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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: FREE & ACCEPTED MASONS OF NJ - GROUP RETURN
Doing Business As:
Number and street (or P O box if mail is not delivered to street addr): 100 BARRACK STREET
Room/suite:
City, town or country: TRENTON
State: NJ
ZIP code + 4: 08608

D Employer Identification Number: 23-7133693

E Telephone number: (609) 239-3950

G Gross receipts $ 6,471,010.

F Name and address of principal officer: LARRY S. PLASKET 17 CARLISLE COURT MT. LAUREL NJ 08054

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

H(b) Are all affiliates included? [ ] Yes [X] No
If 'No,' attach a list (see instructions)
SEE ATTCHED LIST

H(c) Group exemption number ► 0435

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c) (10) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► HTTP://NJGRANDLODGE.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation: 1866

M State of legal domicile: NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: FRATERNAL ACTIVITIES

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	486
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	27,315
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,423,547.	2,115,825.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,303,528.	1,465,572.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	985,811.	984,773.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,712,886.	4,566,170.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	896,798.	865,890.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,824.	5,975.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,329,458.	3,560,004.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,232,080.	4,431,869.
19	Revenue less expenses. Subtract line 18 from line 12	-519,194.	134,301.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	50,945,709.	47,253,503.
21	Total liabilities (Part X, line 26)	125,993.	152,640.
22	Net assets or fund balances Subtract line 21 from line 20	50,819,716.	47,100,863.

SCANNED NOV 0 9 2011

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052
OCT 20 2011
OGDEN, UT
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Part II Signature Block

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

► LARRY S. PLASKET
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Robert S. Crawford	Preparer's signature: Robert S. Crawford	Date: 05/19/11	Check [ ] if self-employed; PTIN
Firm's name ► Hegar & Crawford, CPA's			Firm's EIN ►
Firm's address ► 30 Washington Avenue Haddonfield NJ 08033			Phone no (856) 428-3773

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission.

IT IS COMPRISED OF MEN WHO SEEK TO BECOME BETTER THROUGH THEIR ASSOCIATION WITH ONE ANOTHER AND THEIR FAMILIES. THE INSTITUTION

See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

OUR TEACHING INCLUDES BROTHERHOOD, MORALITY, JUSTICE, TOLERANCE, CITIZENSHIP, EDUCATION AND FREEDOM OF IDEAS, OF RELIGIOUS CHOICE, AND OF EXPRESSION.

4b (Code: _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

4c (Code: _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV.*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I.*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	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)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

Part VI Governance, Management and Disclosure *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 486		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► New Jersey

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► GRAND SECRETARY 100 BARRACK STREET TRENTON NJ 08608 (609) 239-3950

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALPINE TILDEN LODGE # 77 SEC/TRS/TYLER/ORG	20.00	X						2,550.	0.	0.
(2) OLIVE BRANCH LODGE # 16 SECRETARY	20.00	X						225.	0.	0.
(3) GOTHIC FRATERNAL LODGE # 270 SEC/TRS/TYLER/ORG	20.00	X						490.	0.	0.
(4) SEXTANT LODGE # 286 SECRETARY	20.00	X						500.	0.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1b Sub-total								3,765.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,765.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ►

