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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

Open to Public Inspection

| A F | or the | 2009 calendar year, or tax year beginning and endin | g | | | | | |
|---|---------------------------|---|--------------------|-------------------------------|--|--|--|--|
| Вс | heck if | Please C Name of organization | | D Employer identifi | cation number | | | |
| а | pplicable | use IRS THE GRAND LODGE OF A.F. AND A.M. OF N. | c. | | | | | |
| | Addres | s label or on our properties | | | | | | |
| Ξ | Name change | type | | 38-3 | 782755 | | | |
| | Initial | See Number and street (or P.O. box if mail is not delivered to street address) Room. | E Telephone numbe | | | | | |
| 늗 | _Ireturn ☐Termin | 1 Conception | Julio | 919-787-2021 | | | | |
| 늗 | Jated ∃Amend | | | | 5,585,525. | | | |
| - | _lreturn | City or town, state or country, and ZIF + 4 | | G Gross receipts \$ | | | | |
| L | Applica tion pendin | | | H(a) Is this a group re | | | | |
| | | F Name and address of principal officer T. WALITON CLAPP III | | for affiliates? | X Yes No | | | |
| | | SAME AS C ABOVE | | | cluded? Yes X No | | | |
| | | mpt status X 501(c) (10) ◀ (insert no) 4947(a)(1) or 527 | | | list (see instructions) | | | |
| | | e: ▶ WWW.GRANDLODGE-NC.ORG | | | n number ▶ 0442 | | | |
| <u>K F</u> | orm of | organization: X Corporation Trust Association Other L | Year o | of formation: 1797 N | Λ State of legal domicile: NC | | | |
| Pa | art I | Summary | | · - | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities FRATERN | AL | ORGANIZATIO | N OPERATING | | | |
| Zill Martivities & Governance | | UNDER THE LODGE SYSTEM TO SUPPORT MASONIC O | RPH | ANAGES & HO | MES FOR THE | | | |
| 'na | 2 | Check this box If the organization discontinued its operations or disposed of | | | | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 12 | | | |
| ၓၟ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 12 | | | |
| ళ | <u>"</u> | Total number of employees (Part V, line 2a) | | 5 | 0 | | | |
| ţį | 5 | | | 6 | 0 | | | |
| ξ | 6 | Total number of volunteers (estimate if necessary) | | | 0. | | | |
| ₹Ş | 7a | Total gross 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 | | | | |
| -29 | ł | | - | Prior Year | Current Year | | | |
| ្តីខ | 8 | Contributions and grants (Part VIII, line 1h) | \vdash | 2,871,989. | 2,853,785. | | | |
| JE. € Revenue | 9 | Program service revenue (Part VIII, line 2g) | <u> </u> | | | | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u> </u> | 1,022,552. | 228,936. | | | |
| D | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,580,335. | 1,752,449. | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,474,876. | 4,835,170. | | | |
| Expenses North | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 217,528. | 887,510. | | | |
| 32 | | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | |
| | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | |
| Z ö | 1 | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | |
| ΩŽ | | Total fundraising expenses (Part IX, column (D), line 25) | | | | | | |
| Ä | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 3,891,630. | 3,888,877. | | | |
| | | | | 4,109,158. | 4,776,387. | | | |
| | 1 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,365,718. | 58,783. | | | |
| | | Revenue less expenses Subtract line 18 from line 12 RECEIVED | Da | | | | | |
| Net Assets or Fund Balances | | | | ginning of Current Year | End of Year | | | |
| Sset | 20 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) NOV 2 2 2010 Net assets or fund balances Subtract line 21 from line 20 | - | 23,591,411. | 30,549,866. | | | |
| # 6 | 21 | Total liabilities (Part X, line 26) 영 NOV 2 2 2이에 다 | | 250,535. | 292,227. | | | |
| | | 671 | | <u>23,340,876.</u> | 30,257,639. | | | |
| P | art II | Signature Block | | | | | | |
| | | Under penalties of perjury, I declare that I have examined this return including accompanying schedules and states and complete Declaration of preparer has any known | ments, a wledge | and to the best of my knowled | ge and belief, it is true, correct, | | | |
| | | 9,11 | _ | | | | | |
| Sıg | ın | ~. Walles (100) | | ////5/ | 10/0 | | | |
| Here | | Signature of officer | | Date | | | | |
| T. WALTON CHOOD IN GOND SICRETARY | | | | | | | | |
| | | Type or print name and title | | | | | | |
| Droppror's | | | | | er's identifying number structions) | | | |
| signature signature 11/13/10 employed X | | | | | | | | |
| Pre | parer's | Firm's name (or A.T. AT.I.EN & COMPANY, I.I.P. CPAS | | EIN ▶ | | | | |
| Use | Only | yours if self-employed), 2245 GATEWAY ACCESS POINT, STE 201 | | <u> </u> | | | | |
| | | address, and ZIP+4 RALEIGH, NORTH CAROLINA 27607 | | Phone no > 9 | 19-781-7550 | | | |
| | | RABEIGH, NORTH CAROLLINA 27007 RS discuss this return with the preparer shown above? (see instructions) | | T HOHO HO. P | X Yes No | | | |
| | | | la inci | ructions | Form 990 (2009) | | | |
| 0331 | 001 02-0 | Maio I da Por Privacy act and Paperwork neduction act Notice. See the Sebarat | | | . 01111 000 (2000) | | | |

THE GRAND LODGE OF A.F. AND A.M. OF N.C. Form 990 (2009) 38-3782755 Part III | Statement of Program Service Accomplishments NONE Briefly describe the organization's mission Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 including grants of \$ (Code) (Expenses \$) (Revenue \$ FRATERNAL ORGANIZATION WHICH PROMOTES COMMUNITY SERVICE AND SUPPORTS THE MASONIC & EASTERN STAR HOME FOR THE AGED AND THE OXFORD HOME FOR CHILDREN. including grants of \$) (Revenue \$ 4b (Code) (Expenses \$ (Code) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$

Total program service expenses > \$

Form 990 (2009)

Form 990 (2009) GROUP RETURN
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 | ļ | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | _2 | ļ | 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 | ļ | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | ļ |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | | |
| | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | ļ |
| 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 | <u> </u> | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | |] | ĺ |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | <u> </u> | 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 | <u> </u> | 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 | <u> </u> | 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 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | |
| | as applicable | 11 | X | ļ |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | | | |
| • | 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 | | | |
| • | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | ļ |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | |
| • | 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 | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1 | | |
| | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | | ļ |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12 | | X |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | 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, Part I | 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 | İ | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Part II | 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, Part III | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | 177 |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | ļ | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | \ v | |
| | 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," | | 1 | v |
| | complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | 000 | X |

Form 990 (2009) * GROUP RETURN 38-3782755 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 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 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 X Schedule K If "No", go to line 25 24a 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 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 Schedule L, Part III 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) Х a 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 Х 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was X an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33

37 Х

Х

33

34

35

36

Х

Х

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

Was the organization related to any tax-exempt or taxable entity?

If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note, All Form 990 filers are required to complete Schedule O

Form **990** (2009)

34

35

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| | • | | | , | Yes | No |
|-----|---|----------|-------------------|----------|--|--|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | 1 | | ļ |
| | US'Information Returns Enter -0- if not applicable | 1a | (| <u>)</u> | ĺ | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | | <u>)</u> | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | reporta | ble gamıng | | | |
| | (gambling) winnings to prize winners? | | | 1c | <u> </u> | |
| 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 retu | ırns? | | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | nstru | ctions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year cover | ed by tl | nis return? | 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 | author | ıty over, a | | | 1 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accoul | nt)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign | Bank a | ınd | | | |
| | 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 trans- | action? | | 5b | | Х |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg | ardıng l | Prohibited | | | |
| | Tax Shelter Transaction? | | | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | he orga | anization solicit | | | 1 |
| | any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | tions o | r gifts | | | l |
| | 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 | | | 1 |
| | provided to the payor? | | | 7a | | <u> </u> |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | - | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | vas req | uired | l _ | | l |
| _ | to file Form 8282? | 1 1 | | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | _7d | | - | | l |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a | person | al | _ | | 1 |
| | benefit contract? | | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- | | aurod? | 7g | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or | | | 7h | | |
| 8 | supporting organizations maintaining dorior advised funds and section 303(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc | | | | | |
| | at any time during the year? | 0000 00 | Siness holdings | 8 | | l |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b | O the second of | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | O The state of the Second COO, Don't VIII. I are 10, for each large of all the facilities | 10b | | | | ļ |
| 11 | Section 501(c)(12) organizations. Enter | | | | | i |
| а | Gross income from members or shareholders | 11a | | | | |
| | 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 | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | Form | 990 (| 2009) |

GROUP RETURN

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Page 6

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

| Sec | tion A. Governing Body and Management | | _ | |
|-----|---|---------|-------|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body . 1a 12 | | | |
| b | Enter the number of voting members that are independent 1b 12 | | 1 | İ |
| 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 | | Х |
| 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 | | Х |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Х |
| 6 | Does the organization have members or stockholders? | 6 | Х | |
| | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | |
| , . | governing body? | 7a | X | |
| h | 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 | | | |
| а | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| Ŭ | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | <u></u> |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | Х | |
| | 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 | х | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | | X |
| | 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 | | Х |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? | 12b | | |
| С | 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? | | j | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | 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 | | <u>X</u> |
| 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 | | 1 | |
| | exempt status with respect to such arrangements? | 16b | i | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | |
| 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 | or | | |
| | 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 | d finar | ncial | |
| | 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 | on 🕨 | | |
| | T. WALTON CLAPP, III - 919-787-2021 | | | |
| | PO BOX 6506, RALEIGH, NC 27628 | | | |

Page 7

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

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. Use Schedule J-2 if additional space is needed.

