29493060213120 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** 

2018

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

Open to Public **Inspection** 

A	For the	2018 cale	endar year, or tax year beginning	August 1	, 2018, a	nd ending	July	/ 31	, 20 19	
В	Check if	applicable.	C Name of organization GRAND CH	IAPTER OF COLORA	DO, OES			D Employ	er identification n	umber
	Address		Doing business as		<del></del>				84-0284775	
	Name cl		Number and street (or P.O. box if ma	ail is not delivered to stre	et address)	Room/suite		E Telepho	ne number	
$\Box$	Initial ref	•	2495 S QUEBEC ST		·	60	0		303-759-5936	
一		rn/terminated	City or town, state or province, cour	ntry, and ZiP or foreign po	stal code					
一百	Amende		DENVER, CO 80231-6068				1	<b>G</b> Gross re	eceipts \$	175428
ī		ion pending		er:		<del> </del>	H(a) is this a gro	oup return for:	subordinates? Yes	☑ No
_	, фр.,ош	.с ролан.у	LYNDA WINGATE, 3148 S GRAF		CO 80014				s included? Tes	
	Tax-exe	mpt status		10 ) <b>◄</b> (insert no.)		527	-		list. (see instructio	
<u>.</u>	Website		W.OES-COLORADO.ORG	7 - (	1		H(c) Group	exemption	number ▶	
ĸ			☐ Corporation ☐ Trust ☑ Associa	ation ☐ Other ►	L Yea	r of formation		<del></del>	of legal domicile	СО
	art I	Summ			1				<del>7 </del>	
_	1		escribe the organization's miss	ion or most significa	ant activities:	PROVIDI	E CHARITA	BLE, EDI	UCATIONAL,	
<b>e</b>			NAL AND SCIENTIFIC SCHOLAR							
auc										
E	2	Check th	nis box ▶☐ if the organization	discontinued its ope	erations or dis	sposed of	more than	25% of	its net assets.	
Š	3		of voting members of the gove	-				3		243
<u>ح</u>	4		of independent voting member		-	line 1b)		4		243
es	5		mber of individuals employed in	-				5		
Activities & Governance	6 -		mber of volunteers (estimate if	-		-		6		2751
ĄĠ	7a		related business revenue from I					7a		0
	Ь		lated business taxable income					7b		
	<del>                                     </del>			<del></del>			Prior Yea	ar	Current Ye	ar
•	8	Contribu	tions and grants (Part VIII, line	1h)				107761		104258
ž	9		service revenue (Part VIII, line					41072		50083
Revenue	1	_	ent income (Part VIII, column (A	<del></del> :		🗀		18499		17554
č	11		venue (Part VIII, column (A), line	·				4604		3533
	12		enue-add lines 8 through 11 (n			_		171936	_	175428
-	13 '		nd similar amounts paid (Part I					32053		31734
	14		paid to or for members (Part IX					0		0
Ø	15		other compensation, employee t					30744	-	30839
Expenses	16a		onal fundraising fees (Part IX, c	•				0		0
je je	Ь		draising expenses (Part IX, col				history of			
ũ	17		penses (Part IX, column (A), line		e)	· · · ·		85852		91080
	18		penses. Add lines 13-17 (must			) . 🗀		148649		153653
	19		less expenses. Subtract line 1			[	· · · · · · · · · · · · · · · · · · ·	23287		21775
- 5			<del></del>		200	Be	ginning of Cur	rent Year	End of Ye	ar
ets or	20	Total ass	sets (Part X, line 16)	B DEC 1.8	3 2019 · 🕃	l [	····	740468		755502
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21		oilities (Part X, line 26)	DEC 1.8	. 2019 S		• • •	9792		2752
	22	Net asse	ets or fund balances. Subtract li	ine 21 from-line-20_	1 1 1 1 T	`\ .		730976		752750
∞ P	art II	Signat	ture Block	OGDE	N, UT					
O Ur	der pena	Ities of perju	ury, I declare that I have examined this r	return, including accompa	anying schedules	and stateme	nts, and to th	e best of n	ny knowledge and	belief, it is
oo tru	ie, correc	t, and compl	lote. Declaration of preparer (other than	officer) is based on all in	formation of which	h preparer h	as any knowle	dge.		
115			11 /10 /14: 11 / L	eer						
Sig	gn	Sign	nature of officer	•	10 0	۸	Dat	B 10 1		
Ш҈Нε	ere		avid Wilcox Ch	arman of	the B	Dard		12-	4-19	
Ş		Туре	e or print name and title							
₹ D.	nid	Print/Ty	pe preparer's name	Preparer's signature		Date		Check [	-η if PΠN	
SCANNEC Pa Br	nu epare	<u>.</u>	l de la companya de			-		self-emp		
ام رن ءاا	epare se Onl	1	name >				Firm	s EIN ▶		
U	o <del>c</del> UIII	y ——	address >					ie no.		
Ma	v the IF		s this return with the preparer s	shown above? (see	instructions)				Yes	No No

