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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)

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning May 1, 2007, and ending Apr 30, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Grand Lodge of Free & Accepted Masons of NJ. D Employer Identification Number: 21-0454866. E Telephone number: (609) 239-3950. F Accounting method: Cash, Accrual, Other.

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) 10

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,551,104.

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes items like Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Net gain, Gross sales of inventory, and Total revenue/expenses.

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STATUTE UNIT RECEIVED MAR 22 2008 ACCOUNTS MANAGEMENT OGDEN, UT

NO STATUTE ISSUE 0436550341 MAR 26 2012

SCANNED APR 03 2012

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**Part III Statement of Functional Expenses** All organizations must complete column (A). Columns (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 (See instruct)

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 <input type="checkbox"/>	22a	195,926.	195,926.		
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	120,424.	120,424.	0.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27	944.	944.	0.	0.
28 Employee benefits not included on lines 25a - 27	28	1,000.	1,000.	0.	0.
29 Payroll taxes	29	10,694.	10,694.	0.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	14,063.	14,063.	0.	0.
32 Legal fees	32				
33 Supplies	33	9,102.	9,102.	0.	0.
34 Telephone	34	5,919.	5,919.	0.	0.
35 Postage and shipping	35	7,198.	7,198.	0.	0.
36 Occupancy	36				
37 Equipment rental and maintenance	37	2,589.	2,589.	0.	0.
38 Printing and publications	38	8,898.	8,898.	0.	0.
39 Travel	39				
40 Conferences, conventions, and meetings	40	38,031.	38,031.	0.	0.
41 Interest	41	46,732.	46,732.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42	73,076.	73,076.	0.	0.
43 Other expenses not covered above (itemize):					
a SEE SCHEDULE	43a	407,629.	407,629.	0.	0.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	942,225.	942,225.	0.	0.

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.

<p>What is the organization's primary exempt purpose? ▶ <u>To improve the moral character of the individual man.</u>          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.)</p>	<p><b>Program Service Expenses</b>          (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> N/A          -----          -----          -----          -----          -----          -----          (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>b</b>          -----          -----          -----          -----          -----          -----          (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>c</b>          -----          -----          -----          -----          -----          -----          (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>d</b>          -----          -----          -----          -----          -----          -----          (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>e</b> Other program services . . . . .          (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶</p>	

BAA

**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	
ASSETS	45 Cash – non-interest-bearing . . . . .	240,095.	45	153,703.	
	46 Savings and temporary cash investments . . . . .		46		
	47 a Accounts receivable . . . . .	345,450.			
	b Less: allowance for doubtful accounts . . . . .		200,506.	47 c	345,450.
	48 a Pledges receivable . . . . .				
	b Less: allowance for doubtful accounts . . . . .			48 c	
	49 Grants receivable . . . . .			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			50 b	
	51 a Other notes and loans receivable (attach schedule) . . . . .	10,000.			
	b Less: allowance for doubtful accounts . . . . .		10,000.	51 c	10,000.
	52 Inventories for sale or use . . . . .			52	
	53 Prepaid expenses and deferred charges . . . . .	40,547.	53	27,975.	
	54 a Investments – publicly-traded securities L-54a Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,858,207.	54 a	4,515,482.	
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b		
55 a Investments – land, buildings, & equipment basis					
b Less: accumulated depreciation (attach schedule)			55 c		
56 Investments – other (attach schedule)			56		
57 a Land, buildings, and equipment: basis . . . . .	4,402,755.				
b Less: accumulated depreciation (attach schedule) . . . . . L-57. Stmt	243,137.	1,900,988.	57 c	4,159,618.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> See Line 58 Stmt )	272,987.	58	287,225.		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	7,523,330.	59	9,499,453.		
LIABILITIES	60 Accounts payable and accrued expenses . . . . .	206,305.	60	445,820.	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .	231,216.	62	232,016.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		64 a		
	b Mortgages and other notes payable (attach schedule) . . . . .	0.	64 b	1,200,000.	
	65 Other liabilities (describe <input type="checkbox"/> See Line 65 Stmt )	242,969.	65	257,781.	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	680,490.	66	2,135,617.		
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted . . . . .	6,655,718.	67	7,159,475.	
	68 Temporarily restricted . . . . .	187,122.	68	204,361.	
	69 Permanently restricted . . . . .		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	6,842,840.	73	7,363,836.	
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	7,523,330.	74	9,499,453.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,474,725.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): <u>See Schedule</u>	<b>b4</b>	46,634.	
	Add lines b1 through b4		<b>b</b>	46,634.
<b>c</b>	Subtract line b from line a		<b>c</b>	1,428,091.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): <u>See Schedule</u>	<b>d2</b>	369,720.	
	Add lines d1 and d2		<b>d</b>	369,720.
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	1,797,811.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	970,968.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): <u>See Schedule</u>	<b>b4</b>	46,634.	
	Add lines b1 through b4		<b>b</b>	46,634.
<b>c</b>	Subtract line b from line a		<b>c</b>	924,334.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): <u>See Schedule</u>	<b>d2</b>	17,891.	
	Add lines d1 and d2		<b>d</b>	17,891.
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	942,225.