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b	1,583,200.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	532,625.			
	g Noncash contributions included in lns 1a-1f: $					
	h Total. Add lines 1a-1f		2,115,825.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest and other similar amounts)		1,234,560.	0.	0.	1,234,560.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	464,225.				
	b Less. rental expenses					
	c Rental income or (loss)	464,225.				
	d Net rental income or (loss)		464,225.	0.	0.	464,225.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,485,852.	650,000.			
	b Less: cost or other basis and sales expenses	1,304,840.	600,000.			
	c Gain or (loss)	181,012.	50,000.			
	d Net gain or (loss)		231,012.	0.	0.	231,012.
OTHER REVENUE	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a LARGE SOCIAL AFFAIRS	1	481,959.	481,959.	0.	0.
	b MISC. RECEIPTS	1	38,589.	38,589.	0.	0.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		520,548.			
	12 Total revenue. See instructions		4,566,170.	520,548.	0.	1,929,797.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	865,890.	865,890.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,765.	3,765.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,847.	1,847.		
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	363.	363.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	240,140.	240,140.		
14 Information technology	43,883.	43,883.		
15 Royalties				
16 Occupancy	672,699.	672,699.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	648,150.	648,150.		
20 Interest	3,820.	3,820.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	166,638.	166,638.		
23 Insurance	326,822.	326,822.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FUNERAL EXPENSES	5,928.	5,928.		
b GIFTS & HONORARIUMS	79,477.	79,477.		
c OTHER PYMTS NOT SALARIES	91,630.	91,630.		
d TAXES OTHER	61,403.	61,403.		
e GRAND LODGE PER CAPITA FEES	349,872.	349,872.		
f All other expenses	869,542.	869,542.		
25 Total functional expenses. Add lines 1 through 24f	4,431,869.	4,431,869.		
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		1,509,637.	1	1,223,542.
	2	Savings and temporary cash investments		8,950,721.	2	7,712,592.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		463,377.	7	55,687.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 21,478,558.			
	b	Less: accumulated depreciation	10b 2,215,672.	21,220,816.	10c	19,262,886.
	11	Investments – publicly traded securities		18,801,158.	11	18,998,796.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		50,945,709.	16	47,253,503.
LIABILITIES	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		125,993.	24	152,640.
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		125,993.	26	152,640.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		50,819,716.	32	47,100,863.
	33	Total net assets or fund balances.		50,945,709.	33	47,100,863.
	34	Total liabilities and net assets/fund balances.		50,945,709.	34	47,253,503.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,566,170.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,431,869.
3	Revenue less expenses Subtract line 2 from line 1	3	134,301.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,819,716.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,853,154.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	47,100,863.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

FREE & ACCEPTED MASONS OF NJ - GROUP RETURN

Employer identification number

23-7133693

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance				[redacted]	[redacted]
b Contributions				[redacted]	[redacted]
c Net investment earnings, gains, and losses				[redacted]	[redacted]
d Grants or scholarships				[redacted]	[redacted]
e Other expenditures for facilities and programs				[redacted]	[redacted]
f Administrative expenses				[redacted]	[redacted]
g End of year balance				[redacted]	[redacted]

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,294,186.		[redacted]	4,294,186.
b Buildings	17,184,372.		2,215,672.	14,968,700.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	19,262,886.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column(B), line 15)* ►	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25)* ►	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

FREE & ACCEPTED MASONS OF NJ - GROUP RETURN

Employer identification number

23-7133693

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations ► _____

3 Enter total number of other organizations ► _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 PT I LINE 2 INDIVIDUAL LODGES KEEP A LIST OF ALL CONTRIBUTIONS MADE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

FREE & ACCEPTED MASONS OF NJ - GROUP RETURN

Employer identification number

23-7133693

Pt VI-A, Line 6 ATTACHED IS A LIST OF ALL MEMBERS.

Pt VI-A, Line 7a THEIR IS A YEARLY MEETING TO ELECT MEMBERS.

Pt VI-B, Line 11a THE 990 IS DISTRIBUTED TO ALL LODGES THAT IS INCLUDED IN THE RETURN FOR REVIEW. THE LODGES ARE GIVEN TIME TO REVIEW THE RETURN AND ASK QUESTIONS.

Pt VI-C, Line 19 ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Pt XI THE ADJUSTMENT TO RECONCILE NET ASSETS IS DUE TO THE REPORTING OF LODGES. LODGES THAT DO NOT RECEIVE $25,000 OR MORE OF REVENUE IS NOT REPORTED IN THE RETURN.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return

FREE & ACCEPTED MASONS OF NJ - GROUP RETURN

Identifying number

23-7133693

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 instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
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 2009 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 2011. 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 depreciation allowance for qualified property (other than listed 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 2010	17	166,638.
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 2010 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			39 yrs	MM	S/L	
					MM	S/L	

Section C – Assets Placed in Service During 2010 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	166,638.
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, 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 depreciation allowance for qualified listed 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.

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

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)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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.) **Note:** *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 2010 tax year (see instructions).					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.
OF MASONRY IS FOUNDED UPON THE FATHERHOOD OF GOD, AND THE BROTHERHOOD OF MAN. IT TEACHES MORALITY, BROTHERLY LOVE AND CHARITY.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
UTILITIES	498,388.	498,388.		
MISCELLANEOUS EXP	281,063.	281,063.		
POSTAGE	90,091.	90,091.		