- 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 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

| X Check this box if the organization did not co | ompensate an | y cu | rren | t off | icer | , dire | ecto | r, or trustee | r | , |
|---|--------------|--------------------------------|-----------------------|----------|--|--|----------|-----------------|---------------------------------------|---------------|
| (A) | (B) | | (C) (D) | | | | (D) | (E) | (F) | |
| Name and Title | Average | | | Pos | | | | Reportable | Reportable | Estimated |
| | hours | (cł | neck | all | that | арр | ly) | compensation | compensation | amount of |
| | per | ō | | | | | | from | from related | other |
| | week | direct | | | | - | | the | organizations | compensation |
| | | 9 01 | ige | | | Sate | | organization | (W-2/1099-MISC) | from the |
| | | ruste | E E | | ee , | E E | | (W-2/1099-MISC) | | organization |
| | | Individual trustee or director | Institutional trustee | _ | Key employee | Highest compensated employee | <u></u> | | | and related |
| | | ър | nsttı | Officer | e e | at a feet | Į į | | | organizations |
| | | _ | _ | Ľ | _ | | | | · · · · · · · · · · · · · · · · · · · | |
| SEE ATTACHED LIST | | | | | | | | _ | | |
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| | 990 (2009) GROUP RE | | | _ | | | | | | 38-37 | 82 | 755 | Р | age 8 |
|-----|--|-------------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|--------|--|---|-----------|---|-------|----------------|
| Pai | t VII Section A. Officers, Directors, Tru | | mplo | уее | | | High | est | | | | | | |
| | • (A) Name and title | (B) Average hours | (ci | | Pos all t | | | ıly) | (D) Reportable compensation | (E) Reportable compensation | ı | (F) Estimated amount of other compensation from the organization and related organization (F) | | |
| | | per week | individual trustee or director | Institutional trustee | Officer | Кеу етріоуее | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC | 3) | | | e ion ed |
| | | | | | | | | ļ | | | _ | | | |
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| | | | | | | | | | | | + | | | |
| | Total | | | | | | > | | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but recompensation from the organization | not limited to th | nose | liste | ed at | oove | e) wł | no re | eceived more than \$100 | ,000 in reportable | | 1 | es | 0 No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | stee | , ke | y em | ploy | yee, | or h | nighest compensated en | nployee on | | 3 | es | X |
| 4 | For any individual listed on line 1a, is the si and related organizations greater than \$15 | um of reportab | | - | | | | | ·- | the organization | | 4 | | X |
| 5 | Did any person listed on line 1a receive or the organization? If "Yes," complete School | • | | | rom | any | unr | elat | ed organization for servi | ces rendered to | \perp | 5 | | х |
| 1 | Complete this table for your five highest countries the organization. NONE | ompensated inc | depe | nde | nt c | ontr | acto | rs t | hat received more than | \$100,000 of comp | ensat | tion froi | m | |
| | (A) Name and business | address | | | | | | | (B) Description of s | ervices | Со | (C) mpens | ation |) |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | · | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (\$100,000 in compensation from the organi | _ | ot lır | nite | d to | thos | _ | sted | above) who received m | ore than | | | | |
| | | | | | | | | | | | F | orm 99 | 0 (2 | 009) |

Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must comp | | | | |
|---------|--|------------------------------|------------------------------------|-------------------------------------|--|
| | not include amounts reported on lines 6b, 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 | 887,510. | | | |
| 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 | | | | |
| 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 | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 100. | | | |
| C | Accounting | 760. | | | ···· |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | ······ |
| f | Investment management fees | | | | |
| g | Other | | | · · · · · · · · | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 334,288. | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,581,243. | | | |
| 17 | Travel | 52,799. | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 22 212 | | | |
| 19 | Conferences, conventions, and meetings | 39,219. | _ | | |
| 20 | Interest | 1,972. | | | |
| 21 | Payments to affiliates | 10 416 | | | |
| 22 | Depreciation, depletion, and amortization | 12,416. | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled | | | | |
| | miscellaneous may not exceed 5% of total | | | | |
| | expenses shown on line 25 below.) | 720 600 | <u> </u> | | |
| a | | 730,699. | | | |
| b | | 686,640. | | | |
| C | VECCUL VINDOUG | 138,477. 85,525. | | <u></u> | |
| d | | 71,722. | | | |
| e | | 153,017. | | | |
| f oe | All other expenses | 4,776,387. | | <u> </u> | |
| 25 | Joint costs. Check here I if following | ±,110,301. | | | |
| 26 | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |

| Pai | τX | Balance Sheet | | | | |
|-----------------------------|----------|---|------------------------------|--------------------------|------------|--|
| | | • | | (A) Beginning of year | | (B) End of year |
| | 1 ` | Cash - non interest-bearing | | 2,376,256. | 1_ | 2,221,689. |
| | 2 | Savings and temporary cash investments | | 10,442,076. | 2 | 9,946,114. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, di | rectors, trustees, key | | | - 11 13 |
| | | employees, and highest compensated employe | | | | |
| | | of Schedule L | · | | 5 | • |
| | 6 | Receivables from other disqualified persons (as | defined under section | | | |
| | | 4958(f)(1)) and persons described in section 495 | | | | |
| | | Part II of Schedule L | , | | 6 | |
| ιχ | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | l | Land, buildings, and equipment cost or other | | | | |
| | | basis Complete Part VI of Schedule D | 10a 15,888,622. | | | |
| | ь | Less accumulated depreciation | 10b 274,524. | 8,779,783. | 10c | 15,614,098. |
| | 11 | Investments - publicly traded securities | | 1,993,296. | 11 | 2,767,965. |
| | 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 equ | al line 34) | 23,591,411. | 16 | 30,549,866. |
| | 17 | Accounts payable and accrued expenses | | ·· · ···· | 17 | |
| | 18 | Grants payable | | | 18 | ······································ |
| • | 19 | Deferred revenue | ļ | | 19 | ·-··· |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| es S | 21 | Escrow or custodial account liability Complete | Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, director | rs, trustees, key employees, | | | |
| iab | | highest compensated employees, and disqualife | ed persons Complete Part II | | | |
| | | of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | • | 250,535. | 23 | 292,227. |
| | 24 | Unsecured notes and loans payable to unrelate | d third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | ŀ | 050 525 | 25 | 000 000 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 250,535. | 26 | 292,227. |
| | | Organizations that follow SFAS 117, check he | ere and complete | | | |
| ses | | lines 27 through 29, and lines 33 and 34. | | | | |
| <u>a</u> | 27 | Unrestricted net assets | | | 27 | |
| Ва | 28 | Temporarily restricted net assets | ì | | 28 | |
| pr | 29 | Permanently restricted net assets | haak hara 🕨 💟 and | | 29 | |
| Ę | | Organizations that do not follow SFAS 117, c | neck nere | | | |
| ō S | | complete lines 30 through 34. | | 0. | 20 | 0. |
| set | 30 | Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed | number fund | 0. | 30 | 0. |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | · · | 23,340,876. | 32 | 30,257,639. |
| Ne. | 32 | Total net assets or fund balances | come, or other fullus | 23,340,876. | 33 | 30,257,639. |
| | 33 34 | Total liabilities and net assets/fund balances | } | 23,591,411. | 34 | 30,549,866. |
| | 34 | Total liabilities and het assets/juliu balailles | <u> </u> | ANINATIETT! | - 7 | 50, 545, 000 · |

THE GRAND LODGE OF A.F. AND A.M. OF N.C.

Form 990 (2009) * GROUP RETURN 38-3782755 Page 12 Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 X 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 b Were the organization's financial statements audited by an independent accountant? 2b Х 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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 consolidated basis, separate 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 Х Act and OMB Circular A-133? За 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

Form **990** (2009)

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, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization THE GRAND LODGE OF A.F. AND A.M. OF N.C. GROUP RETURN

Employer identification number 38-3782755

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Fund | s or Accounts. Complete if the |
|-----|--|--|---|
| | organization answered "Yes" to Form 990, Part IV, line | e 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 v | writing that the assets held in donor advi | sed funds |
| • | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor as | | |
| ٠ | for charitable purposes and not for the benefit of the donor o | | |
| | impermissible private benefit? | action devices, or les any earlier purpose | Yes No |
| Par | | panization answered "Yes" to Form 990. | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| , | Preservation of land for public use (e.g., recreation or p | ——T | storically important land area |
| | Protection of natural habitat | | tified historic structure |
| | Preservation of open space | 1 reservation or a cer | tilled flistoric structure |
| ^ | Complete lines 2a through 2d if the organization held a qualif | find consequences contribution in the form | of a consequation easement on the last |
| 2 | | ned conservation contribution in the form | Tot a conservation easement on the last |
| | day of the tax year | | Held at the End of the Tax Year |
| | Tabel assessment of consequences | | 2a |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | vieture included in (a) | 2b 2c |
| С | Number of conservation easements on a certified historic stri | | 2d |
| d | Number of conservation easements included in (c) acquired a | | <u> </u> |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated by th | le organization during the tax |
| | year > | nament is legated | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | | Yes No |
| _ | violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 6 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 7 | Does each conservation easement reported on line 2(d) above | | |
| 8 | | re satisfy the requirements of section 170 | Yes No |
| _ | and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation | on ageomosts in its revenue and expens | |
| 9 | include, if applicable, the text of the footnote to the organization | | |
| | conservation easements | tions interior statements that describes | the organization a accounting for |
| Pa | rt III Organizations Maintaining Collections of | f Art. Historical Treasures, or C | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| | | | |
| 12 | If the organization elected, as permitted under SFAS 116, no | t to report in its revenue statement and b | palance sheet works of art, historical |
| ·u | treasures, or other similar assets held for public exhibition, ed | | |
| | the footnote to its financial statements that describes these i | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| h | If the organization elected, as permitted under SFAS 116, to | | nce sheet works of art, historical treasures. |
| U | or other similar assets held for public exhibition, education, o | | |
| | · | in readulation in rational action of public convic | o, provide the renewing amount retaining to |
| | these items (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ ► \$ |
| 0 | If the organization received or held works of art, historical treations | acures or other similar assets for financia | |
| 2 | the following amounts required to be reported under SFAS 1 | | a. gam, provide |
| _ | | to relating to these items | > \$ |
| a | Revenues included in Form 990, Part VIII, line 1 | | S |
| b | Assets included in Form 990, Part X | | > \$ |

