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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 6/01 , 2008, and ending 5/31 , 2009

B Check if applicable:	C	D Employer identification number
Address change	GRAND CHAPTER ORDER OF THE EASTERN STAR	22-1174669
Name change	OF NEW JERSEY	E Telephone number
Initial return	111 FINDERNE AVE	908-725-0222
Termination	BRIDGEWATER, NJ 08807-3100	F Group Exemption Number
Amended return		
Application pending		

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

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► WWW.NJOES.COM

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Organization type (check only one) — 501(c) (8) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 301,156.

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

1 Contributions, gifts, grants, and similar amounts received	1 141,090.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 112,200.
4 Investment income	4 29,496.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ contributions reported on line 1)	6a
b Less: direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a 18,370.
b Less: cost of goods sold	7b 6,979.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 11,391.
8 Other revenue (describe ► <i>SALES OF USED EQUIPMENT</i>)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 294,177.
10 Grants and similar amounts paid (attach schedule <i>RECEIVED</i>)	10 140,480.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 40,073.
13 Professional fees and other payments to independent contractors	13 11,350.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 16,613.
16 Other expenses (describe ► <i>Statement 10 territory - Group 10, NJ</i>)	16 95,331.
17 Total expenses (add lines 10 through 16)	17 303,847.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -9,670.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 975,889.
20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20 -77,427.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 888,792.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,035,812.	22 950,817.
23 Land and buildings		23
24 Other assets (describe ► <i>Statement 4</i>)	28,462.	24 34,448.
25 Total assets	1,064,274.	25 985,265.
26 Total liabilities (describe ► <i>Statement 5</i>)	88,385.	26 96,473.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	975,889.	27 888,792.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

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Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts; optional
for others.)

What is the organization's primary exempt purpose? **Fraternal beneficiary activities**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Oversee operation of 69 local Eastern Star chapters

28a 59,496.

29

29a

30

30 a

31

31 a

37

► 32 59,496.

Part IV. List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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
Dorothy Banta	Secretary	0.	0.	0.
208 Morsetown Rd	40.00			
West Milford, NJ 07480				
Doris Cronk	Treasurer	0.	0.	0.
12 Marine Terr	5.00			
Lake Hopatcong, NJ				

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Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.

Yes No

33	X
34	X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

Yes No

35a	X
35b	

36 Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

Yes No

36	X
37a	0

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

Yes No

37b	X
38a	X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

Yes No

38b	N/A
39a	N/A

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.

Yes No

39b	N/A
40a	N/A

39 501(c)(7) organizations. Enter:

Yes No

40b	
40c	0

a Initiation fees and capital contributions included on line 9.

Yes No

40d	0
40e	X

b Gross receipts, included on line 9, for public use of club facilities.

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

Yes No

40f	
40g	

Yes No

40h	
40i	

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

Yes No

40j	
40k	

d Enter amount of tax on line 40c reimbursed by the organization.

Yes No

40l	
40m	

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.

Yes No

40n	
40o	

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

42a The books are in care of ► DOROTHY BANTA Telephone no. ► 973-728-9559

Yes No

42b	X
42c	X

Located at ► 208 MORESTOWN ROAD WEST MILFORD NJ ZIP + 4 ► 07480

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)?

Yes No

42d	
42e	

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 a Foreign Bank and Financial Accounts.

Yes No

42f	
42g	

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Yes No

42h	
42i	

If 'Yes,' enter the name of the foreign country.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

Yes No

43	
44	

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year.

► 43 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

Yes No

44	X
45	X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

Yes No

45	X
46	

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Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
	b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
Total number of other independent contractors receiving over \$100,000 ►		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ► Signature of officer Date
 ► Dorothy A Banta Secretary
 Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ► Charles L Mandelbaum CPA	Date 5/31/11	Check if self-employed ► <input type="checkbox"/> N/A	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Charles L. Mandelbaum, CPA PA ► 570 W. Mt. Pleasant Ave. Livingston, NJ 07039	EIN	► N/A	
		Phone no.	► 973-716-0200	

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

BAA

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GRAND CHAPTER ORDER OF THE EASTERN STAR
OF NEW JERSEY

22-1174669

5/31/11

11:50AM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts PaidPayments to Affiliates

Name:	Eastern Star Charity Foundation
Address:	111 Findern Ave
	Bridgewater, NJ 08807
Purpose of payment:	Charitable Contribution
Amount:	\$ 140,480.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings...	\$ 42,420.
Depreciation	1,146.
Donations	6,000.
Grand Matron Special Projects..	13,960.
Insurance	6,010.
Jewels, tokens & 50 year pins..	6,261.
Miscellaneous..	11,112.
Office Expenses	8,422.
Total	\$ 95,331.

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Unrealized loss on investments....	\$ -77,427.
Total	\$ -77,427.

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 1,093.	\$ 1,543.
Inventories	11,188.	11,383.
Machinery and Equipment..	4,236.	9,592.
Prepaid Expenses and Deferred Charges..	11,945.	11,930.
Total	\$ 28,462.	\$ 34,448.

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GRAND CHAPTER ORDER OF THE EASTERN STAR
OF NEW JERSEY

22-1174669

5/31/11

11:50AM

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 27,035.	\$ 31,458.
Deferred Revenue	61,350.	65,015.
Total	\$ 88,385.	\$ 96,473.

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- 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization GRAND CHAPTER ORDER OF THE EASTERN STAR OF NEW JERSEY		Employer identification number 22-1174669
	Number, street, and room or suite number. If a P.O. box, see instructions. Charles L. Mandelbaum, CPA PA 570 W. Mt. Pleasant Ave.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Livingston, NJ 07039		

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> 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. ► **DOROTHY BANTA**
Telephone No. ► **973-728-9559** FAX No. ►
- 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 ► 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 4/15, 20 10.
- 5 For calendar year , or other tax year beginning 6/01, 20 08, and ending 5/31, 20 09
- 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 .. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

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 \$
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 \$
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 \$

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 ► **Secretary**

Date ►

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FIF20502L 03/11/09

Form 8868 (Rev 4-2009)