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Form **990**

Department of the Treasury
Internal Revenue Service(77)

Retur f Organization Exempt From Inc ie 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

2007

Open to Public Inspection

For the 2007 calendar year, or tax year beginning Jul 1 **, 2007, and ending** Jun 30 **, 2008**

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

Please use IRS label or print or type See specific instruc-tions

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 [X] 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) ► [X] 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 ► 346,526.

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? [ ] Yes [X] No

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

H (c) Are all affiliates included? [ ] Yes [X] 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 [X] No

I Group Exemption Number ►

M Check ► [X] 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	73,091.
4	Interest on savings and temporary cash investments		4	16,194.
5	Dividends and interest from securities		5	113,048.
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	37,507.

	(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	106,686.
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	346,526.
13	Program services (from line 44, column (B))		13	88,617.
14	Management and general (from line 44, column (C))		14	423,297.
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	511,914.
18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	-165,388.
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	3,511,412.
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	3,346,024.

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

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	88,617.	88,617.		
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	26,100.		26,100.	
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	9,000.		9,000.	
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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	130,824.		130,824.	
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	23,080.		23,080.	
32 Legal fees	32				
33 Supplies	33	10,399.		10,399.	
34 Telephone	34	4,753.		4,753.	
35 Postage and shipping	35	2,104.		2,104.	
36 Occupancy	36	20,606.		20,606.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	21,429.		21,429.	
39 Travel	39	3,754.		3,754.	
40 Conferences, conventions, and meetings	40	65,659.		65,659.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	9,063.		9,063.	
43 Other expenses not covered above (itemize)					
a Contract services	43a	16,477.		16,477.	
b Insurance	43b	4,079.		4,079.	
c Scholarships & Contributions	43c	63,830.		63,830.	
d Miscellaneous	43d	11,981.		11,981.	
e Investment fees	43e				
f Taxes and licenses	43f	159.		159.	
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	511,914.	88,617.	423,297.	

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 *(See the instructions.)*

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			100,101.	45	77,176.
46 Savings and temporary cash investments			458,562.	46	211,300.
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) L-51a Stmt	51a	145,102.			
b Less: allowance for doubtful accounts	51b		50,524.	51c	145,102.
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54a Investments – publicly-traded securities L-54a Stmt ► ☐ Cost ☒ FMV			2,902,907.	54a	2,878,503.
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	40,375.	24,173.	55c	20,775.
56 Investments – other (attach schedule)				56	
57a Land, buildings, and equipment· basis	57a	45,265.			
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b	41,392.	13,144.	57c	3,873.
58 Other assets, including program-related investments (describe ► See Line 58 Stmt)			20,587.	58	29,646.
59 **Total assets** (must equal line 74) Add lines 45 through 58			3,569,998.	59	3,366,375.
60 Accounts payable and accrued expenses			9,903.	60	
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)			48,683.	65	20,351.
66 **Total liabilities.** Add lines 60 through 65			58,586.	66	20,351.
Organizations that follow SFAS 117, check here ► ☒ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			3,511,412.	67	3,346,024.
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)			3,511,412.	73	3,346,024.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,569,998.	74	3,366,375.

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

a	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. Bernard Williams 1153 3rd Plaza Pleasant Grove AL 35127	Grand Worthy Patron 30.00	6,000.	0.	0.
Dr. Edna M. Williams P.O. Box 747 Mobile AL 36601	Grand Worthy Matron 30.00	6,000.	0.	0.
Mr. Calvin Miller II 4024 Cedar Gate Road Huntsville AL 35830	Grand Associate Pat 10.00	0.	0.	0.
Mrs. Annie Pringle 118 Frederick Douglas Road Burkville AL 36757	Grant Associate Mat 10.00	0.	0.	0.
Mrs. Mamie Ward 4907 Oakwood Road NW Huntsville AL 35806	Grand Recording Sec 10.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees 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 at 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
Rev. Charles A. Lett P.O. Box 2307 Selma AL	0.	9,000.	0.	0.

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
82 a	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			
83 a	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
84 a	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 a	*501(c)(4), (5), or (6)* 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			
88 a	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
89 a	*501(c)(3) organizations* Enter· Amount of tax imposed on the organization during the year under· section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
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
90 a	List the states with which a copy of this return is filed ► See States Filed In			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	14	
91 a	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)? If 'Yes,' enter the name of the foreign country ►	91b		X
	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					73,091.
95 Interest on savings & temporary cash invmnts					16,194.
96 Dividends & interest from securities					113,048.
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 Miscellanous	1				36,749.
c Miscellanous					37,344.
d Refunds					32,397.
e Return checks					196.
104 Subtotal (add columns (B), (D), and (E))					309,019.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					309,019.

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 for 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 Shepard — 4-27-2010
Signature of officer — Date

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

Paid Preparer's Use Only

Preparer's signature ►		Date 4-27-10	Check if self-employed ►	Preparer's SSN or PTIN (See General Instruction X)
Firm's name (or yours if self-employed), address, and ZIP + 4	BANKS, FINLEY, WHITE & CO. ► 617 37TH STREET SOUTH BIRMINGHAM AL 35222		EIN ► Phone no ►	

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

2007

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

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

Part II – Type of Return

☐	Form 990-EZ **only**	☐	Form 990-EZ **with** Form 990-T
☒	Form 990 **only**	☐	Form 990 **with** Form 990-T
☐	Form 990-PF **only**	☐	Form 990-PF **with** Form 990-T
☐	Form 990-T **only**	☐	Form 990-N (gross receipts $25,000 or less) **for Electronic Filing only**