THE GRAND LODGE OF A.F. AND A.M. OF N.C. Schedule D (Form 990) 2009 GROUP RETURN Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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) Loan or exchange programs Public exhibition а Scholarly research Other Preservation for future generations c 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 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? 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 Yes No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e 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 (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by 3a(i) (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land 15,888,622 274,524. 15,614,098. **b** Buildings

Schedule D (Form 990) 2009

15,614,098

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

d Equipmente Other

| Part X | Other Liabilities. See Form 990, Part X, line 25 | |
|-------------|--|------------|
| 1 | (a) Description of liability | (b) Amount |
| Federal ınc | ome taxes | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | } |

2. FIN 48 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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

THE GRAND LODGE OF A.F. AND A.M. OF N.C. Schedule D (Form 990) 2009 GROUP RETURN Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 4 Donated services and use of facilities 5 5 6 Investment expenses 6 7 7 Prior period adjustments 8 Other (Describe in Part XIV.) 8 Total adjustments (net) Add lines 4 through 8 9 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d Add lines 2a through 2d е Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **4**a 4b Other (Describe in Part XIV) c Add lines 4a and 4b 4c 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 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment 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 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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

SCHEDULE G

Department of the Treasury

Internal Revertue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

200

Schedule G (Form 990 or 990-EZ) 2009

2009

Open To Public

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

THE GRAND LODGE OF A.F. AND A.M. OF N.C.

Employer identification number

GROUP RETURN 38-3782755 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes_ No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

THE GRAND LODGE OF A.F. AND A.M. OF N.C.

GROUP RETURN Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE MEALS & (add col (a) through DINNERS col (c)) (event type) (event type) (total number) 1,279,969. 1,279,969. Gross receipts 2 Less Charitable contributions 1,279,969. 1,279,969. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses Rent/facility costs Food and beverages Entertainment 581,642. Other direct expenses 581,642. 10 Direct expense summary Add lines 4 through 9 in column (d) 581,642; 698,327. 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Νo Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

THE GRAND LODGE OF A.F. AND A.M. OF N.C.

| Schedule G (Form 990 or 990-EZ) 2009 GROUP RETURN | <u> 38-378</u> | <u> 275</u> | 5_ Pa | age 3 |
|---|----------------|-------------|-------|-------|
| | | | Yes | |
| 13 Indicate the percentage of gaming activity operated in | } | | | |
| a The organization's facility | a % |] | | |
| b An outside facility | b %_ |] | | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and | records. | } | | ļ |
| | | | | |
| Name | | | | |
| Address > | | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue | ? | 15a | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the | amount | | | |
| of gaming revenue retained by the third party > \$ | | | | ļ |
| c If "Yes," enter name and address of the third party | | | | |
| Name | | | | |
| Address > | | | | |
| 16 Gaming manager information | | | | |
| Name | | | | |
| Gaming manager compensation \$ | | | | |
| Description of services provided ▶ | | | | |
| | | | | |
| Director/officer Employee Independent contractor | | | | |
| 17 Mandatory distributions | | | | |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to | | i | 1 | |
| retain the state gaming license? | | 17a | | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or significantly organization's own exempt activities during the tax year ▶ \$ | pent in the | | | |

Schedule G (Form 990 or 990-EZ) 2009

% Schedule I (Form 990) 2009 Employer identification number 38-3782755 Open to Public OMB No 1545-0047 SUPPORTED ORGANIZATION SUPPORTED ORGANIZATION Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 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 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. A.F. AND A.M. OF N.C. (d) Amount of 443,755 443,755 cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section ıf applicable 501(c)(3) 501(c)(3) Enter total number of section 501(c)(3) and government organizations THE GRAND LODGE OF 56-0529956 56-0228750 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? GROUP RETURN Enter total number of other organizations 1 (a) Name and address of organization THE MASONIC HOME FOR CHILDREN AT OXFORD, INC - 600 COLLEGE ST or government GREENSBORO, NC 27407 Name of the organization 700 S. HOLDEN ROAD OXFORD, NC 27628 Department of the Treasury Internal Revenue Service SCHEDULE I WHITESTONE (Form 990) Part Part II

THE GRAND LODGE OF A.F. AND A.M. OF N.C. GROUP RETURN

Schedule | (Form 990) 2009

Part III

Page 2

38-3782755

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. PART I, LINE 2: ORGANIZATION OBTAINS FINANCIAL REPORTS AND OTHER INFORMATION TO CONFIRM THAT GRANT PURPOSES WERE ACHIEVED (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHEDULE I,

21

Schedule I (Form 990) 2009

SCHEDULE O'

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE GRAND LODGE OF A.F. AND A.M. OF N.C. GROUP RETURN

Employer identification number 38-3782755

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| AGED. |
| |
| FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATIONS MEMBERS ELECT THE |
| BOARD OF DIRECTORS. |
| |
| FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATIONS MEMBERS ELECT THE |
| BOARD OF DIRECTORS |
| |
| FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATIONS RETURN IS |
| REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO THE RETURN BEING FILED. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: THE FINANCE COMMITTEE PROVIDES |
| SALARY GUIDELINES FOR ALL EMPLOYEES THAT ARE THEN APPROVED BY THE MEMBERS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING |
| DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC |
| UPON REQUEST. |
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2009 Open to Public Inspection OMB No 1545-0047 38-3782755 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Related Organizations and Unrelated Partnerships OF N.C. OF A.F. AND A.M. THE GRAND LODGE GROUP RETURN Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Employer identification number

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Parti

| Œ | Direct controlling | entity | | | | | | | lated tax-exempt | |
|------------|--------------------------|-----------------------|--|--|------|--|--|--|--|--|
| (e) | End-of-year assets | | | | | | | | e it had one or more re | |
| (9 | Total income | | | | | | | | rt IV, line 34 becaus | |
| (2) | Legal domicile (state or | foreign country) | | | | | | | swered "Yes" to Form 990, Pa | |
| (q) | Primary activity | | | | | | | | ions (Complete if the organization an | |
| (a) | Name, address, and EIN | of disregarded entity | | | | | | | Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) | |
| | | | | | | | | | Part | |

| | | | | • | |
|--|-----------------------------|--------------------------|-------------|----------------------------------|--------------------|
| (a) | (q) | (0) | (p) | (e) | (1) |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling |
| of related organization | | foreign country) | section | status (if section 501(c)(3)) | entity |
| THE NC MASONIC FOUNDATION, INC - 56-6049500 TO RECEIVE DONATIONS AND | TO RECEIVE DONATIONS AND | | | | |
| PO BOX 6506 | DISTRIBUTE ALL INCOME TO | | | | |
| RALEIGH NC 27628 | CHARITABLE ORGANIZATIONS | NORTH CAROLINA | 501(C)(3) | 11 | N/A |
| THE GRAND LODGE OF A.F. AND A.M. OF NORTH | TO MANAGE THE ACTIVITIES OF | | | | |
| CAROLINA - 56-0228750, PO BOX 6506, RALEIGH, | INDIVIDUAL MASONS IN NORTH | | | | |
| NC 27628 | CAROLINA | NORTH CAROLINA | 501(C)(10) | | 4/A |
| THE MASONIC HOME FOR CHILDREN AT OXFORD - | | | | | |
| 56-0603924, 600 COLLEGE ST, OXFORD, NC | | | | | |
| 27565 | SUPPORTED ORGANIZATION | NORTH CAROLINA | 501(C)(3) | <u>_</u> | 4/2 |
| WHITESTONE - 56-0529956 | | | | | |
| 700 S. HOLDEN ST | | | | | |
| GREENSBORO, NC 27407 | SUPPORTED ORGANIZATION | NORTH CAROLINA | 501(C)(3) | <u></u> | A. |

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

932161 02-04-10

Schedule R (Form 990) 2009

THE GRAND LODGE OF A.F. AND A.M. OF N.C.

Schedule R (Form 990) 2009 GROUP RETURN

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Page 2

38-3782755

Code V.UBi General or amount in box managing 20 of Schedule Partner?
K-1 (Form 1065) Yes No Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 9 Ξ Share of end-of-year assets **(**6) ate allocations? Disproportion-Yes Ξ Share of total income Ξ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) ₤ Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত **e** Legal domicile (state or foreign country) <u>ပ</u> (d)

(d)

I Direct controlling entity 24 Primary activity 9 Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 932162 02-04-10 Part IV

THE GRAND LODGE OF A.F. AND A.M. OF N.C. GROUP RETURN

Page 3

38-3782755

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

| Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule | | Yes |
|---|----------------------------|----------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | 1— |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | 13 × × |
| | | + |
| c Gitt, grant, or capital contribution from other organization(s) | | |
| d Loans or loan guarantees to or for other organization(s) | | 7d V |
| e Loans or loan guarantees by other organization(s) | | 1e X |
| | | |
| † Sale of assets to other organization(s) | | |
| g Purchase of assets from other organization(s) | | 1g X |
| h Exchange of assets | | th X |
| ı Lease of facilities, equipment, or other assets to other organization(s) | | 1 <u>-</u> |
| j Lease of facilities, equipment, or other assets from other organization(s) | | 1j X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | 1k X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | = |
| m Sharing of facilities, equipment, mailing lists, or other assets | | E, |
| n Sharing of paid employees | | t X |
| o Reimbursement paid to other organization for expenses | | ot × |
| p Reimbursement paid by other organization for expenses | | |
| | | |
| q Other transfer of cash or property to other organization(s) | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | saction thresholds | 1r A |
| | | |
| (a) Name of other organization(s) | (b) Transaction type (a-r) | (c) Amount involved |
| (1) THE MASONIC HOME FOR CHILDREN AT OXFORD | ф | 443,755. |
| HNOHNALIHM 67 | t | |
| | q | 443,/55. |
| (3) | | |
| (4) | | |
| (9) | | |
| (9) | | |
| 832183 02-04-10 | Schedule | Schedule R (Form 990) 2009 |

THE GRAND LODGE OF A.F. AND A.M. OF N.C.

