



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZ

Form 990-EZ
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		July 1	, 2009, and ending	June 30	, 2010
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Order of The Eastern Star of WV-Tiskelwah Chapter #45 Number and street (or P O box, if mail is not delivered to street address) C/O Nancy Hitchman, Secy, @ 975 Rustling Road N. Room/suite		D Employer identification number 23-7144979 E Telephone number (304) 744-59	
		City or town, state or country, and ZIP + 4 South Charleston, WV 25303		F Group Exemption Number ► 10	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c) (10) ► (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **32,684**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 96
	3 Membership dues and assessments	3 1,223
	4 Investment income	4 13,794
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 17,430
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less: direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 141
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ►)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 32,684
Expenses	10 Grants and similar amounts paid (attach schedule)	10 6,701
	12 Salaries, other compensation, and employee benefits	12 4,375
	13 Professional fees and other payments to independent contractors	13 315
	14 Occupancy, rent, utilities, and maintenance	14 1,860
	15 Printing, publications, postage, and shipping	15 2,610
	16 Other expenses (describe ► Worthy Matron Expenses and Miscellaneous)	16 2,253
	17 Total expenses. Add lines 10 through 16 ►	17 21,600
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 11,084
	20 Other changes in net assets or fund balances (attach explanation)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 428,239

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	417,155	22 428,239
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	417,1550	25 428,239
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	417,155	27 428,239

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Fraternal and Charitable**

What is the organization's primary exempt purpose? Religious and charitable
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
Required for section
11(c)(3) and 501(c)(4)
organizations and section
47(a)(1) trusts, optional
or others)

28 American Heart Association, American Cancer Society, Shrine Hospital, Salvation Army, Meals on Wheels, Make A-Wish, Knights Templar, Youth and Childrens' Therapy and Others

29	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	6,701
		
		
30	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
		
		
31	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
	Other program services (attach schedule)		
32	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
	Total program service expenses (add lines 28a through 31a)	32	6,701

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Georgia Hughes-Webb	Worthy Matron	0	0	1,271
Donald E. Lawrence	Worthy Patron	0	0	0
Jennelle Harper-Jones	Associate Matron	0	0	0
Jim Porter	Associate Patron	0	0	0
Nancy Hitchman	Secretary	2,400	0	0
Donna Conner	Treasurer	1,325	0	0
Cindy Lowter	Conductress	0	0	0
Nickole Prowse	Associate Conductress	0	0	0
Teresa Cisco	Chaplain	0	0	0
Bruce Wilson	Marshal	0	0	0
Debbie Mitchell	Organist	650	0	0
Mary Bradie	Adah	0	0	0
Beth Porter	Ruth	0	0	0
Marti Christensen	Esther	0	0	0
Mary McLaughlin	Martha	0	0	0
Debbie Lilly	Electa	0	0	0
Sarah Sothen	Warder	0	0	0
Norma Rawlings	Sentinel	0	0	0

Part V | Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. ► _____	40e	✓
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ► Nancy Hitchman Telephone no. ► (304) 744-59 Located at ► 975 Rustling Road, South Charleston, ZIP + 4 ► 25303		
b 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)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	✓
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	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	Yes	No
46		46	✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

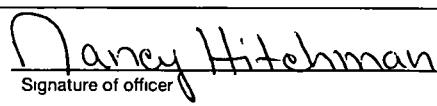
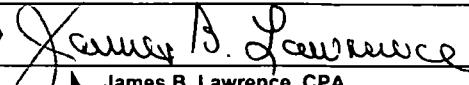
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► 0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer Nancy Hitchman, Secretary Type or print name and title			
	110-18-11 Date			
Paid Preparer's Use Only	Preparer's signature	 James B. Lawrence, CPA 909 Highland Road, Charleston, WV 25302	Date 10-14-10 Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) P00286053
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ► 55-0703941 Phone no ► (304) 204-74	
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				