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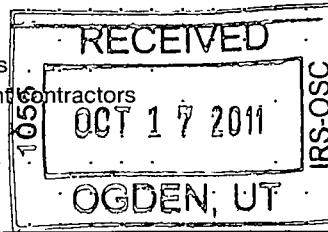


Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		July 1,	, 2010, and ending	June 30,	, 20	11
B Check if applicable		C Name of organization Order of The Eastern Star of WV-Tiskelwah Chapter #45		D Employer identification number 23-7144979		
<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		Number and street (or P O box, if mail is not delivered to street address) C/O Nancy Hitchman, Secy @ 975 Rustling Road		Room/suite 		
		City or town, state or country, and ZIP + 4 South Charleston, WV 25303		E Telephone number 304-744-5903		
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		F Group Exemption Number ►		
I Website: ►				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
J Tax-exempt status (check only one) —		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (10) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000				A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				20,992		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I						
						
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	42		
	2	Program service revenue including government fees and contracts	2	1,103		
	3	Membership dues and assessments	3	15,915		
	4	Investment income	4	3,687		
	5a	Gross amount from sale of assets other than inventory	5a			
	5b	Less cost or other basis and sales expenses	5b			
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events				
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
	6c	Less direct expenses from gaming and fundraising events	6c			
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
	7a	Gross sales of inventory, less returns and allowances	7a			
	7b	Less: cost of goods sold	7b			
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
	8	Other revenue (describe in Schedule O)				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		20,992		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	7,088		
	11	Benefits paid to or for members	11	3,444		
	12	Salaries, other compensation, and employee benefits	12	4,165		
	13	Professional fees and other payments to independent contractors	13	350		
	14	Occupancy, rent, utilities, and maintenance	14	1,900		
	15	Printing, publications, postage, and shipping	15	2,761		
	16	Other expenses (describe in Schedule O)	16	5,232		
	17	Total expenses. Add lines 10 through 16		24,940		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,948)		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	428,239		
	20	Other changes in net assets or fund balances (explain in Schedule O)	20			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		424,291		

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	428,239	22 424,291
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	428,239	27 424,291

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **Fraternal & 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

28 American Cancer Society, Union Mission, Kanawha Valley Mental Health, Manna Meals, Salvation Army, Meals on Wheels, Capital Demolay, Childrens' Therapy, Rainbow Girls, Knights' Templar & Scottish Rite.		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 7,088
29		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		► 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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 - 8 hrs	0	0	560
Donald E. Lawrence	Worthy Parton - 5 hrs	0	0	0
Jennelle Harper Jones	Associate Matron - 4hrs	0	0	0
Jim Porter	Associate Patron - 4-hrs	0	0	0
Nancy Hitchman	Secretary - 8 hrs	2,400	0	0
Donna Conner	Treasurer - 6 hrs	1,300	0	0
Cindy Lowter	Conductress - 2hrs	0	0	0
Nickole Prowse	Associate Conductress 2hr. ⁺	0	0	0
Deborah Mitchell	Organist 2 hrs	315	0	0
Debbie Holcomb	Organist 1 hr	150	0	0
Teresa Cisco	Chaplain 1 hr	0	0	0
Bruce Wilson	Marshal	0	0	0
Norma Rawlings	Sentinel	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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, explain in Schedule O why the organization did not report the income on Form 990-T 35

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)? 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 0

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 tax year 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: 39a 0

a Initiation fees and capital contributions included on line 9 39b 0

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40a

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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. ► 3047445903
 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)? 42b ✓

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**.

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. ► _____

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b ✓

c Did the organization receive any payments for indoor tanning services during the year? 44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
45		✓
45a		✓
46		✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	✓	
48	✓	
49a	✓	
49b		

		Yes	No
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

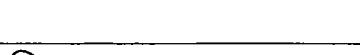
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

Sign Here	 Signature of officer	 Date		
	Nancy Hitchman, Secretary Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name J.Lawrence	Preparer's signature 	Date 10/1/11	Check <input checked="" type="checkbox"/> if self-employed PTIN P00286053
	Firm's name ► James B. Lawrence, CPA		Firm's EIN ► 55-0703941	
	Firm's address ► 909 Highland Road, Charleston, WV 25302-3012		Phone no 3022057443	
May the IRS discuss this return with the preparer shown above? See instructions . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				