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Form **990**

Department of the Treasury
Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2006

Open to Public Inspection

For the 2006 calendar year, or tax year beginning Jul 1 **, 2006, and ending** Jun 30 **, 2007**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization
Mizpah Grand Chapter Order Eastern Star

Number and street (or P O box if mail is not delivered to street addr) Room/suite
316 Avenue U

City, town or country | State | ZIP code + 4
Birmingham | AL | 35214

D Employer Identification Number
~~63-3178030~~ 63-0317803

E Telephone number
(205) 251-1601

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ► N/A

J Organization type (check only one) ► ☒ 501(c) 8 ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 310,374.

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☒ No
(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ►

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b		
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash $ ____ noncash $ ____)		1e	
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
3	Membership dues and assessments		3	74,924.
4	Interest on savings and temporary cash investments		4	0.
5	Dividends and interest from securities		5	352,335.
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) Subtract line 6b from line 6a		6c	
7	Other investment income (describe ► Realized/unrealized gains/losses)		7	-146,092.

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ► ☐			
a	Gross revenue (not including $ ____ of contributions reported on line 1b)		9a	
b	Less direct expenses other than fundraising expenses		9b	
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c
10a	Gross sales of inventory, less returns and allowances		10a	
b	Less cost of goods sold		10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c
11	Other revenue (from Part VII, line 103)			11 29,207.
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 310,374.
13	Program services (from line 44, column (B))			13 176,111.
14	Management and general (from line 44, column (C))			14 440,294.
15	Fundraising (from line 44, column (D))			15
16	Payments to affiliates (attach schedule)			16
17	**Total expenses.** Add lines 16 and 44, column (A)			17 616,405.
18	Excess or (deficit) for the year Subtract line 17 from line 12			18 -306,031.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 3,817,443.
20	Other changes in net assets or fund balances (attach explanation)			20
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 3,511,412.

P 15

Part II Statement of Functional E nses All organizations must complete column (olumns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	22a				
22b Other grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24	87,809.	87,809.		
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	39,418.		39,418.	
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	176,603.	88,302.	88,301.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	14,500.		14,500.	
32 Legal fees	32	6,850.		6,850.	
33 Supplies	33	19,329.		19,329.	
34 Telephone	34	5,894.		5,894.	
35 Postage and shipping	35	2,979.		2,979.	
36 Occupancy	36	20,007.		20,007.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	15,118.		15,118.	
39 Travel	39	39,366.		39,366.	
40 Conferences, conventions, and meetings	40	71,157.		71,157.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	9,968.		9,968.	
43 Other expenses not covered above (itemize)					
a Contract services	43a	5,839.		5,839.	
b	43b				
c Insurance	43c	12,670.		12,670.	
d Scholarships & Contributions	43d	11,700.		11,700.	
e Miscellaneous	43e	36,452.		36,452.	
f Investment fees	43f	40,593.		40,593.	
g Taxes and licenses	43g	153.		153.	
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	616,405.	176,111.	440,294.	

Joint Costs. Check ► ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ____; **(ii)** the amount allocated to Program services $ ____; **(iii)** the amount allocated to Management and general $ ____; and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ► To provide general welfare to its members by establishing end

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a Payment of Death Benefits to Members Beneficiaries