) (Revenue \$

(Expenses \$

Total program service expenses ▶

including grants of \$



Part	IV Checklist of Required Schedules		T	T
	Is the remarking described in section FOM/AV(A) or AOA7/AV(A) (About these a private foundation)? If "Voo."		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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>✓</b>
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<b>√</b>	
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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>✓</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>V</b>
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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	1	

Part	Checklist of Required Schedules (continued)			
			Yes	No
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 employees? If "Yes," complete Schedule J	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 through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		٧
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		١
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		٧
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	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		~
36	<b>Section 501(c)(3) organizations.</b> 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		<b>&gt;</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	٧	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		_
	reportable garring (garroning) withings to prize without:	100		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	<b>_</b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
	gifts were not tax deductible?	6b		ļ
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	- <u>-</u> -		
L	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		<b></b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<b>,</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>V</b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			i
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:		İ	
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del> -
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		İ	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	ļ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		ما
	excess parachute payment(s) during the year?	15		<b>/</b>
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		<b>7</b>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<del>-</del>
	If "Yes," complete Form 4720, Schedule O.	Form	. 990	(2018)

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	structi	ions.		
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			V		
Secti	on A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 243			1		
	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.				ł		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 243	1				
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	/			
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 other		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	on's assets?.	5		_		
6	Did the organization have members or stockholders?		6	~			
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint	70	<b>,</b>			
	one or more members of the governing body?	l by A magnetic and	7a				
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?	i by) members,	7b		/		
8	Did the organization contemporaneously document the meetings held or written actions un	vlertaken chrim			7		
0	the year by the following:	idertaken during					
а	The governing body?		8a	~			
b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	) <u>.</u> .	9		~		
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	ode.)			
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a	~			
Ь	If "Yes," did the organization have written policies and procedures governing the activities of		405				
440	affiliates, and branches to ensure their operations are consistent with the organization's exement that the organization provided a complete copy of this Form 990 to all members of its governing body bef		10b 11a	~	-		
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ı ı ı a		<u> </u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	•	12a	_	7		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		_		
~	Did the organization regularly and consistently monitor and enforce compliance with the				_		
•	describe in Schedule O how this was done		12c				
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			1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation						
a	The organization's CEO, Executive Director, or top management official		15a		<u> </u>		
b	Other officers or key employees of the organization		15b		<b>∠</b> ,		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	_	10-		—		
	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	n to evaluate its					
	organization's exempt status with respect to such arrangements?		16b				
Section	on C. Disclosure			L.,			
17	List the states with which a convert this Form 000 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990, and 990-7					
	(3)s only) available for public inspection. Indicate how you made these available. Check all the		,		- 1-7		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sc						
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	•	erest	policy	, and		
	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	on's books and re	cords	<b>&gt;</b>			
	CYNDIF HOUSE 2495 S OUFREC ST #60 DENVER CO 80231-6068						

