# TC 590-CC-14 590014 Input For Subs

Determine Advanced States Francis Francis Indones To						
Return of Organization Exempt From Income Ta	Return of	<b>Organization</b>	Exempt	From	Income	Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2018

Department of the Treasury	▶ Do not enter social security numbers on this form as it may be made public.	1
repartment of the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest information.	٠

Open to Public Inspection

A	A For the 2018 calendar year, or tax year beginning , 2018, and ending						, 20		
В	3	Check If	applicable	C Name of organization Free & Accepted Masons of NJ - Grou	p Return	D Employ	er identification number		
		Address	change	Doing business as		23-7	133693		
		Name ch	nange	Number and street (or P O. box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number		
		Initial ret	um	100 Barrack Street		(609) 239-3950			
		Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code					
Е	] .	Amende	d return	Trenton, NJ 08608		<b>G</b> Gross receipts \$ 10, 116, 501.			
Ε		Applicati	on pending	roup return for	subordinatęs <sup>2</sup> ✓ Yes   No				
				John S. Ryan, 100 Barrack Street, Trenton, NJ 0186					
-		Tax-exe	mpt status	☐ 501(c)(3) 🗵 501(c) ( 10) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	lf "N	lo." attach a	list (see instructions)		
J		Website	•	JGRANDLODGE.ORG	H(c) Group	(C) Str exemption	nt number ► 0435		
K	(	Form of o		Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms			of legal domicile NJ		
1	Pa	art I	Summ	ary					
-		1		escribe the organization's mission or most significant activities: Frat	ernal ac	tıvitı	es —		
	ė	_	,	, , , , , , , , , , , , , , , , , , ,		MANAMA	<u></u>		
	Activities & Governance			•••••••••••••••••••••••••••••••••••••••					
)	L.	2	Check th	of more than	1 25% of	its net assets.			
	Š	3		is box ▶ ☐ if the organization discontinued its operations or disposed of voting members of the governing body (Part VI, line 1a)		1	1,080		
,	8	4		of independent voting members of the governing body (Part VI, line 1b		<u> </u>	1,080		
۸.	es	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)	,	5			
: : د	Ž	6		nber of volunteers (estimate if necessary)		6	16,568		
3 ;	4ct	7a		elated business revenue from Part VIII, column (C), line 12		7a	0.		
5	`	b		ated business taxable income from Form 990-T. line 38		7b	0.		
			1101 011101	RECEIVED	Prior Y		Current Year		
ភ្		8	Contribut	5,818.	2,606,401.				
noási.	٦	9	Program	3,010.	2,000,401.				
	Š	10	Investme	service revenue (Part VIII, line 2g) Solution (Part VIII, column (A), lines 3, 4 and 7d) 1 9 2019	2 38	2,321.	1,432,503.		
	윤	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)		8,041.	1,389,092.		
		12		enue—add lines 8 through 11 (must equal Part VD, Colom NA), Line 12)		6,180.	5,427,996.		
-	$\dashv$	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		6,271.	942,354.		
		942,334.							
		14 15	Benefits   Salaries,	2,333.	30,679.				
	Expenses	16a		2,333.	30,013.				
	ĕ	b		onal fundraising fees (Part IX, column (A), line 11e)					
ı		17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	5 30	4,741.	4,728,677.		
		18		penses, Add lines 13–17 (must equal Part IX, column (A), line 25)		3,345.	5,701,710.		
က		19	-	less expenses. Subtract line 18 from line 12		2,835.	-273,714.		
Ö.	, g	13	nevenue	less expenses. Subtract line to nonnine 12	Beginning of Cu		End of Year		
SCANNED	2 2	20	Total acc	ets (Part X, line 16)		1,078.	57,006,155.		
Z	Bal	21		ets (Fart X, line 10)		9,164.	383,319.		
T) §	5	22		ts or fund balances. Subtract line 21 from line 20		1,914.	56,622,836.		
		rt II		ture Block	31,01	1, 714.	30,022,030.		
, ı —				ry, I declare that I have examilyed this return, including accompanying schedules and state	amente and to t	the hest of r	ny knowledge, and helief it is		
				ete Declaration of preparer (other than officer) is based on all information of which prepare			ny knowiedge and belief, it is		
<b>o</b> –			I K	1 St St.		11/0	tia		
· s	Sig	n	Sign	ature of officer	Da	ate ////	<del></del>		
	lei		/ .To!	nn S Ryan, Grand Secretary					
3				e or print name and title		·	<del></del>		
_	_		Print/Ty	pe preparer's name   Preparer's signature	ate, (	T 01	PTIN		
	Pai		G. Sc		11/12/19	Check self-em			
		epare	•		Firm		22-2944613		
ι	JS	e Onl	y ——	ddress ► 18 West King Street, Malvern, PA 19355			56) 435-3200.		
ī	/lav	v the IF		s this return with the preparer shown above? (see instructions)			X Yes No		
_					EV 05/20/19 PRO	· ·	Form <b>990</b> (2018)		