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

b

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

e Other program services

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
45	Cash – non-interest-bearing		127,701.	45	100,101.
46	Savings and temporary cash investments		1,325,635.	46	458,562.
47a	Accounts receivable	47a			
b	Less: allowance for doubtful accounts	47b		47c	
48a	Pledges receivable	48a			
b	Less: allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
51a	Other notes and loans receivable (attach schedule)	51a 50,524.			
b	Less: allowance for doubtful accounts	51b	52,798.	51c	50,524.
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges			53	
54a	Investments – publicly-traded securities L-54a Stmt ► ☐ Cost ☐ FMV		2,328,261.	54a	2,902,907.
b	Investments – other securities (attach sch) ► ☐ Cost ☐ FMV			54b	
55a	Investments – land, buildings, & equipment: basis	55a 61,150.			
b	Less. accumulated depreciation (attach schedule) L-55 Stmt	55b 36,977.	27,570.	55c	24,173.
56	Investments – other (attach schedule)			56	
57a	Land, buildings, and equipment: basis	57a 114,537.			
b	Less accumulated depreciation (attach schedule) L-57 Stmt	57b 101,393.	14,715.	57c	13,144.
58	Other assets, including program-related investments (describe ► See Line 58 Stmt)		422.	58	20,587.
59	**Total assets** (must equal line 74) Add lines 45 through 58		3,877,102.	59	3,569,998.
60	Accounts payable and accrued expenses		9,500.	60	9,903.
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	
b	*Mortgages and other notes payable (attach schedule)*			64b	
65	Other liabilities (describe ► See Line 65 Stmt)		50,159.	65	48,683.
66	**Total liabilities.** Add lines 60 through 65		59,659.	66	58,586.
	Organizations that follow SFAS 117, check here ► ☒ and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted		3,817,443.	67	3,511,412.
68	Temporarily restricted			68	
69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds			72	
73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		3,817,443.	73	3,511,412.
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		3,877,102.	74	3,569,998.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify)	d2		
	Add lines d1 and d2		d	
e	**Total revenue** (Part I, line 12). Add lines c and d		► e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify)	d2		
	Add lines d1 and d2		d	
e	**Total expenses** (Part I, line 17) Add lines c and d		► e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(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 and deferred compensation plans	(E) Expense account and other allowances
Rev. Charles A Lett P.O. Box 2307 Selma AL	Grand Worthy Patron 30	10,168.	0.	0.
Rev.Bernard Williams 323 52nd Street Fairfield AL	G.Assoc Patron 10	13,344.	0.	0.
Mrs.Nora Thompson 404 West Tombigbee St Florence, AL	Grand Trustees 10	0.	0.	0.
Mrs. Johnnie R. Carr 720 South Hall St Montgomery, AL	Grand Treasurer 10	0.	0.	0.
Ms. Edna M. Williams P. O. Box 747 Mobile AL	Grand Worthy Matron 30	15,906.	0.	0.
See List of Officers, Etc Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ► 11			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization ► _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a Enter direct and indirect political expenditures (See line 81 instructions) 81a			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
	b Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
	c Dues, assessments, and similar amounts from members 85c N/A			
	d Section 162(e) lobbying and political expenditures 85d N/A			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations.* Enter a Initiation fees and capital contributions included on line 12 86a N/A			
	b Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations* Enter a Gross income from members or shareholders 87a N/A			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Part IX	88a		X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI ►	88b		X
89a	*501(c)(3) organizations* Enter. Amount of tax imposed on the organization during the year under: section 4911 ► , section 4912 ► , section 4955 ►			
	b *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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	N/A	
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
	d Enter Amount of tax on line 89c, above, 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?	89e		X
	f *All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	g *For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90a	List the states with which a copy of this return is filed ► NA			
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	14	
91a	The books are in care of ► Mizpah Grand Chapter Order Eastern Star Telephone number ► (205) 251-1601 Located at ► 316 Avenue U, Birmingham, AL ZIP + 4 ► 35214			
	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)?	91b		X
	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			

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If 'Yes,' enter the name of the foreign country ►		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					74,924.
95 Interest on savings & temporary cash invmnts					0.
96 Dividends & interest from securities					352,335.
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Other	1				29,207.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					456,466.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					456,466.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
105	These funds are used to meet program expenses and the cost of operations.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)* N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
b	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If 'Yes' to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions)*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

► Emma T. Sheppard — 4/27/2010
Signature of officer — Date

► Emma T. Sheppard - Grand Endowment Sect.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►		Date 4-27-2010	Check if self-employed ► ___
Firm's name (or yours if self-employed), address, and ZIP + 4	BANKS, FINLEY, WHITE & CO. 617 37TH STREET SOUTH BIRMINGHAM AL 35222		Preparer's SSN or PTIN (See General Instruction W) EIN ► Phone no ►