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	[				C)			1		·
(A) (B)					ition			(D)	(E)	(F)
Name and Title	Average	, ,				than o		Reportable	Reportable	Estimated
	hours per		oox, unless person is both an officer and a director/trustee)				compensation	compensation from	amount of	
	week (list any hours for	유통	교	g	₹	en ±	7	from the	related organizations	other compensation
	related	Individual to or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호를	9		oldı	6 CO	`	(W-2/1099-MISC)		organization and related
	line)	trustee	2		уее	npe				organizations
		8	stee	1		nsat				
		<u> </u>	Ľ			8	_			
(1) DAVID WILCOX	5									
CHAIRMAN OF THE BOARD		•								
(2) RITA BUCHOLTZ	5									
VICE-CHAIRMAN OF THE BOARD		~	İ	ŀ						
(3) ED PETERSON	5									
MEMBER OF THE BOARD		~		<u> </u>					-	
(4) BETTY BENSON	5									
MEMBER OF THE BOARD										
(5) STEPHANIE FOSSINGER	5									
SECRETARY OF THE BOARD		~								
(6) LYNDA WINGATE	30			}						
WORTHY GRAND MATRON (PRESIDING OFFICER)		<u> </u>		1						
(7) MIKE BREWER	30							ł		
WORTHY GRAND PATRON				~			L	<u> </u>		
(8) ANNA PETERSON	30	}		1					Ì	
ASSOCIATE GRAND MATRON				~						
(9) ROBERT HARPER	30		Ì	l						
ASSOCIATE GRAND PATRON		<u> </u>		~	<u> </u>		L	ļ		
(10) CHERYL WILLIAMS	30	1		l						
GRAND CONDUCTRESS			<u> </u>	~						
(11) ANDREA SMITH	30									
ASSOCIATE GRAND CONDUCTRESS			L	~						
(12) RENE BALLINGER	40	]					1			
GRAND SECRETARY					~	ļ 	_	22308		
(13) JILL QUEDENFELD	30		ŀ							
RETIRING GRAND TREASURER			ļ	ļ	~		L_	1326		
(14) CYNDIE HOUSE	30									
INCOMING GRAND TREASURER					~			7205		

Form **990** (2018)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
			}		•	C) ation					- 1			
	<b>(A)</b>	(B)			neck	more	than e		(D)	(E)			(F)	
	. Name and title	Average hours per		box, unless person is bo officer and a director/tru					Reportable compensation	Reportable compensation from	1		mated ount o	
		week (list any		_	_	-		<del></del>	from	related	1		ther	
		hours for related	d d	stit	Officer	ey e	탏	Former	the organization	organization (W-2/1099-N		comp fro	ensati m the	on
		organizations	ecto	<del>क</del>	*	夏	yee	뾱	(W-2/1099-MISC)	,	[]		nizatio	
		below dotted line)	1 2	lait		Key employee	ğ						relate iizatio:	
			Individual trustee or director	Institutional trustee		١٣	Highest compensated employee				İ	_		
				6			Ē	İ	•					
(15)	ROBERT SMITH	30												
GRAN	ID SENTINEL				~						<del> </del>			
(16)								İ						
		<u> </u>	ļ	-			ļ							
(17)		<b></b>									1			
/40)				$\vdash$	$\vdash$		-	-			<u> </u>			
(18)			1	ļ										
(19)						<del> </del> -		╁┈	1					
<u></u>			1											
(20)														
<i></i>			Ĺ											
(21)														
		ļ	ļ	<u> </u>			ļ					···		
(22)														
		ļ	ļ		_			<u> </u>						
(23)														
(24)				-										
(24)			1			İ					1			
(25)		<u> </u>			-	<del> </del>	<u> </u>	T						
<u></u>			1											
1b	Sub-total							<b>&gt;</b>	30839					
C	Total from continuation sheets to Part	VII, Sectio	n A					ightharpoons						
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	30839		L			
2	Total number of individuals (including bu		d to th	ose	e list	ted	above	e) w	ho received m	ore than \$1	00,000 c	of		
	reportable compensation from the organ	ization >	<del></del> .						0		<del>-</del>		V	T N-
_										4		13	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	ployee, or nigh	est compe	ensated	3	-	1
														+
4	For any individual listed on line 1a, is the organization and related organizations	Sum of re	portai	DIE 1	nnn nnn	nper	nsauc f "Vo	ma °"	ina otner comp complete Sch	ensauon ir edule J fo	om me			
	individual	greater th	αιι Ψ 					٠,	· · · · ·			4		1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	froi	m any	un	related organiz	ation or inc	dividual			
	for services rendered to the organization											5		1
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rep													tax
	year.							,						<del></del>
	(A) Name and business add	iress							(B) Description of s	ervices	C	(C) ompens	ation	
	raine and pushess auc							-						
								$\vdash$						
		<del></del>						$\vdash$				-		
	······································	<del></del>												
2	Total number of independent contractor	ors (includir	na hi	ıt n	ot i	limit	ed to	th	nose listed abo	ove) who				
-	received more than \$100,000 of compens		_							,				