Page 4

38-3782755

GROUP RETURN Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) | (q) | (3) | (p) | (e) | 9 | (a) | 3 | |
|------------------------|------------------|----------|-------------------------------------|-------|-------------------------|------------------|----------------------|-------------|
| Name, address, and EIN | Primary activity | nicile | Are all partners | Share | Dispropor- | | | <u>a</u> |
| of entity | | _ | section 501(c)(3) organizations? | | tionate allocations? | amount in box 20 | managing partner? | ging er? |
| | | country) | Yes No | | Yes No | | Yes | No |
| | | | | | - | | | |
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Schedule R (Form 990) 2009

| # | Name | Address Address2 | City | State | Zip | Tax Id |
|------|---------------------|------------------------------------|--------------|-------|-------|------------|
| 0001 | St John's | 4712 Oriole Dr. | Wilmington | NC | 28401 | 56-0122214 |
| 0005 | Royal White Hart | St. David Street | Halifax | NC | 27839 | 23-7535866 |
| 0003 | St. John's | 516 Hancock St | New Berns | NC | 28562 | 23-7535867 |
| 0004 | St. John's | 1810 N. Heritage St. | Kinston | NC | 28538 | 56-6053139 |
| 0005 | Charity | King St. | Windsor | NC | 27983 | 23-7535869 |
| 0007 | Unanımity | 215 E. Water St. | Edenton | NC | 27932 | 58-2066680 |
| 8000 | Phoenix | 221 Mason Street | Fayetteville | NC | 28301 | 23-7138173 |
| 0010 | Johnston Caswell | 611 S. Main St | Warrenton | NC | 27589 | 23-7535871 |
| 0011 | Caswell Brotherhood | Firetower Road | Yanceyville | NC | 27379 | 23-7535872 |
| 0013 | St. John's | 113 Lodge St. | Kenansville | NC | 28349 | 23-7535873 |
| 0017 | American George | 205 College St | Murfreesboro | NC | 27855 | 23-7535874 |
| 0019 | Eagle | 142 West King Street | Hillsborough | NC | 27278 | 23-7145742 |
| 0027 | Statesville | 302 E. Front St. | Statesville | NC | 28687 | 23-7535875 |
| 0031 | Phalanx | 4740 Randolph Road Suite B-Box 162 | 2 Charlotte | NC | 28211 | 56-6046441 |
| 0032 | Stokes | 51 Brumley Ave. | Concord | NC | 28027 | 58-1842427 |
| 0039 | Davie | 105 N Mitchell St | Ahoskie | NC | 27910 | 23-7535878 |
| 0040 | Hiram | 1520 Caswell St. | Raleigh | NC | 27600 | 56-0122285 |
| 0045 | Liberty | School St. | Wilkesboro | NC | 28697 | 56-1385411 |
| 0053 | Hall | Indiantown Road | Shawboro | NC | 27921 | 56-1222773 |
| 0058 | Concord | 1601 Barlow Road | Tarboro | NC | 27886 | 56-6043231 |
| 0029 | Perseverance | 703 NC Hwy 32 S | Plymouth | NC | 27962 | 23-7535883 |
| 0064 | Kilwinning | S. Greene St. | Wadesboro | NC | 28170 | 23-7535884 |
| 0075 | Widow's Son | 106 N. Hwy 343 | Camden | NC | 27921 | 23-7535885 |
| 9200 | Greensboro | 426 W. Market St. | Greensboro | NC | 27406 | 56-0122227 |
| 0081 | Zion | 108 E. Lakeview Dr | Trenton | NC | 28573 | 23-7138174 |
| 0083 | Lafayette | 305 Chaney Ave. | Jacksonville | NC | 28546 | 23-7138175 |

