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# Short Form

## Return of Organization Exempt From Income Tax

2015

Department of the Treasury  
Internal Revenue Service

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

- 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 2015 calendar year, or tax year beginning	7/1/2015	, and ending	6/30/2016
<b>B</b> Check if applicable	<b>C</b> Name of organization		
<input type="checkbox"/> Address change	Order of Eastern Star of WV - Tiskelwah Chapter #45		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	101 McGovran Road Room/suite		
<input type="checkbox"/> Final return/terminated	Apt 4		
<input type="checkbox"/> Amended return	City or town	State	ZIP code
<input type="checkbox"/> Application pending	Charleston	WV	25314
	Foreign country name	Foreign province/state/county	Foreign postal code

**D** Employer identification number

23-7144979

**E** Telephone number

304-344-0636

**F** Group Exemption  
Number ►

<b>G</b> Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
<b>I</b> Website: ►			
<b>J</b> Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) ( 8 )	◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

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

<b>K</b> Form of organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Association
	<input type="checkbox"/> Other		

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 ► \$ 157,495

### 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

<b>SCANNED OCT 1</b> <b>Revenue</b> <b>Expenses</b> <b>Net Assets</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <b>1</b> Contributions, gifts, grants, and similar amounts received  <b>2</b> Program service revenue including government fees and contracts  <b>3</b> Membership dues and assessments  <b>4</b> Investment income  <b>5a</b> Gross amount from sale of assets other than inventory  <b>b</b> Less cost or other basis and sales expenses  <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  <b>6</b> Gaming and fundraising events  <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)  <b>b</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)  <b>c</b> Less direct expenses from gaming and fundraising events  <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  <b>7a</b> Gross sales of inventory, less returns and allowances  <b>b</b> Less cost of goods sold  <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  <b>8</b> Other revenue (describe in Schedule O)  <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         </td> <td style="width: 25%; text-align: center; vertical-align: top;"> <b>RECEIVED</b>  <b>7a</b>  <b>7b</b>  <b>6a</b>  <b>6b</b>  <b>6c</b>  <b>6d</b>  <b>7c</b>  <b>8</b>  <b>9</b> 2,412         </td> <td style="width: 25%; text-align: center; vertical-align: top;"> <b>1</b> 96  <b>2</b>  <b>3</b> 776  <b>4</b> 10,992  <b>5c</b> -9,452  <b>10</b> 5,135  <b>11</b> 500  <b>12</b> 4,175  <b>13</b> 300  <b>14</b> 2,160  <b>15</b> 1,557  <b>16</b> 3,762  <b>17</b> 17,589  <b>18</b> -15,177  <b>19</b> 443,063  <b>20</b>  <b>21</b> 427,886         </td> </tr> <tr> <td style="vertical-align: top;"> <b>10</b> Grants and similar amounts paid (list in Schedule O)  <b>11</b> Benefits paid to or for members  <b>12</b> Salaries, other compensation, and employee benefits  <b>13</b> Professional fees and other payments to independent contractors  <b>14</b> Occupancy, rent, utilities, and maintenance  <b>15</b> Printing, publications, postage, and shipping  <b>16</b> Other expenses (describe in Schedule O)  <b>17</b> <b>Total expenses.</b> Add lines 10 through 16         </td> <td style="text-align: center; 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For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2015)

9-5 00

## 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	443,063	22	427,886
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
<b>25 Total assets</b>	<b>443,063</b>	<b>25</b>	<b>427,886</b>
<b>26 Total liabilities (describe in Schedule O)</b>		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>443,063</b>	<b>27</b>	<b>427,886</b>

**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? Sociable and community advancement  
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

28

	(Grants \$	) 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	<b>Total program service expenses.</b> (add lines 28a through 31a) ► <input type="checkbox"/>		
			5 135

**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 Q to respond to any question in this Part IV.

**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  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  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  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  X  
 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  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  X

37 a 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  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? 38a  X  
 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   
 b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b  X, section 4912 ► 40c , section 4955 ► 40d   
 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 40e  X  
 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 40f   
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40g   
 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 8868-T 40h

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

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

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 ► 42c  X  
 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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

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

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

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	(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			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

f Total number of other employees paid over \$100,000 ► None

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
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 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 E. Bradie</i>	<i>September 26, 2016</i>
	Signature of officer	Date
	► Mary Bradie, Secretary	
	Type or print name and title	

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	James B Lawrence	9/14/2016		P00286053
	Firm's name ► James B Lawrence, CPA				Firm's EIN ► 55-0703941
	Firm's address ► 909 Highland Road, Charleston, WV 25302				Phone no 304-205-7443

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

►  Yes  No