990-EZ, 990, 990-T and 990-PF Information Worksheet

2006

Part I — Identifying Information

Employer Identification Number 63-3178030
Name Mizpah Grand Chapter Order Eastern Star
Address 316 Avenue U Room/Suite
City Birmingham State AL ZIP Code 35214

Telephone Number (205) 251-1601 Extension
Fax (205) 251-1602 E-Mail Address

☐ **Eligible for hurricane tax relief legislation benefits, check here**

QuickZoom here to Form 8913, Credit for Federal Telephone Excise Tax Paid ►

Part II — Type of Return

- ☐ Form 990-EZ **only**
- ☒ Form 990 **only**
- ☐ Form 990-PF **only**
- ☐ Form 990-T **only**
- ☐ Form 990-EZ **with** Form 990-T
- ☐ Form 990 **with** Form 990-T
- ☐ Form 990-PF **with** Form 990-T

☐ **QuickBooks Import Users:** Check if you're filing 990-EZ & want 990 imported data copied to 990-EZ

Part III — Type of Organization

- ☒ 501(c) Corporation — 8 (subsection number)
- ☐ 501(c) Trust — (subsection number)
- ☐ 4947(a)(1) Trust
- ☐ 408(e) Trust
- ☐ 401(a) Trust
- ☐ Other (describe)
- ☐ 220(e) Trust
- ☐ 408A Trust
- ☐ 529(a) Corporation
- ☐ 529(a) Trust
- ☐ 530(a) Trust
- ☐ 527 Organization

Part IV — Tax Year and Filing Information

- ☐ Calendar year
- ☒ Fiscal year — Ending month 6
- ☐ Short year — Beginning date Ending date

☐ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V — 2006 Estimated Taxes Paid

☐ Check this box if the organization is a private foundation

	Form 990-T	Form 990-PF
Amount of 2005 overpayment credited to 2006 estimated tax .		

		Form 990-T		Form 990-PF	
	Due	Date	Amount	Date	Amount

Payment Quarters	.te	Paid	Paid	Paid	Paid
1st Quarter Payment	10/16/06				
2nd Quarter Payment	12/15/06				
3rd Quarter Payment	03/15/07				
4th Quarter Payment	06/15/07				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	05/15/08		

Letter Salutation

QuickZoom to Form 990-EZ, Pages 1, 2 and 3 ►
QuickZoom to Form 990, Page 1 ►
QuickZoom to Form 990-PF, Page 1 ►
QuickZoom to Form 990-T, Page 1 ►

QuickZoom to Client Status ►

Form 990, Page 5, Part V-A
List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
Mrs. Annie Pringle 118 Frederick Douglas Road Burkvi	Grand Associate Matr 10	0.	0.	0.
DR. EMMA SHEPARD 461 El Camino Real Chelsea, AL	Grand Endowment Secr 30	0.	0.	0.
Mrs. Mary R. McInnis P. O. Box 788 Eutaw, AL	Grand Secretary 10	0.	0.	0.
Mrs. Fannie Ray P.O. Box 241653 Mont, AL	Grand Endowment Trea 10	0.	0.	0.
Mrs. Mamie Ward 4907 Oakwood Road,NW Huntsville,	Grand Recording Secr 10	0.	0.	0.
Mr.Calvin Miller,II,33 4024 West Tombigee Street Florenc	Member 10	0.	0.	0.
Mrs. Matilda Hayes P.O. Box 123 Alberta, AL	Grand Sec Treasure 10	0.	0.	0.
Mrs. Willie Frizzle 21 Walker Lane Shorter, Alabama 3	Member 10	0.	0.	0.

Form 990, Page 4, Part IV, Line 54a
Investments - Publicly-Traded Securities Statement

Line 54a — Investments - Publicly-Traded Securities:	Beginning of Year	End of Year
Equity Securities	0.	221,278.
Mutual Funds	0.	720,367.
Investment in Preferred Stocks	74,764.	19,976.
Bonds	2,253,497.	1,941,286.
Total	2,328,261.	2,902,907.

Form 990, Page 4, Part IV, Lines 55a & 55b
Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
REAL ESTATE	61,150.	36,977.	24,173.