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to				<u>.</u>
,	•	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rts its	1a	Federated campaigns 1a	0				
ar our	b	Membership dues 1b	49477				* * * * * * *
S, C	С	Fundraising events 1c	18329				
를 풀	d	Related organizations 1d	0				Ì
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	31869				
e go	f	All other contributions, gifts, grants,					
를 통		and similar amounts not included above 1f	4583				
ont d C	g	Noncash contributions included in lines 1a–1f: \$					
	h	Total. Add lines 1a-1f	•	104258			
Program Service Revenue		00410 0140777 4544 0	Business Code	44400	<del></del>	ļ	ļ
eve	2a	GRAND CHAPTER MEALS	<b></b>	41693	- <del></del>		
8	b	GRAND CHAPTER REGISTRATION	ļ	7340 1050			
Ž	C	GRAND CHAPTER VENDORS		1050		<u> </u>	
S	d		<del></del>				
Ian	e	All other program service revenue.		-			
õ	g	Total. Add lines 2a-2f	•	50083			
<u></u>	3	Investment income (including divide		30003			
		,	▶	17554			
	4	Income from investment of tax-exempt bo	<u></u>				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)		ļ		1	
	d	Net rental income or (loss)	<u> ▶ </u>				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory		}			
	ь	Less: cost or other basis					
	_	and sales expenses .					
	С	Gain or (loss)					<u> </u>
	d	Net gain or (loss)	▶		<u>-</u>		
une	8a	Gross income from fundraising					
Other Revenue		events (not including \$ of contributions reported on line 1c).					
Jer		See Part IV, line 18 a					
Q		Less: direct expenses b					<u> </u>
		Net income or (loss) from fundraising	events . ►		<del></del>		<u> </u>
		Gross income from gaming activities.  See Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming acti	vities ▶				
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold <b>b</b>			<del> </del>	ļ	ļ
	С	Net income or (loss) from sales of inve		3533			<u> </u>
		Miscellaneous Revenue	Business Code		<del>c</del>	ļ <u> </u>	<u> </u>
	11a						
	b						
	C						
	đ	All other revenue				ļ	-
		Total. Add lines 11a-11d	•			ļ	
	42	Total rayonua See instructions	<b>▶</b> 1	175420		1	T .