Form 99		<u> </u>	Page <b>2</b>						
Part	Ш	Statement of Program Service Accomplishments							
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>						
1		fly describe the organization's mission:							
		nternal activities							
2	Did t	the organization undertake any significant program services during the year which were not listed on the	_						
		r Form 990 or 990-EZ?	Yes ⊠No						
_		'es," describe these new services on Schedule O.							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
		'es," describe these changes on Schedule O.	103 6110						
4		cribe the organization's program service accomplishments for each of its three largest program services, as	measured by						
•	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others,						
		total expenses, and revenue, if any, for each program service reported.							
4a		de:) (Expenses \$including grants of \$) (Revenue \$							
	Our teaching includes brotherhood, morality, justice, tolerance,								
		izenship, education and freedom of ideas, of religious choice,							
		d of expression.							
4b	(Cod	de: ) (Expenses \$ including grants of \$) (Revenue \$	)						
713		Je							
4c	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$	)						
		. (0 1 1 0)	· /						
4d		er program services (Describe in Schedule O.)	•						
10	<del>_`</del>	penses \$ including grants of \$ ) (Revenue \$ )							

Part	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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	·×	
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		×
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 for which 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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
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	×	
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	/	×
С	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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
	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 and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If ##Wesainsemplete Schedule I, Parts I and II	21	×	
	- UDITIES UD UDVETTITIETU DI FALLIA, COLUTTI (A), TILE T. REVIREDONO DEDICE SCHEUUIET, FALGTARU II	1 41	_ ^	1

Par	Checklist of Required Schedules (continued)			r
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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	35b		×
36	<b>Section 501(c)(3) organizations.</b> 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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
	5-1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	,			

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
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)	<u> </u>		لــــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		×
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	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			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c	-	×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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	Ţ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			i
	the organization is licensed to issue qualified health plans	( )		1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.			$\widehat{\Box}$
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	$\overline{}$	×
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2018)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.							
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>			×			
Secti	on A. Governing Body and Management	<u>.                                    </u>		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 1,080		res	140			
ıa	If there are material differences in voting rights among members of the governing body, or	1,000						
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent .	<b>1b</b> 1,080						
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		×			
3	Did the organization delegate control over management duties customarily performed by or							
	supervision of officers, directors, or trustees, or key employees to a management company or other		3 4		×			
4								
5 6	Did the organization become aware during the year of a significant diversion of the organization bave members or stockholders?	JII 5 a556(5) .	<u>5</u>	×	×			
7a	Did the organization have members of stockholders, or other persons who had the power to	elect or appoint			<del>-</del>			
1 a	one or more members of the governing body?		7a	×				
b	Are any governance decisions of the organization reserved to (or subject to approva							
-	stockholders, or persons other than the governing body?		7b		×			
8	Did the organization contemporaneously document the meetings held or written actions un							
	the year by the following:	_						
а	The governing body?		8a	×				
b	Each committee with authority to act on behalf of the governing body?		8b	×				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer.	ot be reached at						
C = =4:	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	ada l	×			
Secu	on B. Policies (This Section B requests information about policies not required by the	e internal neveri	ue Co	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	×				
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters						
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b	×				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	×				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		×			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the							
40	describe in Schedule O how this was done		12c					
13 14	Did the organization have a written whistleblower policy?		13 14	×	×			
	Did the process for determining compensation of the following persons include a review a			_				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation							
а	The organization's CEO, Executive Director, or top management official		15a		×			
b	Other officers or key employees of the organization		15b		×			
	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 sim	lar arrangement						
	with a taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio							
	participation in joint venture arrangements under applicable federal tax law, and take steps		401		لـنــا			
Cost.	organization's exempt status with respect to such arrangements?		16b		L			
	on C. Disclosure							
17		a) 900 and 900-						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all the		(Sec	HOH 5	) (C)			
	Own website Another's website Donn request Other (explain in Sc							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	· · · · · · · · · · · · · · · · · · ·	erest	policy	/. and			
	financial statements available to the public during the tax year.				, ,			
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	<b>•</b>				
	Grand Secretary 100 Barrack Street Trenton N.I. 08608 (609)23	9-3950						