ELECTED GRAND LODGE OFFICERS 2010

Grand Master
R.W. Joseph H. Rival Jr.
333 Francis Avenue, Chislehurst, NJ 08089-151

Deputy Grand Master
R.W. William L. Morris, Jr.
300 Garfield Street, Linden, NJ 07036-1447

Senior Grand Warden
R.W. Glenn R. Trautmann
63 Sachem Road, Lake Hopatcong, NJ 07849

Junior Grand Warden
R.W. David A. Dorworth
920 Walnut Street, Palmyra, NJ 08065

Grand Treasurer
M.W. Robert J. Sheridan
403 Breaker Drive, Galloway, NJ 08205

Grand Secretary
M.W. Larry S. Plasket
17 Carlisle Court, Mt. Laurel, NJ 08054-2349

GRAND LODGE TRUSTEES 2010

R.W. Jack A.E. Ford,
71 Emerson Road, Somerset, NJ 08873

R.W. H. Wayland Packer
518 Woodstown Road, Swedesboro, NJ 08085

R.W. Andy G. Churney
41 Bridge Road, Lumberton, NJ 08048

R.W. Andrew Freda
421 Oradell Avenue, Oradell, NJ 07649

R.W. Walter R. Kaulfers
29 Fox Hollow Road, Ramsey, NJ 07446

FREE & ACCEPTED MASONS OF NEW JERSEY - GROUP RETURN
FORM 990 QUESTION H(c)
TAX YEAR ENDING 12/31/2010
EIN # 23-7133693

GROUP EXEMPTION NUMBER 0435

EXHIBIT 1: LIST OF AFFILIATES INCLUDED IN THE COMBINED FORM 990: (RECEIPTS OVER $25,000)