Form 990 (2018	8)	Page II
Part IX	Statement of Functional Expenses	
Section 501	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	-

Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16936	***************************************						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	14798							
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	30839							
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	2686							
11	Fees for services (non-employees):								
a b	Management								
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17		<del></del>						
f g	Investment management fees 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	20312							
14	Information technology								
15	Royalties								
16	Occupancy	5880							
17 18	Travel								
19	Conferences, conventions, and meetings .	46667							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	1345	<del></del>						
23	Insurance	1908							
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.)	*^,							
_	GRAND OFFICER ALLOWANCE	4000		<u> </u>					
a b	SPECIAL ASSESMENT	5852	-						
C	IEWEI S	2430							
đ			·						
e	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	153653							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if								

Form **990** (2018)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	·	· · ·	🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	156598	1	143034
	2	Savings and temporary cash investments	10583	2	10609
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5	4	·····
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	,	5	
হ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	11175	8	19588
	9	Prepaid expenses and deferred charges		9	2000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12993	6		
	ь	Less: accumulated depreciation 10b 9954	9 30051	10c	30387
	11	Investments—publicly traded securities	532356	11	549884
	12	Investments—other securities. See Part IV, line 11		12	·
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	740768	16	755502
	17	Accounts payable and accrued expenses	6859	17	2517
	18	Grants payable	2933		235
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
ab		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26		9792	26	2752
es		Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
3IIC	27	Unrestricted net assets	707691	27	730975
) Sale	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.	23285	32	21775
<u>fe</u>	33	Total net assets or fund balances	730975		752750
~	34	Total liabilities and net assets/fund halances	740768	-	755502

_	-	
Pane		-

Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	75428
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	<u>53653</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			21775
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	30975
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			<del></del>
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			21775
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10		7	52750
Part	33, column (B))				
· ar c	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 Cash Other MODIFIED CAST				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain i	n 🏥		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or		
	reviewed on a separate basis, consolidated basis, or both:		4		
	Separate basis Consolidated basis Both consolidated and separate basis		2b		/
D	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on	a		
	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 over	ereiat	,,		
·	of the audit, review, or compilation of its financial statements and selection of an independent accou			ļ	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain i	n ,		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth i · ·	n . <b>3</b> a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such all		e <b>3b</b>		
			For	m <b>990</b>	(2018)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

GRAN	D CHAPTER OF COLORADO ORDER OF THE EASTERN	STAR	84-0284775
Par			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	advisors in writing that the assets be	eld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	-	
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education)	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n 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 easements		. 2b
C	Number of conservation easements on a certified hi	storic structure included in (a)	. 2c
đ	Number of conservation easements included in (	c) acquired after 7/25/06, and not c	on a
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terr	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy reg		
_	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and emorcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	a bandling of violations, and enforcing	consequation essements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, nationing of violations, and emorcing	conservation easements during the year
_	Does each conservation easement reported on line 2	Old) above estick the requirements of	acetian 170/h)/4)/P)/i)
8	·		Yes No
9	In Part XIII, describe how the organization reports of		
9	balance sheet, and include, if applicable, the text of	the footnote to the organization's fina	ancial statements that describes the
	organization's accounting for conservation easemer		
Part	III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "		
12	If the organization elected, as permitted under FAS	B ASC 958 not to report in its revenu	ue statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statements that describ	es these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	search in furtherance of public service,
	provide the following amounts relating to these item		•
			<b>▶ \$</b>
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art,		
_	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
	Assets included in Form 990, Part X		• \$