| Name Address Address2 City State Lip Fellowship 913.S. Bright Leaf Smithfield NC 27577 Morning Star 220 Barnes St Nashville NC 27826 Skewarkee 610 North Williamston NC 27826 Skewarkee 610 North NC 27826 Western Star 329 S. Main St. Rutherfordron NC 28139 Joseph Warren 1018 S. Main St. Rutherfordron NC 28138 Joseph Warren 2018 N. Main Street Hookerton NC 28338 Millbrook Road A400 New Hope Raleigh NC 28147 Hulton 213 Fisher Drive Clinton NC 28147 Under Dispansation 213 Fisher Drive NC 28147 Under Dispansation 213 Fisher Drive NC 2814 Ort Columbus NC 2814 Driv Under Dispansation NC 2816 Ort Driv </th <th></th> <th></th> <th>Snor</th> <th>C I MA AWG WG</th> <th>V</th> <th></th> <th></th> <th></th> | | | Snor | C I MA AWG WG | V | | | |
|--|------|--------------|---------------------------|---------------|---------------|-------|------------|--------------|
| Fellowship 913 S. Bright Leaf Smithfield NC 27876 Mornung Star 220 Barnes St Nashville NC 27886 Skewarkee 610 North Rulbert Ordton NC 27882 Joseph Warren 108 S. Main St. Ruthberfordton NC 27883 Jerusalem 201 N. Main Street Hookerton NC 27883 Hensalem 201 N. Main Street Hookerton NC 27813 Millbrook 2400 New Hope Raleigh NC 27615 Millbrook 2400 New Hope Raleigh NC 27615 Hiram 213 Fisher Drive Climton NC 27615 Columbus 121 East Street Pittsboro NC 2728 Or 116 E. 3rd St. Hertford NC 2753 Perquimans 128 N Church St. Hertford NC 2753 Peraklim 204 Turner St. Beaufort NC 2753 Berson 220 No. Elm St. Holly Springs 224 Rale | # | Name | | ddress2 | City | State | - 1 | Tax Id |
| Monung Start 220 Bannes St Nashville NC 27856 Skewarkee 610 North Williamston NC 27892 Western Start 329 S. Main St. Rutherfordton NC 28139 Joseph Warren 108 S. Main St. Stantonsburg NC 27883 Jerusalem 201 N. Main Street Hookerton NC 28338-0004 Millbrook 2400 New Hope Raleigh NC 27615 Millbrook 2400 New Hope Raleigh NC 27615 Hiram 213 Fisher Drive Clinton NC 28328 Fulton 401 N. Fulton St. Salisbury NC 27615 Orn 121 East Street Pittsboro NC 27328 Orr 128 N Church St. Hertford NC 27344 Peranklin 204 Turner St. Beaufort NC 27530 Wayne 2301 Norwood Goldsboro NC 27540 Mt. Lebanon 2501 W. Nach St. Hubberton NC | 0084 | Fellowship | . Bright | | Smithfield | NC | 27577 | . 26-1195917 |
| Skewarkee 610 North Enthwick St Smithwick St St Smithwick Smithwick St Smithwick Smith | 0085 | | 220 Barnes St | | Nashville | NC | 27856 | 23-7535888 |
| Western Start 329 S. Mann St. Rutherfordton NC 28139 Joseph Warren 108 S. Main St. Stantonsburg NC 27833 Jornsalenn 201 N. Main Street Hookerton NC 28538-0004 Millbrook 2400 New Hope Raleigh NC 27615 Hirram 213 Fisher Drive Clinton NC 27615 Fulton 401 N. Fulton St. Salisbury NC 28328 Fulton 401 N. Fulton St. Salisbury NC 2728 Orr 10 Loder Dispansation NC 28147 NC Columbus 116 E. 3rd St. Washington NC 2728 Orr Franklin Sol Turner St. Hertford NC 2753 Wayne A201 Norwood Goldsboro NC 2753 Berson 224 Raleigh St. Holly Springs NC 27540 Mt. Lebanon 80 Broadway Asheville NC 27540 Oxford NC 27555 NC | 0600 | 1 | 610 North Smithwick St | | Williamston | NC | 27892 | 23-7138176 |
| Joseph Warren 108 S. Main St. Stantonsburg NC 27833 Jerusalem 201 N. Main Street Hookerton NC 28538-0004 Millbrook Road Raleigh NC 27615 Hiram 213 Fisher Drive Clinton NC 27615 Fulton 401 N. Fulton St. Salisbury NC 28147 Orluchubus 121 East Street Pittsboro NC 28147 Our 116 E. 3rd St. Washington NC 27228 Our 116 E. 3rd St. Hertford NC 27840 Perguimans 128 N Church St. Hertford NC 2753 Wayne 204 Turner St. Beaufort NC 2753 Person 219 Leasburg Street Roxboro NC 2753 Mt. Lebanon 2501 W. Nash St. Holly Springs NC 27540 Mt. Hermon 80 Broadway Asheville NC 27555 Oxford NC 105 W. College St. Oxford NC </td <td>0091</td> <td>Western Star</td> <td>329 S. Main St.</td> <td></td> <td>Rutherfordton</td> <td>NC</td> <td>28139</td> <td>23-7535889</td> | 0091 | Western Star | 329 S. Main St. | | Rutherfordton | NC | 28139 | 23-7535889 |
| Joungalem 201 N. Main Street Hookerton NC 28538-0004 Millbrook 2400 New Hope Raleigh NC 27615 Hiram 213 Fisher Drive Clinton NC 28328 Fulton 401 N. Fulton St. Salisbury NC 28147 Fulton 401 N. Fulton St. Salisbury NC 28147 O Under Dispansation 121 East Street Pittsboro NC 27228 Orr Columbus 116 E. 3rd St. Washington NC 27889 Orr I 16 E. 3rd St. Hertford NC 27840 Perguimans 128 N Church St. Hertford NC 2753 Wayne 2301 Norwood Goldsboro NC 2753 Wayne 2301 Norwood Rowboro NC 27540 Mt. Lebanon 2501 W. Nash St. Holly Springs NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27540 Oxford 105 W. College St. Oxford | 0092 | | 108 S. Main St. | | Stantonsburg | NC | 27883 | 23-7535890 |
| Millbrook 2400 New Hope Road Raleigh NC 27615 Hiram 213 Fisher Drive Clinton NC 28328 Fulton 401 N. Fulton St. Salisbury NC 28147 O Under Dispansation 121 East Street Pittsboro NC 27228 Orr 116 E. 3rd St. Washington NC 27389 Orr 116 E. 3rd St. Washington NC 27890 Perguimans 128 N Church St. Hertford NC 27844 Franklin 204 Turner St. Beaufort NC 27530 Wayne 2201 Norwood Goldsboro NC 27530 Avenue Avenue Roxboro NC 27530 St. Albari's 600 N. Elm St. Holly Springs NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27540 Mt. Hermon 80 Broadway Asheville NC 27565 Oxford NC Asheville NC 27555 | 0095 | ļ | 201 N. Main Street | | Hookerton | NC | 28538-0004 | 23-7535891 |
| Hiram 213 Fisher Drive Clinton NC 28328 Fulton 401 N. Fulton St. Salisbury NC 28147 Order Dispansation 121 East Street Pittsboro NC 27228 Columbus 121 East Street Washington NC 27889 Order Dispansation 128 N Church St. Hertford NC 27889 Order Dispansation 128 N Church St. Hertford NC 27889 Franklin 204 Turner St. Beaufort NC 28516 Wayne 201 Norwood Goldsboro NC 27530 Person Avenue Roxboro NC 27530 Mayne 219 Leasburg Street Roxboro NC 27540 Mt. Lebanon 2501 W. Nash St. Holly Springs NC 27540 Mt. Hermon 80 Broadway Asheville NC 27565 Oxford NC 27565 Oxford NC 27555 Hanklinton NC 27525 </td <td>0097</td> <td>Millbrook</td> <td>2400 New Hope Road</td> <td></td> <td>Raleigh</td> <td>NC</td> <td>27615</td> <td>23-7138177</td> | 0097 | Millbrook | 2400 New Hope Road | | Raleigh | NC | 27615 | 23-7138177 |
| Fulton 401 N. Fulton St. Salisbury NC 28147 Under Dispansation Columbus 121 East Street NC 27228 Columbus 116 E. 3rd St. Washington NC 27889 Orr 116 E. 3rd St. Hertford NC 27889 Perquimans 128 N Church St. Hertford NC 27944 Franklin 204 Turner St. Beaufort NC 27944 Franklin 2301 Norwood Goldsboro NC 27530 Wayne Avenue Roxboro NC 27530 Person 219 Leasburg Street Roxboro NC 27530 St. Alban's 600 N. Elm St. Holly Springs NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27865 Oxford NC 27555 Aranklinton NC 27555 Mill Creek 513 Raleigh St. Newton Grove NC | 8600 | Hiram | 213 Fisher Drive | | Clinton | NC | 28328 | 23-7138178 |
| Order Dispansation I2I East Street Pittsboro NC 27228 Columbus 116 E. 3rd St. Washington NC 27889 Orr 128 N Church St. Hertford NC 27849 Perquimans 128 N Church St. Hertford NC 27944 Franklin 204 Turner St. Beaufort NC 27530 Wayne 2301 Norwood Goldsboro NC 27530 Person 219 Leasburg Street Roxboro NC 27530 St. Alban's 600 N. Elm St. Lumberton NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27896 Oxford 105 W. College St. Oxford NC 27565 Oxford Mason & Main St Franklinton NC 27525 Mill Creek 513 Raleigh St. Nc 27525 | 6600 | ŀ | I | | Salisbury | NC | 28147 | 23-7144604 |
| Columbus 121 East Street Pittsboro NC 27228 Orr 116 E. 3rd St. Washington NC 27889 Perquimans 128 N Church St. Hertford NC 27944 Franklin 204 Turner St. Beaufort NC 27546 Wayne 2301 Norwood Goldsboro NC 27530 Person 219 Leasburg Street Roxboro NC 2753 St. Alban's 600 N. Elm St. Lumberton NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27806 Oxford 105 W. College St. Oxford NC 27565 Oxford Mason & Main St Franklinton NC 27555 Mill Creek 513 Raleigh St. Newton Grove NC 27525 | 00UD | | | | | NC | : | |
| Orr 116 E. 3rd St. Washington NC 27889 Perquimans 128 N Church St. Hertford NC 27944 Franklin 204 Turner St. Beaufort NC 27516 Wayne 2301 Norwood Goldsboro NC 27530 Person 219 Leasburg Street Roxboro NC 27573 St. Alban's 600 N. Elm St. Lumberton NC 28358 Holly Springs 224 Raleigh St. Holly Springs NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27565 Oxford 105 W. College St. Oxford NC 27565 Oxford Mason & Main St Franklinton NC 27555 Mill Creek 513 Raleigh St. Newton Grove NC 27525 | 0102 | l | 121 East Street | | Pittsboro | NC | 27228 | 23-7535893 |
| Perquimans 128 N Church St. Hertford NC 27944 Franklin 204 Turner St. Beaufort NC 27530 Wayne Avenue C301 Norwood NC 27530 Person 219 Leasburg Street Roxboro NC 27573 St. Alban's 600 N. Elm St. Lumberton NC 28358 Holly Springs 224 Raleigh St. Holly Springs NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27896 Oxford 105 W. College St. Oxford NC 27565 Oxford NC 27565 NC 27565 Mason & Main St Franklinton NC 27525 Mill Creek 513 Raleigh St. Newton Grove NC 27525 | 0104 | - 1 | 116 E. 3rd St. | | Washington | NC | 27889 | 56-1229832 |
| Franklim 204 Turner St. Beaufort NC 28516 Wayne Avenue Goldsboro NC 27530 Person 219 Leasburg Street Roxboro NC 27573 St. Alban's 600 N. Elm St. Lumberton NC 27540 Holly Springs 224 Raleigh St. Holly Springs NC 27840 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27896 Oxford 105 W. College St. Oxford NC 27565 Oxford NC 27555 NC 27555 Mull Creek 513 Raleigh St. NC 27525 Mull Creek 513 Raleigh St. NC 27555 | 0106 | | 128 N Church St. | | Hertford | NC | 27944 | 23-7535895 |
| Wayne 2301 Norwood Avenue Goldsboro NC 27530 Person 219 Leasburg Street Roxboro NC 27573 St. Alban's 600 N. Elm St. Lumberton NC 27540 Holly Springs 224 Raleigh St. Holly Springs NC 27896 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27896 Oxford 105 W. College St. Oxford NC 27565 Oxford NC 27555 Mull Creek 513 Raleigh St. Newton Grove NC 27525 | 0109 | | 204 Turner St. | | Beaufort | NC | 28516 | 23-7138179 |
| Person 219 Leasburg Street Roxboro NC 27573 St. Alban's 600 N. Elm St. Lumberton NC 28358 Holly Springs 224 Raleigh St. Holly Springs NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27801 Oxford 105 W. College St. Oxford NC 27565 Oxford Mason & Main St Franklinton NC 27525 Mill Creek 513 Raleigh St. Newton Grove NC 28366 | 0112 | | 2301 Norwood Avenue | | Goldsboro | NC | 27530 | 23-7138180 |
| St. Alban's 600 N. Elm St. Lumberton NC 28358 Holly Springs 224 Raleigh St. Holly Springs NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27801 Oxford 105 W. College St. Oxford NC 27565 Oxford NC 27555 Franklinton Mason & Main St Franklinton NC 27525 Mill Creek 513 Raleigh St. Newton Grove NC 28366 | 0113 | - 1 | | | Roxboro | NC | 27573 | 23-7159112 |
| Holly Springs 224 Raleigh St. Holly Springs NC 27540 Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 27801 Oxford 105 W. College St. Oxford NC 27565 Oxford NC 27555 NC Franklinton Mason & Main St Franklinton NC 27525 Mill Creek 513 Raleigh St. Newton Grove NC 28366 | 0114 | | 600 N. Elm St. | | Lumperton | NC | 28358 | 56-0625277 |
| Mt. Lebanon 2501 W. Nash St. Wilson NC 27896 Mt. Hermon 80 Broadway Asheville NC 28801 Oxford 105 W. College St. Oxford NC 27565 Oxford NC NC 27525 Franklinton NC 27525 Mill Creek 513 Raleigh St. Newton Grove NC 28366 | 0115 | - 1 | 224 Raleigh St. | | Holly Springs | NC | 27540 | 23-7535897 |
| Mt. Hermon 80 Broadway Asheville NC 28801 Oxford 105 W. College St. Oxford NC 27565 Oxford Oxford NC 27525 Franklinton Mason & Main St Franklinton NC 27525 Mill Creek 513 Raleigh St. Newton Grove NC 28366 | 0117 | i | 2501 W. Nash St. | | Wilson | NC | 27896 | 23-7535898 |
| Oxford 105 W. College St. Oxford NC 27565 Oxford Oxford NC 27525 Franklinton Mason & Main St Franklinton NC 27525 Mill Creek 513 Raleigh St. Newton Grove NC 28366 | 0118 | | 80 Broadway | | Asheville | NC | 28801 | 56-0331886 |
| OxfordOxfordNCFranklintonMason & Main StFranklintonNC27525Mill Creek513 Raleigh St.Newton GroveNC28366 | 0122 | | 105 W. College St. | | Oxford | NC | 27565 | 23-7535900 |
| Franklinton Mason & Main St Franklinton NC 27525 Mill Creek 513 Raleigh St. Newton Grove NC 28366 | 0122 | ı | | | Oxford | NC | | |
| Mill Creek 513 Raleigh St. Newton Grove NC 28366 | 0123 | | Mason & Main St | | Franklinton | NC | 27525 | 23-7535901 |
| | 0125 | | 513 Raleigh St. | | Newton Grove | NC | 28366 | 56-1371159 |

