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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning

July 1,

, 2013, and ending

June

, 2014

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)

D Employer identification number

23-7144979

C/O Mary Bradie, Secretary @ 101 McGovran Road - Apt. 4

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (10) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

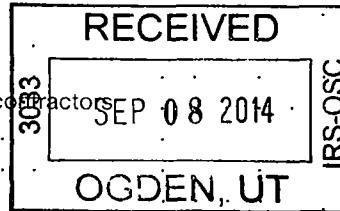
1	Contributions, gifts, grants, and similar amounts received	1	60
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	846
4	Investment income	4	13,322
5a	Gross amount from sale of assets other than inventory	5a	31,974
b	Less cost or other basis and sales expenses	5b	19,105
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	12,869
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	
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	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	27,097
10	Grants and similar amounts paid (list in Schedule O)	10	8,700
11	Benefits paid to or for members	11	1,525
12	Salaries, other compensation, and employee benefits	12	4,200
13	Professional fees and other payments to independent contractors	13	300
14	Occupancy, rent, utilities, and maintenance	14	2,145
15	Printing, publications, postage, and shipping	15	1,239
16	Other expenses (describe in Schedule O)	16	11,031
17	Total expenses. Add lines 10 through 16	17	29,140
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2,042)
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	444,700
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	442,615

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2013)

SCANNED SEP 25 2014



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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	444,700	22 442,615
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	444,700	25 442,615
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	444,700	27 442,615

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? _____

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 \$ 8,700) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
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)		► <input type="checkbox"/> 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 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	0	0	0
James Porter				
Worthy Patron	HR/WK 8.00	0	0	0
Melissa Cisco				
Assoc. Matron	HR/WK 6.00	0	0	0
Geary Pauley				
Assoc. Patron	HR/WK 6.00	0	0	0
Mary Bradie				
Secretary	HR/WK 9.00	2,600	0	0
Donna Conner				
Treasurer	HR/WK 9.00	1,200	0	0
Martha Christensen				
Conductress	HR/WK 3.00	0	0	0
Cynthia Kline				
Assoc. Conductress	HR/WK 2.00	0	0	0
Deborah Lilly				
Chaplain	HR/WK 2.00	0	0	0
Kimberly Hutchinson				
Organist	HR/WK 3.00	400	0	0
Randy Hutchinson				
Marshal	HR/WK 2.00	0	0	0
Georgia Hughes-Webb				
Adah	HR/W	2.00	0	0

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

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

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

35a 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

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

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

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 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

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 ► 40b

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 40c

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 40d

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

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 40f

41 List the states with which a copy of this return is filed ► 41

42a The organization's books are in care of ► Mary Bradie Telephone no. ► 304-344-0636 Located at ► 101 McGoveran Road - Apt. 4, Charleston, WV ZIP + 4 ► 25314

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 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

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b 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

		Yes	No
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	46	✓

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

		Yes	No
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	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 title of each employee	(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
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 business address of each independent contractor	(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 ► Yes No

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	Mary E. Bradie Signature of officer Mary Bradie, Secretary Type or print name and title	September 1, 2014 Date
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Paid Preparer Use Only	Print/Type preparer's name James B Lawrence, CPA	Preparer's signature James B. Lawrence	Date 8-28-14	Check <input checked="" type="checkbox"/> if self-employed	PTIN POO286053
	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 ► Yes No

SCHEDULE O
(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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Order of Eastern Star of West Virginia - Tiskelwah Chapter # 45

Employer identification number

23-7144979

Form 990-EZ Part 1 - Line 16 Other Expenses

Meals & Entertainment	\$ 5,055
Conferences and Convention expense	2,166
Rainbow & Chapter ads and Golf tournament	1,400
Badges and Decorations	1,266
Chapter Per Capita and ITF	521
Other miscellaneous expense	623
Total	11,031

Order of Eastern Star of WV – Tiskelwah Chapter # 45 FID 23-7144979
F/Y 6-30-2014
990-EZ – Part 1, Line 10

Muscular Dystrophy	2000
Mission West Virginia	1000
Cancer Society	500
Future Youth Scholarships	500
Heart Society	500
Knights Templar	500
Scottish Rite	250
Shriners Transportation	250
Youth Society	500
WV Grand Chapter Operating Fund	500
Manna Meals	200
Union Mission	200
Salvation Army	200
Veterans Home in Barboursville, WV	200
Meals on Wheels	200
Charleston Order of Rainbow for Girls	200
Kanawha Valley Senior Services	250
Estarl	500
Child Music Ministeries	100
Charleston Baptist Church	50
Various	100
 Total	8700