Part	Organizations Maintaining	Collections of	Art, His	torical 7	<b>Freasures</b>	s, or 0	ther Similar A	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	ne follov	ving that make	significant u	ise of its
а	☐ Public exhibition		d	Loan	or exchang	ge prog	ram		
b	Scholarly research		е	☐ Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further	r the org	ganization's exe	mpt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								☐ No
Part									
	Complete if the organization	answered "Yes'	" on For	m 990, l	Part IV, lin	e 9, or	reported an a	mount on F	<del>·</del> orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?							∐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the to	ollowing to	able:		<del></del>	N	
_	Paginning balance					-		Amount	
d	Beginning balance					10			
e	Distributions during the year					16	+		
f	Ending balance					11			<del></del>
2a	Did the organization include an amour							v? ☐ Yes	□ No
	If "Yes," explain the arrangement in Pa	•		•					
Part				·					
	Complete if the organization	answered "Yes'	' on For	m 990, F	Part IV, lin	e 10.			
		(a) Current year	(b) Pro	or year	(c) Two yea	ırs back	(d) Three years bad	k (e) Four ye	ars back
1a	Beginning of year balance			···					
b	Contributions								
С	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			e (line 1g	, column (a	a)) held :	as:		
а	Board designated or quasi-endowmer		%						
b	Permanent endowment	<u></u> %							
С	Term endowment ▶ %		2001						
_	The percentages on lines 2a, 2b, and 2	•							
3a	Are there endowment funds not in the organization by:	possession of the	e organi	zation tha	at are held	and ad	ministered for t		es No
	(i) Unrelated organizations							3a(i)	35 140
								3a(ii)	
ь	If "Yes" on line 3a(ii), are the related or							3b	<del></del>
4	Describe in Part XIII the intended uses							<u> </u>	<del></del>
Part									
	Complete if the organization		on For	m 990, F	Part IV, lin	e 11a.	See Form 990	, Part X, lin	e 10.
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated epreciation	(d) Book v	alue
1a	Land					2017			
b	Buildings		··						
C	Leasehold improvements		-						
ď	Equipment		129936	C	OST BASIS		99549		30387
е	Other								
Γotal.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0. Part )	C column	(B), line 10	Oc.)			30387

Part VII	Complete if the organization answered "Yes" on Form	n 990, Part IV, lin	e 11b. See Form 9	90, Part X, line 12.
,	' (a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation -year market value
(1) Financia	I derivatives			
(2) Closely I	neld equity interests			
	VESTMENTS THROUGH WOODBURY FINANCIAL (PERSHING)			
(A) ESTA			MARKET VALUE	
(B) GMYS			MARKET VALUE	
	AE RYAN FUND	195391	MARKET VALUE	
(D)				
(E)				
(F)				<del></del>
(G)				
(H)	(1)	540004		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .	549884		
Part VIII	Investments – Program Related.  Complete if the organization answered "Yes" on Forr	n 990, Part IV, lin	e 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value		d of valuation -year market value
(1)				
(2)				
(3)	,			<del> </del>
(4)				
(5)				
(6)				<del> </del>
(7)				
(8)				
(9)	ma (h) must squal Form 000. Part V and (P) line 12.)		F	
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨			
	Other Assets			
Part IX	Other Assets.  Complete if the organization answered "Yes" on Form	n 990 Part IV line	e 11d. See Form 9	90 Part X line 15
Part IX	Complete if the organization answered "Yes" on Forr	n 990, Part IV, lin	e 11d. See Form 9	
		n 990, Part IV, lind	e 11d. See Form 9	90, Part X, line 15.
(1)	Complete if the organization answered "Yes" on Forr	n 990, Part IV, lind	e 11d. See Form 9	
(1) (2)	Complete if the organization answered "Yes" on Forr	n 990, Part IV, lind	e 11d. See Form 9	
(1) (2) (3)	Complete if the organization answered "Yes" on Forr	n 990, Part IV, lind	e 11d. See Form 9	
(1) (2) (3) (4)	Complete if the organization answered "Yes" on Forr	n 990, Part IV, lind	e 11d. See Form 9	
(1) (2) (3)	Complete if the organization answered "Yes" on Forr	n 990, Part IV, lind	e 11d. See Form 9	
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line	e 11d. See Form 9	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" on Forr	n 990, Part IV, lind	e 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Forr	n 990, Part IV, lind	e 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization answered "Yes" on Forr (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)	n 990, Part IV, line	e 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal in (2)	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation plete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colu Part X  1. (1) Federal in (2) (3) (4)	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal in (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal in (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columna	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columna	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column Part (Column P	Complete if the organization answered "Yes" on Form  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability income taxes	n 990, Part IV, line	e 11e or 11f. See F	(b) Book value  Form 990, Part X,  (b) Book value