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|------|----------------|---------------------------------|---------------|-------|-------|------------|
| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0126 | Gatesville | 125 Main Street | Gatesville | NC | 27938 | 23-7535903 |
| 0127 | Blackmer | 109 S. School St. | Mt. Gilead | NC | 27306 | 23-7535904 |
| 0128 | Hanks | 157 W. Main St. | Franklinville | NC | 27205 | 23-7535905 |
| 0129 | Dan River | 110 Decatur Street | Madison | NC | 27025 | 23-7535906 |
| 0132 | Radiance | 112 N Harper St | Snow Hill | NC | 28580 | 23-7535907 |
| 0134 | Mocksville | 134 Ridgeview Street | Mocksville | NC | 28028 | 56-6050264 |
| 0136 | Leaksville | 419 Thompson St. | Eden | NC | 27288 | 23-7138181 |
| 0137 | Lıncoln | 100 W. Sycamore St. | Lincolnton | NC | 28092 | 23-7535909 |
| 0138 | King Solomon | Walker Street | Burgaw | NC | 28425 | 23-7535910 |
| 0143 | Mt. Vernon | 185 Bonlee-Bennett Road | Bonlee | NC | 27213 | 23-7535911 |
| 0145 | Junaluskee | 50 Church St. | Franklin | NC | 28734 | 23-7535912 |
| 0145 | Junaluskee | | Franklin | NC | | |
| 0146 | Cherokee | 109 Hiawassee St. | Murphy | NC | 28906 | 23-7535913 |
| 0147 | Palmyra | 700 Maple Ave. | Dunn | NC | 28334 | 23-7138182 |
| 0149 | Adoniram | Cornwall Rd | Cornwall | NC | 27565 | 23-7535914 |
| 0150 | Pee Dee | 116 West Whitley Street | Norwood | NC | 28128 | 23-7138183 |
| 0151 | Sanford | 231 Charlotte St. | Sanford | NC | 27330 | 56-1013497 |
| 0154 | Scotch Ireland | 104 S. Depot St. | Cleveland | NC | 27013 | 23-7535916 |
| 0155 | White Stone | 302 Foster St. | Zebulon | NC | 27597 | 23-7535917 |
| 0158 | Knap Of Reeds | 158 Bahama Road | Bahama | NC | 27503 | 23-7138184 |
| 0162 | Yadkin | 402 N. State St | Yadkinville | NC | 27055 | 23-7535918 |
| 0165 | Archer | 14030 NC Hwy 96 | Zebulon | NC | 27597 | 23-7535919 |
| 0167 | Winston | 34 Miller St. | Winston-Salem | NC | 27105 | 56-0122251 |
| 0170 | Blackmer | 70 College St. | Weaverville | NC | 28787 | 23-7535921 |
| 0172 | Buffalo | 602 W. Main St. | Sanford | NC | 27330 | 23-7535923 |
| 0176 | Williams | 19416 Zion St. | Cornelius | NC | 28031 | 23-7535924 |
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| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0181 | Carthage | 302 Saunders St. | Carthage | NC | 28327 | 23-7535925 |
| 0187 | Central Cross | 3405 Hwy 581 N | Spring Hope | NC | 27882 | 23-7535926 |
| 0188 | Balfour | 632 Sunset Avenue | Asheboro | NC | 27203 | 23-7535927 |
| 0190 | Fair Bluff | Riverside Dr. | Fair Bluff | NC | 27439 | 23-7535928 |
| 0191 | Granite | 621 Bolling St. | Clayton | NC | 27520 | 23-7535929 |
| 0198 | Cary | 1142 East Maynard Road | Cary | NC | 27511 | 56-1388846 |
| 0202 | Cleveland | 1456 E. Marion St. | Shelby | NC | 28150 | 56-0707432 |
| 0205 | Long Creek | 8500 Mt. Holly- Huntersville Road | Huntersville | NC | 28078-8428 | 23-7535933 |
| 0206 | Mingo | 1924 Fayetteville Hwy | Dunn | NC | 28334 | 23-7535934 |
| 0207 | Lebanon | 114 Pecan St. | Whiteville | NC | 28472 | 23-7535935 |
| 0208 | Mt. Olive | Breazeale Ave. | Mt. Olive | NC | 28365 | 56-1389626 |
| 0209 | New Salem | | New Salem | NC | | |
| 0210 | Eno | 158 Bahama Rd | Bahama | NC | 27503 | 56-6058616 |
| 0214 | Thomasville | 720 Salem Street | Thomasville | NC | 27360 | 23-7138185 |
| 0217 | Catawba Valley | 220 Collett St | Morganton | NC | 28655 | 23-7138186 |
| 0218 | William G. Hill | 1520 Caswell St. | Raleigh | NC | 27613 | 56-0262710 |
| 0226 | Olin | 590 Olin Road | Olin | NC | 28660 | 23-7535938 |
| 0226 | Olın | | Olin | NC | | |
| 0229 | Henderson | 401 Brodie Road | Henderson | NC | 27537 | 56-6045914 |
| 0230 | Corinthian | 1700 S Winstead Ave. | Rocky Mount | NC | 27804 | 23-7138187 |
| 0231 | William T. Baın | 9433 Ten Ten Road | Raleigh | NC | 27603 | 23-7535940 |
| 0237 | Mystic Tie | 205 S. Main St. | Marion | NC | 28752 | 23-7535942 |
| 0240 | Wiccacon | Taylors St | Harrellsville | NC | 27942 | 23-7535943 |
| 0243 | Grifton | 108 Gordon St. | Grifton | NC | 28530 | 23-7138188 |
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| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0244 | Monroe | 520 E. Franklin St. | Monroe | NC | 28110 | 23-7138189 |
| 0248 | Catawba | 200 N. College Dr | Newton | NC | 28658 | 23-7138190 |
| 0249 | Pythagoras | 201 E. Nash St. | Southport | NC | 28461 | 23-7535944 |
| 0253 | Lee | 108 Second Ave., SW | Taylorsville | NC | 28681 | 23-7535945 |
| 0257 | Kenly | 500 W. Second St. | Kenly | NC | 27542 | 23-7535946 |
| 0258 | Fuquay | 338 S. Main St. | Fuquay Varina | NC | 27526 | 23-7535947 |
| 0259 | Waynesville | 508 Marshall St | Waynesville | NC | 28785 | 23-7535948 |
| 0261 | Excelsior | 3900 Litchfield Road | Charlotte | NC | 28277 | 56-0122205 |
| 0262 | Hibriten | 106 N. Main St. | Lenior | NC | 28645 | 23-7138191 |
| 0263 | Gaston | 212 S. College St. | Dallas | NC | 28034 | 23-7535950 |
| 0265 | Farmington | 149 Cemetary Road | Farmington | NC | 27028 | 23-7535951 |
| 0267 | Dunn's Rock | 174 E. Main St. | Brevard | NC | 28712 | 56-1071929 |
| 0268 | Unaka | | Webster | NC | | |
| 0271 | Tabasco | 207 E. Main Street | Gibsonville | NC | 27249 | 23-7535953 |
| 0272 | Bingham | 307 E. Center St. | Mebane | NC | 27302 | 23-7535954 |
| 0273 | Watauga | | Boone | NC | | , |
| 0276 | Beaver Dam | 605 E. Main St | Marshville | NC | 28103 | 56-1392530 |
| 0277 | Green Level | 8427 Green Level Church Road | Cary | NC | 27519 | 23-7535956 |
| 0278 | Colesville | | Colesville | NC | | |
| 0279 | Rehoboth | 103 E. Main St | Rose Hill | NC | 28458 | 23-7535957 |
| 0282 | Wake Forest | 220 Wait St | Wake Forest | NC | 27584 | 23-7535958 |
| 0283 | Eureka | 604 E. Church St | China Grove | NC | 28023 | 23-7535959 |
| 0284 | Greenville | 1104 Charles Street | Greenville | NC | 27858 | 23-7535960 |
| 0289 | Salem | 34 Miller St. | Winston-Salem | NC | 27105 | 23-7144609 |
| 0292 | French Broad | S, Main St | Marshall | NC | 28753 | 23-7138192 |
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|------|---------------|---|----------------|-------|------------|------------|
| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0293 | Vance | 633 Old Mars Hill Hwy | Weaverville | NC | 28709 | 23-7535961 |
| 0294 | Atlantic | Court House Square | Swan Quarter | NC | 27885 | 23-7535962 |
| 0296 | Stonewall | South Main Street | Robersonville | NC | 27871 | 23-7535963 |
| 0299 | Harmony | 143 E. Memorial Hwy | Harmony | NC | 28634 | 23-7535964 |
| 0300 | Aurora | W. Main St. | Aurora | NC | 27806 | 56-1448845 |
| 0301 | Clay | 104 Sanderson Street | Hayesville | NC | 28904 | 56-1427648 |
| 0302 | Lillington | 909 S. Main St | Lillington | NC | 27546 | 23-7535966 |
| 0304 | Pleasant Hill | 4545 Mark N Smith Road | Deep Run | NC | 28525 | 23-7535967 |
| 0305 | Laurinburg | 12881 Woodrun Dr. | Laurinburg | NC | 28352 | 23-7144608 |
| 0306 | Raeford | 900 East Palmer Ave. | Raeford | NC | 28376 | 23-7535968 |
| 0314 | New Lebanon | 449 Crooked Run Rd | South Mills | NC | 37976 | 23-7535969 |
| 0317 | Eureka | 218 S. Hughes Blvd. | Elizabeth City | NC | 27909 | 56-1600050 |
| 0319 | Wilmington | 2910 College St | Wilmington | NC | 28405 | 56-0122225 |
| 0320 | Selma | 405 North Pollock Street | Selma | NC | 27576 | 23-7535971 |
| 0322 | Granite | 212 Franklin St. | Mt. Airy | NC | 27030-4504 | 23-7138193 |
| 0331 | Bayboro | 108 Vandemere Road | Bayboro | NC | 28515 | 23-7535974 |
| 0339 | Fairview | 803 Landing St | Kings Mountain | NC | 28086 | 23-7535973 |
| 0340 | Harmony | 108 South Railroad St. | Pikeville | NC | 27863 | 23-7535975 |
| 0343 | Hickory | 30 Catawba Valley Blvd, SE | Hickory | NC | 28601 | 23-7138194 |
| 0344 | Numa F. Reid | 3202 N. Main Street | High Point | NC | 27265 | 56-0708333 |
| 0344 | Numa F. Reid | 3202 N. Main Street | High Point | NC | 27265 | 56-0708333 |
| 0348 | Stanly | 230 N. Main St. | Albemarle | NC | 28001 | 23-7535976 |
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|------|----------------|------------------------------------|------------------|-----------------|-------|-------|------------|
| # | Name | Address | Address2 | City | State | Zip | Tax Id |
| 0352 | Durham | 705 Husketh Dr | | Durham | NC | 27703 | 23-7535977 |
| 0356 | Fallston | 101 Kendrick St | | Fallston | NC | 28042 | 23-7535978 |
| 0357 | Bakersville | 789 Hwy 226 N | | Bakersville | NC | 28705 | 23-7535979 |
| 0358 | East LaPorte | 6294 Hwy 107 | | Cullowhee | NC | 28723 | 56-1152295 |
| 0359 | Mount Vernon | 602 Ragan Road | | Oriental | NC | 28571 | 23-7535981 |
| 0363 | Snow | 240 Temple Dr. | PO Box 2672 | Boone | NC | 28607 | 23-7535982 |
| 0366 | Craighead | | | Huntersville | NC | | |
| 0367 | Jachin | | | Clarkton | NC | | |
| 0369 | Gastonia | 214 South St. | | Gastonia | NC | 28052 | 56-6049799 |
| 0373 | Ashler | 10438 US Hwy 421 | | Deep Gap | NC | 28618 | 23-7535984 |
| 0374 | Campbell | 130 E. Church St. | | Troutman | NC | 28166 | 23-7535985 |
| 0375 | State Line | 115 Mulberry St. | | Grover | NC | 28073 | 23-7535986 |
| 0377 | Youngsville | 110 W. Main St | | Youngsville | NC | 27596 | 23-7535987 |
| 0378 | Seaboard | 301 S. Main St. | | Seaboard | NC | 27876 | 56-1455495 |
| 0379 | Coharie | 976 Autryville Rd | | Salemburg | NC | 28385 | 56-1360726 |
| 0380 | Granville | 686 Woodland Church Road | | Wake Forest | NC | 27587 | 23-7535990 |
| 0381 | Forest City | 17 Wilkie St. | | Forest City | NC | 28043 | 23-7535991 |
| 0384 | Jefferson Penn | 110 S. Main St. | | Reidsville | NC | 27320 | 56-6048411 |
| 0386 | Pigeon River | 382 Champion Drive | e | Canton | NC | 28716 | 56-6049546 |
| 0387 | Kedron | 229 Fifth Ave. W. | | Hendersonville | NC | 28739 | 23-7138196 |
| 0388 | Friendship | 722 McBrayer/Homestea d Road | a | Boiling Springs | NC | 28152 | 23-7535994 |
| 0390 | Copeland | 156 Bray Ford Road | T | Dobson | NC | 27017 | 23-7535995 |
| 0391 | Lebanon | 2222 Golfview Dr | | Hope Mills | NC | 28348 | 23-7535996 |
| 0395 | Orient | 1312 Shipyard Blvd | | Wilmington | NC | 28401 | 56-0344804 |
| 0396 | Oxford | | | Oxford | NC | | |
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| | | Lough I an I an oi | 0707/27/17 | | | |
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| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0397 | Bald Creek | 730 Sam Robertson Rd | Burnsville | NC | 28714 | 23-7535999 |
| 0399 | Conoho | | Hamilton | NC | ! | |
| 0401 | Joppa | 54 Catawba Ave. | Old Fort | NC | 28762 | 23-7536000 |
| 0403 | Siler City | 114 S. 3rd Ave. | Siler City | NC | 27344 | 23-7536001 |
| 0404 | Denton | 228 S. Main | Denton | NC | 27239 | 23-7536002 |
| 0405 | Ocean | 300 Miller Farm Rd | Morehead City | NC | 28557 | 56-0343449 |
| 0407 | N. Wilkesboro | 203 Temple St. | N. Wilkesboro | NC | 28659 | 23-7536004 |
| 0408 | University | 1211 East Franklin Street | Chapel Hill | NC | 27514 | 23-7536005 |
| 0409 | Bula | 1307 S. Main St | Burlington | NC | 27217 | 23-7138197 |
| 0411 | Bailey | 6140 Main St. | Bailey | NC | 27807 | 56-1155868 |
| 0412 | Henry F. Grainger | 105 W. College St. | Oxford | NC | 27565 | 23-7536007 |
| 0413 | James A. Johnson | | Louisburg | NC | | |
| 0413 | James A. Johnson | Jolly St. & Bickett Blvd. | Louisburg | NC | 27549 | 23-7536008 |
| 0417 | Maxton | 123 S. Florence St | Maxton | NC | 28396 | 56-1408657 |
| 0418 | Pendleton | Britton Road | Pendleton | NC | 27862 | 23-7536010 |
| 0420 | Harmon | 3229 Ray T. Moore Road | Yadkinville | NC | 27055 | 23-7536011 |
| 0423 | Sparta | 125 E. Doughton | Sparta | NC | 28675 | 56-1395439 |
| 0426 | Montgomery | 180 Wingate Road | Ranger | NC | 28906 | 23-7536013 |
| 0427 | Oconee | Clifton Ave | Bryson City | NC | 28713 | 23-7536014 |
| 0428 | Stokesdale | 8420 Ellisboro Rd | Stokesdale | NC | 27357 | 23-7536015 |
| 0429 | Seaside | 72 Old Hammocks Road | Swansboro | NC | 28584 | 23-7536016 |
| 0431 | Relief | 315 S. Lee St. | Benson | NC | 27504 | 23-7536017 |
| 0432 | Piney Creek | 296 Pugh Road | Piney Creek | NC | 28663 | 56-1405340 |
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| # | Name | Address | Address2 | City | State | Zip | Tax Id |
| 0433 | Vanceboro | 630 Farm Life Avenue | | Vanceboro | NC | 28586-0236 | |
| 0434 | West Bend | 6305 Shallowford Road | | Lewisville | NC | 27023 | 23-7138198 |
| 0435 | Blue Ridge | 305 Main St | | Highlands | NC | 28741 | 23-7536020 |
| 0437 | Biscoe | 342 N. Main St | | Biscoe | NC | 27209 | 23-7138199 |
| 0439 | Marble Springs | Airport Rd | | Marble | NC | 28905 | 23-7536021 |
| 0444 | Marietta | 735 liberty St. | | Ramseur | NC | 27316 | 23-7536022 |
| 0446 | Biltmore | 6 St Paul St | | Asheville | NC | 28803 | 23-7138200 |
| 0447 | Enfield | Roanoke Ave | | Roanoke Rapids | NC | 27823 | 23-7536023 |
| 0453 | Clyde | 69 Main St. | | Clyde | NC | 28721 | 23-7536024 |
| 0454 | Elkin | 114 Market St | | Elkin | NC | 28621 | 23-7138201 |
| 0459 | Dillsboro | 223 Wilkes Crescent St. | | Sylva | NC | 28779 | 56-1267327 |
| 0460 | Cliffside | 240 Old Main St | | Cliffside | NC | 28024 | 56-1130401 |
| 0461 | Matthews | 184 S. Trade St. | | Matthews | NC | 28104 | 23-7536027 |
| 0462 | South Fork | 142 8th Ave. | | Cramerton | NC | 28032 | 23-7536028 |
| 0463 | Currituck | 212 Worthguard Rd | | Coinjock | NC | 27929 | 23-7536029 |
| 0471 | Grassy Knob | 2772 West Memorial Highway (NC 901) | | Union Grove | NC | 28689 | 23-7536030 |
| 0472 | Sonoma | 62 Birdsong Trail | | Canton | NC | 28716 | 23-7536031 |
| 0473 | Lexington Memorial | 468 Central Ave. | | Lexington | NC | 27292 | 23-7007987 |
| 0474 | St. Pauls | 314 N. Fifth St | | St. Pauls | NC | 28384 | 23-7536032 |
| 0475 | Grimesland | 7525 Pitt St., (Hwy33) | | Grimesland | NC | 27837 | 23-7536033 |
| 0479 | Rainbow | 8006 NC 306S | | Arapahoe | NC | 28510 | 23-7536034 |
| 0482 | Saluda | 662 Ozone Dr. | | Saluda | NC | 28773 | 23-7536035 |
| 0483 | Traphill | Austin Benham Rd. | | Traphill | NC | 28685 | 23-7536036 |
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| # | Name | Address | Address2 | City | State | Zip | Tax Id |
| 0484 | Southern Pines | 220 N. West Broad St | | Southern Pines | NC | 28387 | 23-7536037 |
| 0486 | Lawndale | Predmont Dr. | | Lawndale | NC | 28090 | 23-7536038 |
| 0489 | Linville | 200 Pineda St | | Newland | NC | 28657 | 23-7536040 |
| 0491 | Hominy | 38 Old Pisgah Hwy | | Candler | NC | 28715 | 23-7138202 |
| 0492 | Thomas M. Holt | 510 Johnson St | | Graham | NC | 27253 | 23-7536041 |
| 0493 | Pılot | 689 Key St. | PO Box 543 | Pilot Mountain | NC | 27041 | 23-7536042 |
| 0495 | Rockingham | 1107 Fayetteville Rd | | Rockingham | NC | 28379 | 23-7536043 |
| 0496 | Mooresville | 114 Institute Street | | Mooresville | NC | 28115 | 23-7138203 |
| 0497 | Royal Hart | 118 South Main St. | | Littleton | NC | 27850 | 23-7536044 |
| 0498 | Ayden | 505 East 3rd Street | | Ayden | NC | 28513 | 23-7536045 |
| 0499 | Creedmoor | Main St. | | Creedmoor | NC | 27522 | 23-7536046 |
| 0200 | Raleigh | 1520 Caswell St. | | Raleigh | NC | 27613 | 23-7536047 |
| 0501 | Red Springs | 301 Peachtree St. | | Red Springs | NC | 28377 | 23-7536048 |
| 0502 | Cookville | 6892 Old Shelby Rd | | Vale | NC | 28168 | 56-1324364 |
| 0505 | Cherryville | S. Mulberry St. | | Cherryville | NC | 28021 | 23-7368511 |
| 0509 | Belhaven | East St. | | Belhaven | NC | 27810 | 23-7536051 |
| 0513 | Sylva | | | Sylva | NC | | |
| 0515 | Whetstone | W. Penn Ave. | | Bessemer City | NC | 28016 | 56-1399478 |
| 0517 | Farmville | 103 Grimmersberg St. | | Farmville | NC | 27828 | 23-7536054 |
| 0519 | Widow's Son | Roanoke Ave. & 3rd St | | Roanoke Rapids | NC | 27870 | 23-7536055 |
| 0520 | Fairfield | 7760 Piney Woods Road | | Fairfield | NC | 27826 | 23-7536056 |
| 0521 | Manteo | 101 Hwy 64/264 | | Manteo | NC | 27954 | 23-7138204 |
| 0524 | Pendleton | | | Pendleton | NC | | |
| 0525 | Rodgers | 12642 W. Hanes St. | | Middlesex | NC | 27557 | 23-7536058 |
| | | | | | | | |

