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## Return of Organization Exempt From Income Tax

2014

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

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).Open to Public  
Inspection

<b>A</b> For the 2014 calendar year, or tax year beginning		July 1, 2014	, 2014, and ending	June 30, 2015	, 20
<b>B</b> Check if applicable		<b>C</b> Name of organization		<b>D</b> Employer identification number	
<input type="checkbox"/> Address change		Order of Eastern Star of WV - Tiskelwah Chapter # 45		23-7144979	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		<b>E</b> Telephone number	
<input type="checkbox"/> Initial return		C/O Mary Bradie, Secretary @ 101 McGovran Road Apt # 4		304-344-0636	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Exemption Number ►	
<input type="checkbox"/> Amended return		Charleston, WV 25314			
<input type="checkbox"/> Application pending					
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►					
<b>I</b> Website: ► N/A					
<b>J</b> 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					
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other					
<b>L</b> 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 ► \$					
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)					
Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>					
SFPI Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	58	
	2	Program service revenue including government fees and contracts . . . . .	2		
	3	Membership dues and assessments . . . . .	3	798	
	4	Investment income . . . . .	4	11,247	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	98,679	
	b	Less: cost or other basis and sales expenses . . . . .	5b	92,078	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	6,601	
	6	Gaming and fundraising events	6d		
	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	18,704		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	5,150	
	11	Benefits paid to or for members . . . . .	11	540	
	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	2,250	
	15	Printing, publications, postage, and shipping . . . . .	15	960	
	16	Other expenses (describe in Schedule O) . . . . .	16	4,856	
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	18,256	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	448	
	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	442,615	
	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	443,063	

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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 . . . . .	442,615	22 443,063
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	442,615	25 443,063
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	442,615	27 443,063

**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; optional for others)

28 Grants to charitable organizations that are helpful to general public

(Grants \$ 5,150) 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 . . . ►  31a32 **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 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
Jim Porter				
Worthy Patron	HR/Wk 8 00	0	0	0
Melissa Cisco				
Associate Matron	HR/Wk 6 00	0	0	0
Geary Pauley				
Associate Patron	HR/Wk 6 00	0	0	0
Mary Bradie				
Secretary	HR/WK 9 00	2,400	0	0
Donna Conner				
Treasurer	HR/WK 9 00	1,200	0	0
Marti Christensen				
Conductress	HR/WK 3 00	0	0	0
Cindi Kline				
Associate Conductress	HR/Wk 2 00	0	0	0
Deborah Lilly				
Chaplain	HR/WK 4.00	0	0	0
Randy Hutchinson				
Marshal	HR/Wk 3 00	0	0	0
Kimberly Hutchinson				
Organist	HR/WK 4 00	600	0	0
Georgia Hughes-Webb				
Adah	HR/WK 2.00	0	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 

	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	✓
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 ► <b>37a</b> . . . . .	37a	
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	
a Initiation fees and capital contributions included on line 9 . . . . .	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), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► Mary Bradie Located at ► 101 McGovran Road - Apt 4, Charleston, WV	Telephone no. ► 304-344-0636	
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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 <b>Form 1041</b> —Check here . . . . . ► <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .		
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	✓
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	✓

		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	<input checked="" type="checkbox"/>

**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	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input checked="" type="checkbox"/>
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 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	<i>Mary Bradie</i> Signature of officer	<i>September 11, 2015</i> Date
	Mary Bradie, Secretary Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name James B Lawrence CPA	Preparer's signature <i>James B. Lawrence</i>	Date 9-10-15	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.	304-205-7443	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

Order of Eastern Star of WV – Tiskelwah Chapter # 45  
F/Y 6-30-2015  
'990-EZ Sched. O – Part 1, Line 10

FID 23-7144979

American Cancer Society	\$ 200
Future Youth Scholarships	500
American Heart Society	200
Knights Templar	250
Shriners Transportation	500
Youth Society	100
WV Grand Chapter OES	200
Manna Meals	200
Union Mission	200
Salvation Army	200
Veterans Home in Barboursville, WV	200
Meals on Wheels	200
Kanawha Valley Senior Services	500
Vietnam Agent Orange	200
Wounded Warriors Assoc	500
Childrens' Therapy Clinic	200
Childhood Language Center	700
Various	100
Total	5,150

Part 1, Line 16 – Other Expenses

Meetings, meals & entertainment	\$ 2,631
Conferences & State convention expense	1,090
Chapter Constitution instructions	339
Chapter per Capita and ITF	656
Miscellaneous expenses	140
Total	4,856