Part	•	=	Return.
	Complete if the organization answered "Yes" on Form 990,		·
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	-{ <b>\$.1</b>
C C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		2e
е 3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		William .
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII.)	4b	-
c	Add lines <b>4a</b> and <b>4b</b>	<u> </u>	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	3. 4.
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_{ <b>i</b>
b	Other (Describe in Part XIII.)	4b	-[ <b>F</b>
_	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	<del>10 18.) </del>	5
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	ed 4: Port IV lines 1b and 2i	b: Port V. line 4: Port V. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
_,	And miles be directly and the complete and part	to provide any additional in	
			•
		,	
		**********	

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

filed with form 990

OMB No. 1545-0047

Open to Public Inspection Employer identification number 84-0284775 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Part I General Information on Grants and Assistance GRAND CHAPTER OF COLORADO, OES

-	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ince, and
	the selection criteria used to award the grants or assistance?	Ves No
8	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part	Part II Gramts and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	swered "Yes" on Form 990,
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
	16 Mathed of valuation	

ו מוניין ווייס בון, וטי מוץ וכטוףופות תומו ופטפועפט וווטיפ	y recipient that		If Mathod of valuation	ו כמוו הם מחלוונים	Method of valuation	space is needed.	
1 (a) Name and address of organization or government	( <b>9</b> )	(if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FREEDOM SERVICE DOGS	84.1068936	501 (c) (3)	10230.10				DONATION FOR VETERANS
(2)							
(6)							
(4)							
(5)							
(9)							
(J)	:						
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organ	501(c)(3) and go		zations listed in the line 1 table	ine 1 table			
3 Enter total number of other organizations listed in the line 1 table	rganizations liste	d in the line 1 table				•	0

Schedule I (Form 990) (2019)

Cat No 50055P

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

Schedule I (Form 990) (2019)

Part III

Page 2

Schedule I (Form 990) (2019) GRAND CHAPTER UTILIZES CHARITY NAVIGATOR TO MONITOR USAGE OF FUNDS DONATED, IN ADDITION TO CONTACT WITH THE ORGANIZATION AS WELL AS AN INVITATION TO (f) Description of noncash assistance 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. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance ATTEND AND GIVE A PRESENTATION AT OUR ANNUAL GRAND CHAPTER SESSION IN SEPTEMBER (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV N က 4 Ŋ 9

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

84-0284775

**Employer identification number** Name of the organization **GRAND CHAPTER OF COLORADO, OES** 

PART VI LINES 6 THROUGH 7b: THIS 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.
GOVERNING PART VI LINE 19: GOERNING 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.
PART VI LINE 2: ED PETERSON (MEMBER OF THE BOARD) AND ANNA PETERSON (ASSOCIATE GRAND MATRON) ARE MARRIED.
ANDREA SMITH (ASSOC GRAND CONDUCTRESS) AND ROBERT SMITH (GRAND SENTINEL) ARE MARRIED. ALL FOUR PERSONS
ARE ELECTED BY THE MEMBERSHIP OF THE ORGANIZATION. NONE WILL SERVE AS CHAIRMAN OF THE BOARD OR PRESIDING
OFFICER DURING THE SAME YEAR.
PART VI LINE 8a: MINUTES OF THE ANNUAL SESSION ARE PUBLISHED AND AVAILABLE TO MEMBERS APPROXIMATELY SIX MONTHS
AFTER THE ANNUAL SESSION CONCLUDES. MINUTES OF THE BOARD OF DIRECTORS ARE AVAILABLE TO ANY MEMBER UPON
REQUEST, AND ARE STORED AT THE GRAND CHAPTER OFFICE.