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

Check if Schedule O contains a response or note to any line 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 employees."
- 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)	(B)	(C) Position (do not check more than one						(D)	(E)	(F)	
Name and Title	Average hours per					ıs both or/trust		Reportable compensation	compensation from	Estimated amount of	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1)Olive Branch Lodge #16	10.00							500		2	
Secretary/Treasurer		×			_			500.	0.	0.	
(2) Musconetcong Lodge #42 Sec/Treas/Tyler	10.00	×						782.	0.	0.	
(3) Phillipsburg Lodge #52 Sec/Treas	10.00	×						500.	0.	0.	
(4) Mount Moriah Lodge #28 Secretary	10.00	×						987.	0.	0.	
(5) Cincinnati Lodge #87 Secretary	10.00	×			-			1,300.	0.	0.	
(6) Clarksboro Lodge #88 Secretary	10.00	×						1,418.	0.	0.	
(7) Rising Sun #15 Secretary	10.00	×						2,000.	0.	0.	
(8) Congdon-Overlook #163 Sec/Treas	10.00	×						3,000.	0.	0.	
(9) USS New Jersey #62 Sec/Asst Sec/Treas	10.00	×						1,767.	0.	0.	
(10) Sextant #286 Secretary	10.00	×						500.	0.	0.	
(11)Loyalty #33 Secretary	10.00	×						625.	0.	0.	
(12)											
(13)	<del></del>			-							
(14)											

	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	office office or dire	ot che	s pe	ition more	than of the standard Highest compensated	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-Mi	from	(F) Estimat amount other compens from tr organiza and rela organizat	t of r ation ne ition ited
(15)							ă						
(16)											-		
(17)								_					
(18)													
													•
(24)													
(22)													
(23)													
(24)													
(25)											+		
1b c	Sub-total	VII, Sectio	n A					<b>&gt; &gt; &gt;</b>	13,379. 13,379.		0.		0.
3	Total number of individuals (including but reportable compensation from the organical but the organization list any former of	not limited zation ► ficer, direc	tor, o	ose r tru	list uste	ed a	above key e		ho received m		0,000	Ye	es No
4	employee on line 1a? If "Yes," complete some some some some some some some som	sum of rep	oortal	ole c	om	per	nsatio	 on a s,"	nd other comp complete Sch	ensation fro	 m the such	3 4	×
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi		5	×
Section	on B. Independent Contractors						_						
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
	(A) Name and business add	ress							(B) Description of s	ervices	(	(C) Compensatio	on
							_						
2	Total number of independent contractor							th	nose listed abo	ove) who			<u> </u>