Lodge Name	#	Address	Federal EIN
ST. JOHN'S LODGE	1	280 BOULEVARD DR., MOUNTAIN LAKES, NJ	22-1832480
CINCINNATI LODGE	3	39 MAPLE AVENUE, MORRISTOWN, NJ	23-7113813
TUCKERTON	4	122 CHURCH ST., TUCKERTON, NJ	22-3492314
TRENTON CYRUS	5	131 BURD STREET, PENNINGTON, NJ	21-0454868
HOST	6	P.O. BOX 5355, CLINTON, NJ	22-1059655
ESSEX	7	8 SMULL AVE, PO BOX 59, CALDWELL, NJ	23-7111536
HARMONY	8	P.O. BOX 302, NEWTON, NJ	23-7123358
NAVESINK	9	152 MAPLE AVE., RED BANK, NJ	65-1163198
ATLAS PYTHAGORAS	10	1011 CENTRAL AVE., WESTFIELD, NJ	22-7115732
LIVINGSTON	11	19 BURNET ST., LIVINGSTON, NJ	05-0615175
AMWELL	12	19 - 23 BRIDGE ST., LAMBERTVILLE, NJ	22-1693189
WARREN	13	PO BOX 444, BELVIDERE, NJ	23-7133693
RISING SUN LODGE	15	16 KINGS HIGHWAY EAST. HADDONFIELD, NJ	21-0468930
OLIVE BRANCH	16	2 DUTCH LANE ROAD, FREEHOLD, NJ	21-6017263
HARMONY	18	110 ROUTE 37 WEST, TOMS RIVER, NJ	21-0697164
ACACIA	20	20 THOMPSON AVE., DOVER, NJ	22-0924554
AZUREMASADA	22	478 SOUTH AVENUE EAST, CRANFORD, NJ	22-3839905
NUTLEY LODGE	25	175 CHESTNUT ST., NUTLEY, NJ	22-1440843
JERUSALEM	26	105 E. SEVENTH ST., PLAINFIELD, NJ	22-0924814
LAFAYETTE	27	1550 IRVING STREET, RAHWAY, NJ	22-0924916
MOUNT MORIAH	28	121 FARNSWORTH AVE., BORDENTOWN, NJ	23-7113903
CAPE ISLAND	30	BOX 2101, CAPE MAY, NJ	21-0718977
ENTERPRISE	31	87 HUTTON ST., JERSEY CITY, NJ	22-0924821
BURLINGTON	32	ROUTE 541, BURLINGTON, NJ	21-7140351
LOYALTY	33	1912 MORRIS AVE., UNION, NJ	22-0924885
BLUESTONE-MYSTIC TIE MALTA DORIC LODGE	35	1422 PATERSON PLANK RD., SECAUCUS, NJ	22-0924957
HIGHTSTOWN-APOLLO	41	535 N. MAIN ST , HIGHTSTOWN, NJ	23-7221193
CENTRAL	44	TOWNHALL 2ND FLR, PLUM STREET, VINCENTOWN, NJ	22-2494729
RARITAN VALLEY	46	14 N. DOUGHTRY AVE., SOMERVILLE, NJ	23-7115731
PHILLIPSBURG	52	400 HILLCREST BLVD., PHILLIPSBURG, NJ	22-3150012
PENNS GROVE-EXCELSIOR	54	330 GEORGETOWN RD., CARNEYS POINT, NJ	21-6016589
SHEKINAH	58	1317 FAIRTON RD., MILLVILLE, NJ	21-0508750
USS NEW JERSEY	62	1201 HADDONFIELD-BERLIN RD., CHERRY HILL, NJ	01-0836977
ST STEPHEN'S	63	268 MAIN ST., SOUTH AMBOY, NJ	22-0924915
LESSING PASSAIC	67	169 PARK AVE., RUTHERFORD, NJ	22-1098462
VINELAND	69	1065 E LANDIS AVE, VINELAND, NJ	23-7113339
SECAUCUS HUDSON	72	1422 PATERSON PLANK RD., SECAUCUS, NJ	22-0924939
ALPINE TINDEN TENAKILL	77	PO BOX 676, 404 TENAFLY RD., TENAFLY, NJ	22-7114169
TRINITY	79	563 ZION RD., EGG HARBOR TOWNSHIP, NJ	21-0454836
ADONIRAM-HIGHLAND WAKEFIELD - RISING STAR	80	321 SECOND AVE., LYNDHURST, NJ	22-1929268
FLORENCE	87	4530 ELM AVE., WOODBURY, NJ	22-3616377
GENESIS	88	15 HAMBURG TPK., POMPTON LAKES, NJ	22-3304597
OCEAN	89	1704 MAXWELL DR., WALL, NJ	23-7032601
MADISON	93	170 MAIN ST., MADISON, NJ	22-0924927
MANTUA	95	45 MANTUA BLVD., MANTUA, NJ	21-0723981
SAMARITAN	98	PO BOX 202, HARDYSTON, NJ	22-1684480
PENINSULA	99	888 AVENUE C., BAYONNE, NJ	33-0158458

FREE & ACCEPTED MASONS OF NEW JERSEY - GROUP RETURN
FORM 990 QUESTION H(c)
TAX YEAR ENDING 12/31/2010
EIN # 23-7133693

GROUP EXEMPTION NUMBER 0435

EXHIBIT 1: LIST OF AFFILIATES INCLUDED IN THE COMBINED FORM 990: (RECEIPTS OVER $25,000)