| | | Louge Lay Ius as of | 1 1 1/ 13/ 2010 | | | • |
|------|------------------|----------------------------|-----------------|-------|-------|------------|
| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0527 | Lucama | US 301 South | Lucama | NC | 27851 | 23-7144605 |
| 0528 | Fairmont | 709 Gertrude St. | Fairmont | NC | 28340 | 56-1392021 |
| 0529 | Andrews | 56 Locust Road | Andrews | NC | 28901 | 23-7536060 |
| 0530 | Joppa | 500 N. Sharon Amity | Charlotte | NC | 28211 | 56-0122219 |
| 0532 | Hamlet | 307 Main St. | Hamlet | NC | 28345 | 56-0745797 |
| 0534 | Camp Call | 3801 Polkville Road | Polkville | NC | 28150 | 23-7138205 |
| 0535 | Hollis | 450 W.E. Padgett Road | Bostic | NC | 28018 | 23-7536061 |
| 0542 | Corinthian | 424 W. Market St. | Greensboro | NC | 27406 | 23-7138206 |
| 0543 | Spencer | 114 4th St. | Spencer | NC | 28159 | 23-7536064 |
| 0544 | Mount Holly | 302 W. Charlotte Ave. | Mt. Holly | NC | 28120 | 23-7536065 |
| 0550 | Roman Eagle | 11611 US 15-501 | Aberdeen | NC | 28315 | 23-7536066 |
| 0551 | Glenville | 4625 Hwy 107 | Glenville | NC | 28736 | 23-7536067 |
| 0552 | Revolution | 802 16th St. | Greensboro | NC | 27405 | 56-6046707 |
| 0554 | Vesper | 637 Oak Ave | Spruce Pine | NC | 28777 | 23-7536068 |
| 0555 | Elise | 470 Hwy 705 S | Robbins | NC | 27242 | 23-7536069 |
| 0556 | Neill S. Stewart | Masonic Drive | Erwin | NC | 28339 | 23-7536070 |
| 0556 | Neil S. Stewart | | Erwin | NC | | |
| 0558 | Ararat | Ararat Rd | Ararat | NC | 27007 | 23-7536071 |
| 0561 | Swannanoa | 304 Whitson Ave. | Swannanoa | NC | 28778 | 23-7536072 |
| 0562 | Waxhaw | 120 West North Main St. | Waxhaw | NC | 28173 | 23-7536073 |
| 0563 | Tabor | 600 E. 5th St. | Tabor City | NC | 28463 | 23-7536074 |
| 0564 | Rıchlands | 126 Huffman Town Road | Rıchlands | NC | 28574 | 23-7536075 |
| 0565 | Wendell | | Wendell | NC | | |
| 0565 | Wendell | 27 N. Main St. | Wendell | NC | 27591 | 23-7536076 |
| | | | | | | |