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Pan	VIII			nonce or ==4c 4	a any lina in thia	Part VIII		$\Box$
		Check if Schedule C	o contains a res	ponse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts i	1a	Federated campaigns	s 1a					
ts, Grants Amounts	ь	Membership dues .	1b	1,991,312.	]			
s, G	C	Fundraising events .	1c		]			
Sift.	d	Related organizations	s 1d				}	
s, ( ini	e	Government grants (cor	ntributions) 1e		]			
tion r S	f	All other contributions, g			]			
the th		and similar amounts not inc	cluded above 1f	615,089.			ļ	
Contributions, Gift and Other Similar	g	Noncash contributions include	ded in lines 1a–1f \$		]			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1	f	<u> ▶</u>	2,606,401.			
ue				Business Code				
Ven	2a							<u> </u>
æ	b							
vice	С							
Ser	d							
am	e							
Program Service Revenue	f	All other program ser						
4	g	Total. Add lines 2a-2						
	3	Investment income						
		and other similar amo			1,200,492.	0.	0.	1,200,492.
	4	Income from investmen	•	•				
	5	Royalties	(i) Real	(II) Personal				
		0		(ii) Fersonal	4			
	6a	Gross rents	544,306.		-			
	b	Less: rental expenses	544,306.		-			
	C d	Rental income or (loss)  Net rental income or		•	544,306.	0.	0.	544,306.
	l	Gross amount from sales of	(IOSS)	(ii) Other	344,300.			344,300.
	7a	assets other than inventory	4,920,516.	.,	┧ !		į	
	١ ,	Less. cost or other basis	4, 920, 310.		1			
	b	and sales expenses .	4,688,505.					
	c	Gain or (loss)	232,011.		1			
	d				232,011.	0.	0.	232,011.
e	8a	Gross income from fu						
Other Revenue	"	events (not including \$	3.1.d. d.iog					
3ev		of contributions report	ed on line 1c).		1			
er		•	· · · · a				İ	
Ţ.	b	Less: direct expenses	s <b>b</b>				İ	
0	1	Net income or (loss) f		events . ►				
	9a	Gross income from ga	aming activities.					
		See Part IV, line 19 .	· · · · a		]		1	
	ь	Less: direct expenses	s <b>b</b>	)			_	
		Net income or (loss) t		ıvıties 🕨				
	10a	Gross sales of in						
		returns and allowanc	es <b>a</b>		]		1	
	ь	Less: cost of goods s						
	<u> </u>	Net income or (loss) t						
		Miscellaneous F		Business Code				
	11a			813410	163,748.	163,748.	0.	0.
	b	Misc. Receipts		813410	669,915.	669,915.	0.	0.
	C	Insurance Claı	ms	813410	11,123.	11,123.	0.	0.
	d			L	<u> </u>			
	е	Total. Add lines 11a-			844,786.			1 050 555
	12	Total revenue. See in	nstructions .	🕨	5,427,996.	844,786.	0.	1,976,809.

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).										
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
_	and domestic governments. See Part IV, line 21 .	942,354.	942,354.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign				•					
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members	·								
5	Compensation of current officers, directors, trustees, and key employees	13,379.	13,379.							
6	Compensation not included above, to disqualified	= = = = = = = = = = = = = = = = = = = =								
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	17,300.	17,300.							
8	Pension plan accruals and contributions (include	1,,500.	1,,500.							
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
a	Management									
b	Legal									
C	Accounting		-							
d e	Lobbying				·					
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel				<del>-</del> .					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				, <u> </u>					
19	Conferences, conventions, and meetings .	718,965.	718,965.							
20	Interest	11,545.	11,545.							
21	Payments to affiliates	315,106.	315,106.		-					
22 23	Depreciation, depletion, and amortization . Insurance	404,592.	404,592.							
23 24	Other expenses. Itemize expenses not covered	404, 392.	404, 392.							
27	above (List miscellaneous expenses in line 24e. If		}	ļ						
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Funeral Expenses	3,484.	3,484.							
b	Gifts & Honorariums	96,649.	96,649.							
C	Other Payments Not Salaries	77,540.	77,540.							
d	Taxes Other	57,547.	57,547.							
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	3,043,249.	3,043,249.							
25 26	Joint costs. Complete this line only if the	5,701,710.	5,701,710.							
∠0	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if									
	fundraising solicitation. Check here   ☐ If following SOP 98-2 (ASC 958-720)									

Form 990 (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 2,299,000. 3,404,218. 1 4,292,266. 2 3,825,114. 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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). Complete Part II of Schedule L. . . . . . . . . 6 Assets 45,724. 52,161. 7 7 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 21,538,454. 18,629,426. 10b 2,909,028. 18,311,733. 10c b Less: accumulated depreciation . . . . 31,400,700. 32,206,891. 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 . . . . . . . . 12 12 13 13 Investments—program-related. See Part IV, line 11 . . . . . . 14 14 15 15 57,461,078. 16 57,006,155. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . Accounts payable and accrued expenses . . . . . . . 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 389,164. 383,319. 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 383,319. 389,164. 26 26 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 57,071,914. 56,622,836. Retained earnings, endowment, accumulated income, or other funds . 32 57,071,914. 56,622,836. 33 57,006,155. 57,461,078. i34 

