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# 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, 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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Order of Eastern Star of WV - Tiskelwah Chapter # 45

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

C/O Nancy Hitchman, Associate Grand Matron @ 975 Rustling Road

City or town

state or country

ZIP + 4

South Charleston

WV

25303

D Employer identification number

23-7144979

E Telephone number

304-744-5903

F Group Exemption  
Number ►

G Accounting Method

 Cash  Accrual

Other (specify) ► \_\_\_\_\_

I Website: ► N/A

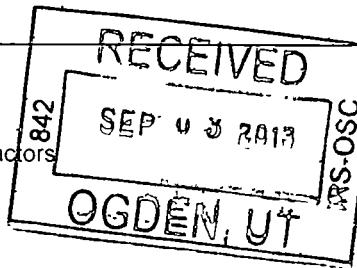
H Check ►  if the organization is  
not required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) —  501(c)(3)  501(c)( 10 ) ► (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization 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 ► \$ 102,573

**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	13
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 1,020
	4 Investment income	4 13,450
	5a Gross amount from sale of assets other than inventory	5a 88,090
	b Less cost or other basis and sales expenses	5b 67,922
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 20,168
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b 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
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 34,651
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 7,060
	11 Benefits paid to or for members	11 484
	12 Salaries, other compensation, and employee benefits	12 6,125
	13 Professional fees and other payments to independent contractors	13 290
	14 Occupancy, rent, utilities, and maintenance	14 1,875
	15 Printing, publications, postage, and shipping	15 3,232
	16 Other expenses (describe in Schedule O)	16 6,732
	17 Total expenses. Add lines 10 through 16	17 25,798
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 8,853
	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)	19 435,847
	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	21 444,700



**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	435,847	22 444,700
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	435,847	25 444,700
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	435,847	27 444,700

**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 and Charitable

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Grants to charitable organizations that are helpful to citizens

(Grants \$ 7,060 ) If this amount includes foreign grants, check here ► 

28a

29

(Grants \$ ) If this amount includes foreign grants, check here ► 

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ► 

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ► 

31a

32 Total program service expenses. (add lines 28a through 31a)

32

0

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Teresa Cisco				
Worthy Matron	Hr/WK 8 00			484
James Porter				
Worthy Patron	Hr/WK 7 00			
Nancy Hitchman				
Associate Grand Matron	Hr/WK 8 00	4,400		
Carolyn Davis				
Grand Secretary	Hr/WK 2 00			
Donna Conner				
Treasurer	Hr/WK 8 00	1,225		
Melissa Cisco				
Associate Matron	Hr/WK 6 00			
Geary Pauley				
Associate Patron	Hr/WK 6 00			
Mary Bradie				
Secretary	Hr/WK 2 00			
Martha Christensen				
Conductress	Hr/WK 2 00			
Cynthia Kline				
Associate Conductress	Hr/WK 2 00			
Randy Hutchinson				
Marshal	Hr/WK 2 00			
Shirley Clowser				
Organist	Hr/WK 1 00	375		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V <input type="checkbox"/>		
		Yes
		No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33 <input type="checkbox"/> X
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 <input type="checkbox"/> X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a <input type="checkbox"/> X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b <input type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c <input type="checkbox"/> X
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 <input type="checkbox"/> X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a <input type="checkbox"/>	37b <input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	38a <input type="checkbox"/> X
38 a	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?	38b <input type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a <input type="checkbox"/>
39	Section 501(c)(7) organizations Enter	39b <input type="checkbox"/>
a	Initiation fees and capital contributions included on line 9	40a <input type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities	40b <input type="checkbox"/>
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40c <input type="checkbox"/>
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	40d <input type="checkbox"/>
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	40e <input type="checkbox"/> X
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40f <input type="checkbox"/>
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	40g <input type="checkbox"/>
41	List the states with which a copy of this return is filed ► _____	40h <input type="checkbox"/>
42 a	The organization's books are in care of ► Nancy Hitchman	Telephone no ► 304-744-5903
	Located at ► 975 Rustling Road	City South Charleston ST WV 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 ► _____	42b <input type="checkbox"/> X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c <input type="checkbox"/> X
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► _____	42d <input type="checkbox"/>
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 <input type="checkbox"/>	43e <input type="checkbox"/>
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a <input type="checkbox"/> X
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 <input type="checkbox"/> X
c	Did the organization receive any payments for indoor tanning services during the year?	44c <input type="checkbox"/> X
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 <input type="checkbox"/> X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a <input type="checkbox"/> X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b <input type="checkbox"/> X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a	X	
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b If "Yes," was the related organization a section 527 organization?

49b	X	
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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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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

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"

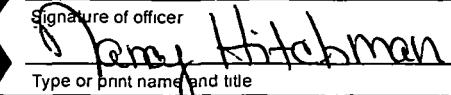
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP

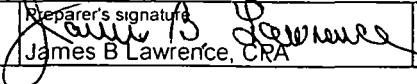
d Total number of other independent contractors each receiving over \$100,000 ►

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

►	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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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
			
Type or print name and title		8/29/13	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	James B Lawrence, CPA		8/20/2013		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	304-205-7443	

May the IRS discuss this return with the preparer shown above? See instructions

►	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**SCHEDULE O**  
(Form 990 or 990-EZ)

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

**Department of the Treasury  
Internal Revenue Service**

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.

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Name of the organization

Order of Eastern Star of WV - Tiskelwah Chapter # 45

**Employer identification number**

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 5.264

Form 990-EZ, Part I, Line 16. Other Expenses Conferences, conventions, and meetings 515

Form 990-EZ, Part I, Line 16, Other Expenses Florist 232

Form 990-EZ, Part I, Line 16. Other Expenses Per Capita 510

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous expense 211

**Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid**

#### Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

**Name of Organization**

**Employer identification number**

Order of Eastern Star of WV - Tiskelwah Chapter # 45

23-7144979