Form 990, Page 4, Part IV, Lines 55a & 55b Continued

Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Total	61,150.	36,977.	24,173.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Automobile	22,399.	18,666.	3,733.
Furniture and Equipment	92,138.	82,727.	9,411.
Total	114,537.	101,393.	13,144.

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	**Beginning of Year**	**End of Year**
Accrued interest receivable	422.	20,587.
Total	422.	20,587.

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	**Beginning of Year**	**End of Year**
Death Claims Payable	10,333.	8,922.
Bond Reserve	39,761.	39,761.
Taxes Payable	65.	0.
Total	50,159.	48,683.

Supporting Statement of:

Form 990 p 2/Line 36 column (C)

Description	Amount
Rent	17,928.
Electricity	2,079.
Total	20,007.

Supporting Statement of:

Form 990 p 2/Line 39 column (C)

Description	Amount
Credit card	37,977.
Travel	1,389.
Total	39,366.

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-5

Description	Amount
Sundry	7,796.
Collection service charge	48.
Medical expenses	300.
Equipment repair	235.
Bank service charge	944.
Parking	1,550.
Refunds	101.
Return checks	18,558.
Bank error	6,920.
Total	36,452.

Supporting Statement of:

Form 990 p 4/Line 46, column (A)

Description	Amount
Cash Equivalents	835,244.
Certificates of Deposit	490,391.
Total	1,325,635.

Supporting Statement of:

Form 990 p 4/Line 46, column (B)

Description	Amount
Cash Equivalents	159,783.
Certificates of Deposit	298,779.
Total	458,562.

Supporting Statement of:

Form 990 p 4/Line 57c, column (A)

Description	Amount
Automobile	8,213.
Furniture and Equipment	6,502.
Total	14,715.

Supporting Statement of:

Form 990 p 8/Line 94(E)

Description	Amount
Membership dues	74,368.
Joining fees	556.
Total	74,924.

8868 p1- 990: Application for Extension of Time to File (1st Ext) -990/990-EZ

Filing Address Smart Worksheet

Send Form 8868 to: Internal Revenue Service Center
Ogden, UT 84201-0012

8868 p2- 990: Application for Extension of Time to File (2nd Ext) - 990/990-EZ

Filing Address Smart Worksheet

Send Form 8868 to. Internal Revenue Service Center
Ogden, UT 84201-0012

Form **8868**
(Rev December 2006)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions

Name of Exempt Organization	Employer Identification number
Mizpah Grand Chapter Order Eastern Star	63-3178030
Number, street, and room or suite number If a P O box, see instructions	
316 Avenue U,	
City town or post office For a foreign address see instructions	state ZIP code
Birmingham	AL 35214

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► Mizpah Grand Chapter Order Eastern Star

Telephone No ► (205) 251-1601 FAX No ► (205) 251-1602

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [X] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until Feb 15, 20 08, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [ ] calendar year 20 ___ or
► [X] tax year beginning Jul 1, 20 06, and ending Jun 30, 20 07

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print

File by the extended due date for filing the return See instructions

Name of Exempt Organization	Employer identification number
Mizpah Grand Chapter Order Eastern Star	63-3178030
Number, street, and room or suite number If a P O. box, see instructions	For IRS use only
316 Avenue U,	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
Birmingham AL 35214	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► Mizpah Grand Chapter Order Eastern Star
  Telephone No ► (205) 251-1601 FAX No. ► (205) 251-1602
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [X] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until May 15, 20 08

5 For calendar year ____, or other tax year beginning Jul 1, 20 06, and ending Jun 30, 20 07.

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension Addition time is needed to compile financial statements.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**8a**	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$ 0.
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	**8c**	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Title ► Date ►

Notice to Applicant. (To be Completed by the IRS)

[ ] We **have** approved this application Please attach this form to the organization's return

[ ] We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return

[ ] We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

[ ] We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested

[ ] Other _____

Director By. _____ Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print

Name
Number and street (include suite, room, or apartment number) or a P.O. box number
City or town, province or state, and country (including postal or ZIP code)