•					J
Pań	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	×
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,4	27,9	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,7	01,7	10.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	73,7	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,0	71,9	14.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	<u>.</u>		
8	Prior period adjustments	8		09,3	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	33,9	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	56,6	22,8	36.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<del></del>	$\Box$
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				9.c
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or J		, ' F
	reviewed on a separate basis, consolidated basis, or both:		į.	·	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		7.		7
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a ·	.	+ 41
	separate basis, consolidated basis, or both:		l l		- 4
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	ın 📗 🚹		717
	Schedule O.				2
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>		<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	000	<u> </u>
			For	m <b>990</b>	(2018)

### SCHEDULE D (Form 990)

BAA

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name (	t the organization	į	Embro	yer iden	uncation number
Fre	e & Accepted Masons of NJ - Group	Return		71336	
Pai	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fun	ds or	Acco	unts.
	Complete if the organization answered				
		(a) Donor advised funds		(b) Fu	nds and other accounts
1	Total number at end of year		i		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dono	r advisors in writing that the assets he	eld in	donor	advised
	funds are the organization's property, subject to t	he organization's exclusive legal contro	l?		· · 🗌 Yes 🖺 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gran	t fund	is can	be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or fo	or any	other	purpose
	conferring impermissible private benefit?				· · 🗌 Yes 🗌 No
Par	Conservation Easements.				
	Complete if the organization answered	"Yes" on 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., recrea	ation or education)   Preservation of	a hist	orically	important land area
	☐ Protection of natural habitat	☐ Preservation of	a cert	ified hi	storic structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contributio	n in th	e form	of a conservation
	easement on the last day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easemen	nts		2b	
С	Number of conservation easements on a certified			2c	
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not of	on a		
	· · · · · · · · · · · · · · · · · · ·			2d	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or term	ninated	d by the	e organization during the
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re		ectio	n, han	dling of
	violations, and enforcement of the conservation e	asements it holds?			· · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	conse	ervation	easements during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecti ▶\$	ng, handling of violations, and enforcing of	conser	vation e	easements during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	sectio	n 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?				· · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and e	xpense	e statement, and
	balance sheet, and include, if applicable, the text		ancial	statem	ents that describes the
	organization's accounting for conservation easem				
Part		·	Othe	r Simi	lar Assets.
	Complete if the organization answered				<del></del>
1a	If the organization elected, as permitted under SI				
	works of art, historical treasures, or other similar				
	public service, provide, in Part XIII, the text of the				
b	If the organization elected, as permitted under				
	works of art, historical treasures, or other similar	·	ucatio	n, or r	esearch in furtherance of
	public service, provide the following amounts rela	_			
	(i) Revenue included on Form 990, Part VIII, line 1	l		▶	\$
	(ii) Assets included in Form 990, Part X			▶	<b>\$</b>
2	If the organization received or held works of ar			s for f	inancial gain, provide the
	following amounts required to be reported under	•			
а	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X			<u>.</u> .▶	<u> </u>
For Pa	perwork Reduction Act Notice, see the Instructions for	or Form 990.			Schedule D (Form 990) 2018