☐ **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)	☐	220(e) Trust
☐	501(c) Trust	(subsection number)	☐	408A Trust
☐	4947(a)(1) Trust		☐	529(a) Corporation
☐	408(e) Trust		☐	529(a) Trust
☐	401(a) Trust		☐	530(a) Trust
☐	Other (describe)		☐	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 – 2007 Estimated Taxes Paid

☐ Check this box if the organization is a private foundation

	Form 990-T	Form 990-PF
Amount of 2006 overpayment credited to 2007 estimated tax		

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	10/15/07				
2nd Quarter Payment	12/17/07				
3rd Quarter Payment	03/17/08				
4th Quarter Payment	06/16/08				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI – Electronic Filing Information

Electronic Filing:

☐ File the federal return electronically

Practitioner PIN program:

☐ Sign this return electronically using the Practitioner PIN
☐ ERO entered PIN
Officer's PIN (enter any 5 numbers) _____
Date PIN entered _____

Electronic Filing of Extensions:

☐ Check this box to file **Form 8868** (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name _____

Electronic Filing of Amended Return:

☐ Check this box to file **amended return** electronically

Part VII – Electronic Funds Withdrawal Information *(Form 990PF filers only)*

Yes	No	
☐	☐	Use **electronic funds withdrawal** of **federal balance due** (EF only)?
☐	☐	Use **electronic funds withdrawal** of **Form 8868 balance due** (EF only)?
☐	☐	Use **electronic funds withdrawal** of **amended return balance due** (EF only)?

If any options selected above, enter information below, **(Review transferred information for accuracy)**

Bank Information

Name of Financial Institution (optional) _____
Check the appropriate box ☐ Checking ☐ Savings
Routing number _____
Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____
Balance due amount from this return _____
Enter an amount to withdraw tax payment _____
If partial payment is made, the remaining balance due _____

Part VIII – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . .			

Letter Salutation _____

Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) ____
QuickZoom to Firm/Preparer Info . . ►

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 Form 990-N, e-PostCard . ►

QuickZoom to Client Status ►

Form 990, Page 5, Part V-A
List of Officers, Directors, Trustees, & Key Employees 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
Business [ ] Person [X] Mrs. Mary R. McInnis P.O. Box 534 Eutaw AL 35462	Grand Secretary 10.00	0.	0.	0.
Business [ ] Person [ ] Mrs. Johnnie Carr 720 South Hall Street Montgomery AL 36104	Grand Treasurer 10.00	0.	0.	0.
Business [ ] Person [ ] Dr. Emma T. Shepard 1630 - 4th Avenue, North Birmingham AL 35203	Grand Endowment Secr 40.00	6,000.	0.	0.
Business [ ] Person [ ] Mrs. Fannie Ray P.O. Box 241653 Montgomery AL 36126	Grand Endowment Trea 10.00	8,100.	0.	0.
Business [ ] Person [ ] Mrs. Nora Thompson West Tombigbee Street Florence AL 35630	Member 10.00	0.	0.	0.
Business [ ] Person [ ] Dr. Otis Shepard 867 Settlement Road Sylacauga AL 35150	Member 10.00	0.	0.	0.
Business [ ] Person [ ] Mrs. Willie Frizzle 21 Walker Lane Shorter Shorter AL 36075	Member 10.00	0.	0.	0.

Form 990. Part VI, Page 7, Line 90a
States Filed In

Alabama

Form 990, Page 4, Part IV, Line 51a
Other Notes and Loans Receivable

Description	Amount
Loans receivable	98,680.
Mortgages receivable	46,422.
Total	145,102.

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

Description	Cost or FMV	Beginning of Year	End of Year
Equity Securities	FMV	221,278.	492,206.
Mutual Funds	FMV	720,367.	525,204.
Investment in Preferred Stocks	FMV	19,976.	20,208.
Bonds	FMV	1,941,286.	1,840,885.
Total		2,902,907.	2,878,503.

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.	40,375.	20,775.
Total	61,150.	40,375.	20,775.

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.	22,399.	0.
Furniture and Equipment	22,866.	18,993.	3,873.
Total	45,265.	41,392.	3,873.

Form 990, Page 4, Part IV, Line 58
Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Accrued interest receivable	20,587.	29,646.
Total	20,587.	29,646.

Form 990, Page 4, Part IV, Line 65
Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Death Claims Payable	8,922.	8,930.

Form 990, Page 4, Part IV, Line 65 Continued

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Bond Reserve	39,761.	3,886.
Taxes Payable	0.	7,535.
Total	48,683.	20,351.

Supporting Statement of:

Form 990 p 2/Line 36 column (C)

Description	Amount
Rent	17,994.
Electricity	2,612.
Total	20,606.

Supporting Statement of:

Form 990 p 2/Line 40 column (C)

Description	Amount
Conferences and conventions	23,756.
Credit cards charges for meetings	41,903.
Total	65,659.

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
Cash equivalents	168,283.
Certificates of deposit	43,017.
Total	211,300.

Supporting Statement of:

Form 990 p 8/Line 94(E)

Description	Amount
Membership dues	72,581.
Joining fees	510.
Total	73,091.

Supporting Statement of:

Form 990 p 8/Line 95(E)

Description	Amount
Interest income bank	9,440.
Interest income conventional	6,491.
Interest income checking	37.
Bank adjustments	226.
Total	16,194.

Supporting Statement of:

Form 990 p 8/Line 96(E)

Description	Amount
Interest on investments	88,965.
Dividend income	24,083.
Total	113,048.