	ant IV lin	. 11.	Saa Earm 00	n Dort V I	ino 10
	Complete if the organization								
	Description of property	(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation	(d) Bool	value
1a	Land					,	_		
b	Buildings	•							
C	Leasehold improvements	•	44====		207.5.5.5				
d	Equipment	•	147513	c	OST BASIS		117465		30051
Total	Other	·   Court Court Court	00 0	/ aal::===	/D) line 1/	201			20051
rotal.	Add lines 1a through 1e. (Column (d) m	iust equal Form 9.	su, ran i	s, column	ו (D), iine II	uc.j	. <i>.</i> ▶		30051

Part VII	Investments—Other Securities				
	Complete if the organization ansi		m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	1	(b) Book value	, , ,	hod of valuation -of-year market value
(1) Financia	I derivatives				
	held equity interests				
(3) Other IN	VESTMENTS THROUGH WOODBURY FIN	IANCIAL (PERSHING)			<u> </u>
(A) ESTAI			148688	MARKET VALUE	
(B) GMYS	FUND			MARKET VALUE	
	AE RYAN FUND		186129	MARKET VALUE	
(D)					<u> </u>
(E)	•••••				
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, coi (B) line 12)	<u> </u>	532355		<u> </u>
Part VIII	Investments—Program Related		000 Dard IV II:a	- 11- C Farm	OOO Don't Villian 40
	Complete if the organization answ	wered "Yes" on For		Y	
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					···
(3)					
(4)					
(5)					-
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answ		m 990, Part IV, lin	e 11d. See Form	
	(a	) Description			(b) Book value
(1)		ddddddddddd ar ar ar ar ar ar ar ar ar ar ar ar ar	********	***************************************	
_(2)					
(3)					
(4)					
(5)					
(6)					
	· · · · · · · · · · · · · · · · · · ·	<del>-</del> .		= -:	
(8)		<del>.</del>			
(9)	mn (b) must equal Form 990, Part X, co	ol (R) line 15 )	-		
Part X	Other Liabilities.	ol. (B) line 15.)	<u> </u>		
raitA	Complete if the organization answ	wered "Ves" on For	m 990 Part IV lin	a 11a or 11f Sag	Form 990 Part Y
	line 25.	wered les onlo	iii 990, r ait iv, iiii	e i le or i ii. Sec	51 Onn 990, 1 art A,
1.	(a) Description of liability	(b) Book value			
(1) Federal II		,			
(2)					
(3)					
(4)					
(5)					
(6)		-			
(5) (6) (7)					
(8)					
(9)					
(9)	(b) must equal Form 990, Part X, col (B) line 25 )	•			

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

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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OMB No. 1545-0047 2018

Open to Public Inspection

**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 . . . . . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance ORDER OF THE EASTERN STAR GRAND CHAPTER OF COLORADO Part

Part II Grants and Other Assistance to Domestic Orga Part IV, line 21, for any recipient that received more	ssistance to Do	mestic Organizate election	ations and Dom an \$5,000. Part I	estic Governm I can be duplica	inizations and Domestic Governments. Complete if the organization e than \$5,000. Part II can be duplicated if additional space is needed.	f the organization answespace is needed.	nizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, e than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, cash assistance other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FREEDOM SERVICE DOGS 7193 S DILLON CT, ENGLEWOOD	84-1068936	501 (c) (3)	8211.92				DONATION FOR VETERANS
(2)							
(3)							
(4)							
(9)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)				-			
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and gov preanizations listed	emment organizat	lions listed in the li	ne 1 table			1

Schedule I (Form 990) (2018)

Cat. No. 50055P

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

Schedule I (Fi	Schedule I (Form 990) (2018)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	<b>nestic Individual</b> space is needed.	ls. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-			-			•
2						
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4						
S						
9						
7						
Part IV GRAND CH	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. GRAND CHAPTER UTILIZES CHARITY NAVIGATOR TO MONITOR USAGE OF FUNDS DONATED, IN ADDITION TO CONTACT WITH THE ORGANIZATION AND INVITATION TO ATTEND	the information re	equired in Part I, lin FUNDS DONATED, IN	e 2; Part III, columr ADDITION TO CONTA	(b); and any other addit	onal information.
AND PRES	AND PRESENT AT OUR ANNUAL SESSION IN SEPTEMBER.	ER.				
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						Schedule I (Form 990) (2018)

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## 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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ORDER OF THE EASTERN STAR GRAND CHAPTER OF COLORADO

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

**Employer Identification number** 

84-0284775

PART VI LINES 6 THROUGH 7b: THE ORGANIZATION CONSISTS OF MEMBERS WHO PAY ANNUAL DUES. MEMBERS MAY ATTEND THE ANNUAL SESSION OF THE ORGANIZATION HELD IN SEPTEMBER OF EACH YEAR. THEY MAY ALSO SUBMIT AMENDMENTS OR RESOLUTIONS TO BE VOTED UPON AT THE ANNUAL SESSION THE ELECTED BOARD OF DIRECTORS IS RESPONSIBLE FOR THE FINANCIAL OPERATION OF THE ORGANIZATION, INCLUDING APPROVAL OF OPERATIONAL EXPENSES, BASED UPON THE BY LAWS. PART VI LINE 11b FORM 990 IS REVIEWED BY AN APPOINTED TAX COMMITTEE COMPRISED OF 3 INDIVIDUALS THE FORM 990 IS PREPARED BY THE GRAND TREASURER, USING REPORTS GENERATED BY THE QUICKBOOKS ACCOUNTING SOFTWARE. THESE RECORDS ARE KEPT AT THE GRAND CHAPTER OFFICE AT 2495 S QUEBEC ST #60, DENVER, CO 80231-6068 PART VI LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST TO THE GRAND SECRETARY AND/OR THE BOARD OF DIRECTORS PURSUANT TO THE BY LAWS OF THE ORGANIZATION. MY SINCERE APOLOGIES THAT ALL REQUIRED SCHEDULES WERE NOT INCLUDED WITH THE ORIGINAL SUBMISSION OF THIS FORM 990. I AM THE NEW GRAND TREASURER AND I WAS USING A COPY OF LAST YEAR'S TAX REPORT TO PRODUCE THIS ONE. UNFORTUNATELY, I NOW KNOW THAT COPIES OF ALL REQUIRED SCHEDULES WERE NOT INCLUDED IN THAT COPY OF FORM 990. THANK YOU FOR ALLOWING ME TO MAKE CORRECTIONS AND TO PROVIDE THE NECESSARY SCHEDULES AT THIS TIME. I HAVE MADE CHANGES IN THE RESPONSES TO CHECKLIST ITEMS AND THEY ARE IDENTIFIED BY CIRCLING THE INCORRECT ORIGINAL RESPONSE AND THEN USING AN "X" TO INDICATE THE CORRECT RESPONSE SEE PART IV LINES 2, 11a, 11b, 21, 23, 38. PART V CHECK-BOX IN HEADING AND LINE 3a. PART IV CHECKBOX IN HEADING AND LINE 16a PART VII LINE 2 REQUIRED SCHEDULE D AND SCHEDULE I ARE NOW INCLUDED, ALONG WITH THIS SCHEDULE O PLEASE CONTACT THE GRAND TREASURER, CYNDIE HOUSE, IF YOU HAVE ANY ADDITIONAL QUESTIONS.