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Page	2

Par 3	Organizations Maintaining Using the organization's acquisition,										
3	collection items (check all that apply):		sion, and o	1101 1000	. u.s., onc	on any or a	10 10110	wing that are a	Jigiiiiou		,0 01 R3
а	☐ Public exhibition			d	□ Loar	n or exchan	ne proc	ırams			
b	Scholarly research										
c	☐ Preservation for future generations	3		·	_ 0					•	
4	Provide a description of the organization		collections	and expla	ain how	they further	the or	ganization's exe	mpt pur	pose	in Part
	XIII.					•	`	•			
5	During the year, did the organization	solicit	or receive	donation	s of art,	historical t	reasure	s, or other simi	lar		
	assets to be sold to raise funds rather	than	to be mainta	ained as <sub>l</sub>	oart of th	ne organizat	ion's c	ollection?		Yes	□ No
Par	IV Escrow and Custodial Arra										
	Complete if the organization	ansv	ered "Yes	on For	m 990,	Part IV, lin	e 9, or	reported an a	mount c	วท Fo	orm
	990, Part X, line 21.										
1a											_
	included on Form 990, Part X?								□ '	res	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII	and compl	ete the fo	liowing t	table:	_	<u> </u>	\		<del></del>
							<u> </u>		Amount		
C	Beginning balance						10				
ď	Additions during the year						10				· · · · · · · · · · · · · · · · · · ·
е	Distributions during the year						16				
f	Ending balance										
2a	Did the organization include an amour										_
b	If "Yes," explain the arrangement in Pa	art XIII	. Check her	e if the ex	cplanatio	n has been	provid	ed on Part XIII .		<u></u>	Ц
Par	Endowment Funds.			» <b>-</b>	000	Dark IV. Ba	- 10				
	Complete if the organization		Vered Yes Current year		or year	(c) Two yea		(d) Three years bac	k (a) Ea		rs back
_	D i i af anth-lana	(a) C	unent year	(0) 711	year	(c) Iwo yea	- Dack	(u) Three years bac	.K (e) 10	ui yea	- Dack
1a	Beginning of year balance		<del> </del>	-	<del></del>						
b	Contributions			-	-	<del> </del>					
С	Net investment earnings, gains, and										
	losses			<del></del>		<del>                                     </del>					<del></del>
d	Grants or scholarships										
е	Other expenditures for facilities and programs			Ļ					į.		
				<del> </del>		<del> </del>		,			
f	Administrative expenses			<u> </u>					<del></del>		
g	End of year balance   Provide the estimated percentage of t	<b>h</b> o ou		nd bolono	o (lino 1	a column /	n) hold		<u>l</u>		
2					e (mie i (	y, column (a	a)) Helu	as.			
a	Board designated or quasi-endowmer	0/		70							
D	Permanent endowment	70	%			•					
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and	20 ob		0006							
За	Are there endowment funds not in the		•		zation th	at are held	and ad	ministered for t	he		
Ja	organization by:	5 poss	0331011 01 11	ne organi	Lation	at are note	and do	ininistered for t		Va	s No
	•								3a(i	$\overline{}$	3 10
	(i) unrelated organizations (ii) related organizations						• •		3a(ii		+-
<b>L</b>	If "Yes" on line 3a(ii), are the related or								3b		+-
ь 4	Describe in Part XIII the intended uses						• •		[ 00		
	VI Land, Buildings, and Equip			OIT 5 CITAC					-		
rail	Complete if the organization			" on For	m 990	Part IV lin	e 11a	See Form 990	Part X	line	10
	Description of property	ansv	(a) Cost or o			or other basis		Accumulated		ook va	
	Description of property	i	(investr			other)		epreciation	(0) 50	JUK Va	ide
	Lond			0.		-		5768 T 1 E	٦.	730	909.
1a	Land	.		<u> </u>		30, 909.		,909,028.			517.
b	Buildings	.	<u>.                                      </u>		11,0	,,,,,,,,,,	<del></del>	., 505, 020.	14,0	, ,,,,	<del></del>
C	Leasehold improvements	.	_								
ď	Equipment	.		<del></del>			<u> </u>				
E Tadal	Other	·	aual Earm O	OO Port	( ook :==	n (P) line 1	(C)		10	629	426.
ı otal.	Add lines to unrough te. (Column (a) n	inst 6	quai i Ullii 9	ou, rail	v, coluitti	וו שווון, נען זיי	. ,		10,0	1271	120.