Lodge Name	#	Address	Federal EIN
COLLINGSWOOD CLOUD	101	790 HADDON AVE., COLLINGSWOOD, NJ	21-0454840
BEVERLY-RIVERSIDE	107	621 CHESTER AVE., RIVERSIDE, NJ	22-6049176
COPESTONE-OPHIR	108	225 KEARNY AVE., KEARNY, NJ	22-0924879
FIDELITY	113	99 S MAPLE AVE , RIDGEWOOD, NJ	22-0454843
MOUNT ZION	135	483 MIDDLESEX AVE., METUCHEN, NJ	22-1439978
EUCLID	136	200 DIVISION AVE., HASBROUCK HEIGHTS, NJ	22-6047097
WOODSTOWN	138	32 AUBRUN RD , WOODSTOWN, NJ	21-0742740
M.B. TAYLOR	141	311 HANTHOM ST., MAYS LANDING, NJ	21-0454852
MARINERS	150	PO BOX 667, 692 E. BAY AVE., BARNEGAT, NJ	23-7149894
BOILING SPRINGS	152	PO BOX 102, RUTHERFORD, NJ	22-0924923
KEYSTONE	153	808 SHORE RD., LINWOOD, NJ	21-0454906
PAULSBORO-SWEDESBORO	157	BERKLEY & COHAWKIN RDs., CLARKSBORO, NJ	23-7129842
ELMER	160	PO BOX 26, ELMER, NJ	22-6062712
COVENANT	161	PO BOX 161, PALMYRA, NJ	23-7176650
CONGDON OVERLOOK	163	15 MORRISTOWN RD., BERNARDSVILLE, NJ	23-7117523
WILLIAMSTOWN	166	37 HOWARD DRIVE, WILLIAMSTOWN, NJ	21-0517406
SILENTIA	168	28 MAIN STREET, BUTLER, NJ	22-6055754
MONMOUTH	172	14 E. GARFIELD AVE., ATLANTIC HIGHLANDS, NJ	23-7173277
MEDFORD	178	25 BANK ST , MEDFORD, NJ	21-6015504
DURAND	179	911 RICHMOND AVE., POINT PLEASANT BEACH, NJ	22-1778317
MOSAIC	194	MAIN & HOBART STs., RIDGEFIELD, NJ	22-0924944
PITMAN	197	334 LAMBX RD., PITMAN, NJ	21-0689843
PEMBERTON	199	PO BOX 27, PEMBERTON, NJ	23-7133693
HAWTHORNE FORTITUDE	200	24 N. FRANKLIN TURNPIKE, RAMSEY, NJ	22-0924947
CLIFTON	203	1500 VANHOUTEN AVE., CLIFTON, NJ	22-0924853
AUDUBON PARKSIDE	218	EAST ATLANTIC & PINE ST., AUDUBON, NJ	22-3009328
HIRAM T DEWEY	226	PO BOX 425, EGG HARBOR CITY, NJ	22-1934807
WILLIAM F BURK	230	390 PALISADE AVE., BOGOTA, NJ	23-7117460
LAUREL	237	LAUREL SPRINGS, NJ	21-6018291
PHILO	243	120 TURNPIKE RD., SOUTH RIVER, NJ	23-7112755
ECLIPSE	259	169 PARK AVE., RUTHERFORD, NJ	23-7110136
GOTHIC FRATERNAL	270	3682 NOTTINGHAM WAY, HAMILTON SQUARE, NJ	21-0621046
MAPLE SHADE-MOORESTOWN	281	15 N. FELLOWSHIP RD., MAPLE SHADE, NJ	23-7236736
SEXTANT	286	PO BOX 151, SHIP BOTTOM, NJ	22-2458313
WYCKOFF	287	PO BOX 253, 424 W. MAIN ST., WYCKOFF, NJ	23-7113814
SUNRISE	288	PO BOX 771, 110 RT 37 WEST, TOMS RIVER, NJ	23-7134618
SONS OF LIBERTY	301	240 KNIOX AVE., CLIFFSIDE PARK, NJ	75-2992486

FREE & ACCEPTED MASONS OF NEW JERSEY - GROUP RETURN
FORM 990
TAX YEAR ENDING 12/31/2010
EIN # 23-7133693

EXHIBIT 1: LIST OF AFFILIATES NOT INCLUDED IN THE COMBINED FORM 990: (RECEIPTS UNDER $25,000)