**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
JOHN COLLIGAS 125 PROSPECT AVENUE BRIDGEWATER NJ 08807	TRUSTEE 20.00	0.	0.	0.
WILLIAM H BERMAN 45 LACOSTA DRIVE BLACKWOOD NJ 08012	TRUSTEE 10.00	0.	0.	0.
JOSEPH H. RIVAL, JR. 333 FRANCIS AVENUE CHESILHURST NJ 08089	TRUSTEE 10.00	0.	0.	0.
WILLIAM L. MORRIS, JR. 300 GARFIELD STREET LINDEN NJ 07036	TRUSTEE 10.00	0.	0.	0.
EARL F. SUTTON 19 BRIDGE ROAD TUCKERTON NJ 08087	TRUSTEE 10.00	0.	0.	0.
LARRY S. PLASKET 17 CARLISLE CT MT. LAUREL NJ 08054	TRUSTEE 20.00	0.	0.	0.



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?		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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	N/A	
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	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.)	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		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		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	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?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?	N/A	
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)		5
91 a	The books are in care of ▶ LARRY PLASKET, GRAND SEC. Telephone number ▶ (609) 239-3950 Located at ▶ 1114 OXMEAD ROAD, BURLINGTON NJ ZIP + 4 ▶ 08016-4200		
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 ▶		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? 91 c  Yes  No

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		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					374,730.
95 Interest on savings & temporary cash invmnts			14	159.	
96 Dividends & interest from securities			14	192,675.	
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			18	189,131.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					15,759.
103 Other revenue: a					
b MGMT FEE-ACACIA					57,346.
c BLUE LODGE INSURANCE					113,872.
d Feast of St. John					11,430.
e See Other Revenue Stmt					39,448.
104 Subtotal (add columns (B), (D), and (E))				381,965.	612,585.
105 Total (add line 104, columns (B), (D), and (E))					994,550.

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).
94	Lodge Assessments - This furthers our exempt purpose of operating under the lodge system.
102	Sale of fraternal materials to lodge members - Part of the fraternal See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**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	-----			
<b>Totals</b>				

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	-----			
<b>Totals</b>				

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? . . . . .

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

**Please Sign Here**

Signature of officer: [Signature] Date: \_\_\_\_\_

Type or print name and title: WILLIAM L. MORRIS, JR. GRAND MASTER 03/14/2012

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**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 3/13/12 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Wagner Sharer Murtaugh & Petree  
18 West King Street  
Malvern PA 19355 Preparer's SSN or PTIN (See General Instruction X): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: (856) 435-3200

**Depreciation and Amortization  
(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return

Identifying number

Grand Lodge of Free & Accepted Masons of NJ

21-0454866

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	51,853.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B – Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	06/07	230,649.	39 yrs	MM	S/L	5,175.
	Various	2,101,057.	39.0yrs	MM	S/L	16,048.

**Section C – Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary** (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	73,076.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed? ...					Yes	No	24b If 'Yes,' is the evidence written? ...					Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) ...								25					
26 Property used more than 50% in a qualified business use:													
27 Property used 50% or less in a qualified business use:													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ...											28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 ...											29		

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No										
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No										
36 Is another vehicle available for personal use?	Yes	No										

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions):					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

▶ Attach to return

Name Grand Lodge of Free & Accepted Masons of NJ	Employer Identification Number 21-0454866
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**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
Publicly Traded Securities	936,360.	Cost	747,229.
		Selling Expenses	
		Basis	747,229.

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

<b>Total Securities</b>	936,360.		747,229.
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<b>Gain or (Loss) from Sale of Securities</b>	189,131.
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**Part I, Line 8, Column (B) Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----

<b>Total Other Assets</b>			
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<b>Gain or (Loss) from Sale of Other Assets</b>	
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Form 990, Part VI, Page 7, Line 90a  
States Filed In

New Jersey

Form 990, Page 8, Part VII, Line 103  
Other Revenue Stmt

Other revenue:	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
One Day Class					33,150.
Wheelchair Track & Field					6,298.
Total					<u>39,448.</u>

## Form 990, Page 8, Part VIII

## Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
103a	beneficiary society rituals and membership education. Fees for management of senior citizens housing - Part of the overall exempt purpose of operating for the exclusive benefit of the organization's members.
103b	Individual lodges reimburse the Grand Lodge for lodge insurance coverage. Furthers exempt purpose of operating under the lodge system.
103c- 103d	Part of the overall exempt purpose of operating for the exclusive benefit of the organization's members.