rail vii	Complete if the organization ans		rm 990, Part IV, li	ne 11b. See Forr	n 990, Part X, line 12.
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financial	derivatives				
(O) Other	neld equity interests	• • • • • •		<del>-  </del>	
(A)				<del>                                     </del>	
(B)			•		
(C)			<del> </del>	<del>- </del>	
(D)					1
(E)	······································				
(F)					
(G)					
(H)					
	o) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related Complete if the organization ans		rm 990, Part IV, lii	ne 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation: d-of-year market value
(1)					
(2)				<del> </del>	
(3)					<del></del>
(4) (5)		·	<del>                                     </del>		
(6)				-	
(7)			,	<del></del>	
(8)					
(9)	,				
Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 13.)	-			
Part IX	Other Assets.  Complete if the organization ans	wered "Yes" on For	rm 990 Part IV lir	ne 11d. See Forn	n 990 Part X line 15
		a) Description		10 114. 555 1 5	(b) Book value
(1)		·			
(2)					
(3)					
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)	<u></u>			·	
(6)		<del></del>	·		
(7)					-
(8)					
(9) Total. (Colur	nn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lir	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.	····	Line - war on which are		- The Control of the
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)	<del></del>				
	) must equal Form 990, Part X, col. (B) line 25.)				
	uncertain tax positions. In Part XIII, prov	ide the text of the footn	ote to the organization	on's financial statem	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	XI. Reconciliation of Revenue per Audited Financial Statem			Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part IV	, line 12a.		
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:				
а	Net unrealized gains (losses) on investments	2a	,		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIII.)	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4b			4c	· <del></del>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Ket	urn.
	Complete if the organization answered "Yes" on Form 990, I			<del></del>	
1	Total expenses and losses per audited financial statements			155277900	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
C	Other losses	2c	<del></del>		
d	Other (Describe in Part XIII.)	2d	<del></del>	2e	
е 3	Add lines 2a through 2d			3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<i>i ' i'</i>		2231	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b				
с 5	Add lines <b>4a</b> and <b>4b</b>			4c	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> . d 4; Par	IV, lines 1b and 2b	4c 5 ; Part \	

Schedule D (Fo	orm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2018	Open to Publical Inspection
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OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

**Employer identification number** 

Į.	Free & Accepted Masons of NJ - Group Return	23-7133693	
Pa	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	sistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	<b>2</b>
c	Occasion in Doct IV the commission's proposition for menitoring the use of group finder I laited Chates		

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (f) Method of valuation (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) (P) EIN (10) 1 (a) Name and address of organization or government Part II (9) 8 8 6 (12) N Ξ 8 **£** 9 ල

Schedule I (Form 990) (2018)

REV 11/06/18 PRO

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)  Part III Grants and Other Assistance to Domestic Individuals.	nestic Individua	als. Complete if the	e organization answ	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Page 2 Part IV, line 22.
art III can be duplicated if additional (a) Type of grant or assistance	space is needed (b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			,		
	-				
	-				
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mation. Provide	re information r	equired in Part I, III	ne 2; Part III, columr	n (b); and any other addit	ional information.
Individual lodges keep	a rist of all	I CONCITONIA	110 Illaud.		
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	REV 11/06/18 PRO	RО			Schedule I (Form 990) (2018)

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Free & Accepted Masons of NJ - Group Return	23-7133693
Other: Part V, Line 2 - Individual lodges prepare federal payroll	tax returns
and Forms W-2 and W-3 for their employees.	
Pt VI, Line 6: Grand Lodge Officers: Roger Quintana (Grand Maste	r), Gregory
J. Scott (Deputy Grand Master), Robert Monacelli (Senior Grand Wa	rden), David
L. Tucker (Junior Grand Warden), Robert J. Sheridan (Grand Treasu	rer), John Ryan
(Grand Secretary), George A. Olsen (Trustee), Glenn T. Visscher (	Trustee), H.
Wayland Packer (Trustee), Brian H. Blades (Trustee), and David Me	lville Russen,
Jr. (Trustee).	
Pt VI, Line 7a: Members elect the governing body at annual meetin	
Pt VI, Line 11b: Form 990 is distributed to tax committee for rev	iew.
Pt VI, Line 19: All documents are available upon request.	
Pt XI: Property acquired by gift, transfer, etc.	
Pt IX, Line 24e:	
Description: Administrative expenses	
Total: \$314,860	
Program services: \$314,860	
Description: Grand Lodge Per Capita Fees	
Total: \$386,926	·
Program services: \$386,926	
Description: Miscellaneous	
Total: \$615,638	
Program services: \$615,638	· ·
Description: Postage	
Total: \$5,539	
Program services: \$5,539	

Schedille O (Form 990 of 990-EZ) (2018)		aye z
, ,	Employer identification number	
Free & Accepted Masons of NJ - Group Return	23-7133693	
Description: Rent	<u></u>	
Total: \$149,944		
•		
Program services: \$149,944		
Description: Repairs and maintenance		
Total: \$884,043		
Program services: \$884,043		
Description: Utilities		
Total: \$686,299		
2		
Program services: \$686,299		<b></b>
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