Lodge Name	#	Address	Federal EIN
BREARLEY	2	5 BURDSELL DR., BRIDGETON, NJ	21-0454923
MOUNT HOLLY	14	PO BOX 265, MOUNT HOLLY, NJ	21-0454858
UNION	19	60 CEDAR AVE., NORTH BRUNSWICK, NJ	22-0924983
COLONIAL - PROSPECT LODGE	24	370 E. MAIN ST , CHESTER, NJ	23-7118189
MANSFIELD	36	P.O. BOX 83, RTE. 31, WASHINGTON, NJ	23-7133838
DARCY	37	39 EVERITTSTOWN RD , FRENCHTOWN, NJ	22-6047999
PRINCETON LODGE	38	RIVER RD., MONTGOMERY TOWNSHIP, NJ	21-0454901
MUSCONETCONG	42	20 OLD BUDD LAKE RD , BUDD LAKE, NJ	23-7110135
MERCER	50	100 BARRACK ST , TRENTON, NJ	21-0454915
CEAESAREA LODGE	64	35 THRID ST , PO BOX 602, KEYPORT, NJ	22-0192974
STAR	65	RT. 50 & MT PLEASANT RD , TUCKAHOE, NJ	23-7113711
PYRAMID	92	9 BRINDLETOWN RD , NEW EGYPT, NJ	22-1999763
UNITY	96	82 MILL ST , MAYS LANDING, NJ	21-0409360
EVENING STAR LODGE	97	325 MAIN ST., CEDARVILLE, NJ	23-7173954
FULTON FRIENDSHIP	102	147 KINDERKAMACK RD., PARK RIDGE, NJ	23-7176647
CANNON	104	PO BOX 507, SOUTH SEAVILLE, NJ	23-7110476
PALESTINE	111	345 RIVER RD , MONTGOMERY TWP, NJ	23-7116959
ALPHA	116	56 MELMORE GARDENS, EAST ORANGE, NJ	23-7583464
MERCHANTVILLE	119	6926 PARK AVE , PENNSAUKEN, NJ	22-6047097
MOZART	121	I295 & BERLIN HADDONFIELD RD., CHERRI HILL, NJ	21-0519624
ORPHEUS	137	PO BOX 123, SERGEANTSVILLE, NJ	23-7236737
ASBURY JORDAN	142	3614 RT. 33, PO BOX 284, NEPTUNE, NJ	22-3624834
MOUNTAIN VIEW	154	30 MOUNTAIN VIEW BLVD., WAYNE, NJ	23-7229375
KITTATINNY	164	PO BOX 82, BRANCHVILLE, NJ	22-1449300
BLAIRSTOWN	165	437 BLAIRSTOWN RD., PO BOX 264, HOPE, NJ	22-1146430
OCEAN CITY	171	940 WESLEY AVE , PO BOX 268, OCEAN CITY, NJ	21-0454897
TEMPLE	173	KINDERMACK RD & BERGENS STs., WESTWOOD, NJ	22-3717327
BELCHER	180	563 ZION RD , EGG HARBOR TOWNSHIP, NJ	21-0454874
MATAWAN	192	277 HARDING RD , MATAWAN, NJ	21-6017260
THEODORE ROOSEVELT	219	86 ELM ST , CARTERET, NJ	22-3358720
ATLANTIC	221	633 BAYVIEW DR , ABSECON, NJ	21-6017867
HIGHLAND PARK	240	109 N 3RD AVE., HIGHLAND PARK, NJ	23-7110362
LITTLE FALLS	263	14 LINCOLD AVE., LITTLE FALLS, NJ	22-6033698
JUSTICE	285	808 SHORE ROAD, LINWOOD, NJ	21-0628965
MILLTOWN	294	30 N MAIN ST , MILLTOWN, NJ	23-7110138
HORIZON DAYLIGHT	299	131 BURD ST , PENNINGTON, NJ	23-1237259
PLARIDEL	302	87 HUTTON ST , JERSEY CITY, NJ	26-4599135
2ND MASONIC DISTRICT OFFICERS ASSN		72 ALBANY AVE , POMPTON LAKES, NJ	
8TH DIST MASTERS, WARDENS & PAST MASTERS ASSN.		29 ELLIS RD , WEST CALDWELL, NJ	23-7133693
MASTERS, WARDENS & PAST MASTERS ASSN OF THE 1ST DIST.		PO BOX 331, OXFORD, NJ	22-2101852
PROSPECT SQUARE CLUB		370 E MAIN ST , CHESTER, NJ	23-7118189

Form **8868**
(Rev January 2011)

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.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

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

A corporation 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

Type or print	Name of exempt organization	Employer identification number
	FREE & ACCEPTED MASONS OF NJ - GROUP RETURN	23-7133693
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions 100 BARRACK STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions TRENTON NJ 08608	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► GRAND SECRETARY

  Telephone No ► (609) 239-3950 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) 0435 . If this is for the whole group, check this box ► [X] 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 10 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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.