## Form 990, Page 1, Part I, Line 10

## Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
Supplies	21,823.	6,064.	15,759.
Total	<u>21,823.</u>	<u>6,064.</u>	<u>15,759.</u>

## Form 990, Page 1, Part I, Line 20

## Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized Loss on Investments Carried at Market	-351,992.
Increase in Cash Surrender Value of Annuity	17,402.
Total	<u>-334,590.</u>

Form 990, Page 4, Part IV, Line 54a

**Investments - Publicly-Traded Securities Statement**

Description	Cost or FMV	Beginning of Year	End of Year
COMMON STOCKS	FMV	2,139,463.	1,776,470.
CORPORATE BONDS	FMV	1,296,295.	1,293,126.
FEDERAL AGENCY BONDS	FMV	535,885.	565,465.
MONEY MARKET FUNDS	FMV	123,881.	165,968.
US GOVERNMENT BONDS	FMV	762,683.	714,453.
Total		<u>4,858,207.</u>	<u>4,515,482.</u>

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

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	122,000.	0.	122,000.
BUILDING	4,243,221.	208,888.	4,034,333.
FURNITURE AND EQUIPMENT	36,334.	34,249.	2,085.
LOTS AND GRAVES	1,200.	0.	1,200.
Total	<u>4,402,755.</u>	<u>243,137.</u>	<u>4,159,618.</u>

Form 990, Page 4, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
ACCRUED INTEREST RECEIVABLE	35,335.	35,234.
CASH SURRENDER VALUE OF ANNUITY	190,124.	207,526.
JEWEL INVENTORY	19,258.	19,258.
SUPPLIES INVENTORY	28,270.	25,207.
Total	<u>272,987.</u>	<u>287,225.</u>

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
FEES DUE MASONIC CHARITY FOUNDATION	224,053.	212,764.
FEES DUE GEORGE WASHINGTON MASONIC NATL MEMORIAL	18,916.	18,854.
FEES DUE DEMOLAY	0.	26,163.
Total	<u>242,969.</u>	<u>257,781.</u>

**Supporting Statement of:**

Form 990 p 2/Line 22a column (A)

Description	Amount
Child ID Program	1,895.
Demolay for Boys	28,468.
George Washington Memorial	18,854.
Masonic Blood Bank	4,636.
Masonic Charity Foundation	103,954.
Masonic Relief Association	341.
Masonic Service Assoc. of the United States	1,000.
National Hospital Visitation Program	10,000.
New Jersey Veterans' Hospital	19,500.
Rainbow for Girls	4,500.
Youth Committee	2,778.
Total	<u>195,926.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (A)-1

Description	Amount
Accounting and Bookkeeping	22,588.
Annual Communication	106,082.
Awards and Paraphenalia	7,012.
Blue Lodge Insurance	85,111.
Educational Services	83,734.
Insurance	11,198.
Investment Custodial and Advisory Fees	22,628.
Miscellaneous	1,611.
Official Expense	50,086.
Past Grand Master's Jewel	11,790.
Public Award Program	5,000.
Ritual Commitment	626.
Scholarship Expense	163.
Total	<u>407,629.</u>

**Supporting Statement of:**

Form 990 p 4/Line 64b, column (B)

Description	Amount
Note Payable to Masonic Charity Foundation	1,200,000.
Total	<u>1,200,000.</u>

**Supporting Statement of:**

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
Annual Communication	40,570.
Inventory Cost of Goods Sold	6,064.
Total	<u>46,634.</u>

**Supporting Statement of:**

Form 990 p 5/Part IV-A, Line d(2)

Description	Amount
Feast of St. John	11,430.
Net Unrealized Loss on Investments	351,992.
Wheelchair Track & Field	6,298.
Total	<u>369,720.</u>

**Supporting Statement of:**

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
Annual Communication	40,570.
Inventory Cost of Goods Sold	6,064.
Total	<u>46,634.</u>

**Supporting Statement of:**

Form 990 p 5/Part IV-B, Line d(2)

Description	Amount
Feast of St. John	11,430.
Scholarship Expense	163.
Wheelchair Track & Field	6,298.
Total	<u>17,891.</u>