| | | and the Amore | | | | |
|------|----------------|-----------------------------------|----------------|-------|-------|------------|
| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0568 | Doric | 2100 S. Glenburnie Ave. | New Bern | NC | 28560 | 56-1401188 |
| 0571 | Snow Creek | 558 Dobson Farm Road | Statesville | NC | 28625 | 23-7536078 |
| 0573 | Mt. Pleasant | 206 Champion-Mt. Pleasant Road | Wilkesboro | NC | 28659 | 23-7536079 |
| 0576 | Andrew Jackson | 401 N. Fulton St. | Salisbury | NC | 28144 | 56-0885434 |
| 0578 | Meadow Branch | 211 S. Stewart St. | Wingate | NC | 28174 | 23-7536081 |
| 0579 | Casar | 5801 Casar Road | Casar | NC | 28020 | 23-7536082 |
| 0583 | Ionic | N. Main St. | Cove City | NC | 28523 | 23-7536083 |
| 0584 | Apex | 408 E. Williams St. | Apex | NC | 27502 | 23-7536084 |
| 0585 | Roseboro | 306 NE Railroad St. | Roseboro | NC | 28382 | 56-1404543 |
| 0589 | Bethel | 1104 Charles St | Greenville | NC | 27858 | 23-7536086 |
| 0290 | Lowell | 122 N.Main St | Lowell | NC | 28098 | 23-7145758 |
| 0592 | Maiden | 18 W. Main St. | Maiden | NC | 28650 | 23-7138208 |
| 0593 | Stony Point | Ruritan Park Road | Stony Point | NC | 28678 | 23-7536088 |
| 0594 | Ashe | 104 S. Third St. | West Jefferson | NC | 28694 | 23-7536089 |
| 0595 | Wallace | 407 South Norwood Street | Wallace | NC | 28466 | 23-7536090 |
| 0296 | Waccamaw | Hwy 87 | Riegelwood | NC | 28456 | 56-1534787 |
| 0598 | Cranberry | 193 Main Street | Elk Park | NC | 28622 | 23-7536092 |
| 0602 | Queen City | 1700 S. Winstead Ave. | Rocky Mount | NC | 27803 | 56-1373530 |
| 9090 | Jeff L. Nelson | Freedom Hill Road | Tryon | NC | 28782 | 23-7536094 |
| 9090 | Riverside | 102 N. Main St. | Catawba | NC | 58609 | 23-7138209 |
| 090 | Chadbourn | 417 E Strawberry Blvd. | Chadbourn | NC | 28431 | 23-7536095 |
| 6090 | Zebulon | 111 E. Horton St. | Zebulon | NC | 27597 | 23-7138210 |
| 0612 | Atkinson | 116 E Main St. | Atkinson | NC | 28421 | 56-1446223 |
| | | | | | | |

| | | Louge Lay I | Louge 1 as 10s as 01 11/15/2010 | | | |
|------|----------------------|---------------------------------|---------------------------------|-------|------------|------------|
| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0613 | Home | Goldsboro St. | Fremont | NC | 27830 | 23-7536097 |
| 0616 | Round Peak | 1365 Old Lowgap Road | Mount Airy | NC | 27030 | 23-7536098 |
| 0617 | St Patrick's | First St. | Princeton | NC | 27569 | 56-1396353 |
| 0618 | Union | 9650 Hwy 601 | Mıdland | NC | 28025 | 23-7536100 |
| 0624 | John H. Mills | 8057 Highway 39 | Henderson | NC | 27537 | 23-7536101 |
| 0626 | Cannon Memorial | 704 S. Main St. | Kannapolis | NC | 28081 | 23-7138211 |
| 0627 | Belmont | 201 South Main Street | Belmont | NC | 28012 | 23-7536102 |
| 0629 | Walnut Cove | 810 Summit St. | Walnut Cove | NC | 27052 | 23-7536103 |
| 0634 | Goldsboro | 1002 North Berkley Boulevard | Goldsboro | NC | 27533-1203 | 23-7536105 |
| 0637 | Yadkin Falls | 34 Falls Road | Badin | NC | 28009 | 23-7536106 |
| 0643 | Proctorville | Main & Pine St | Proctorville | NC | 28375 | 23-7536107 |
| 0646 | Bladen | 106 S Cypress St. | Elizabethown | NC | 28337 | 23-7138212 |
| 0650 | Nichols-W. Asheville | 22 Brevard Rd | Asheville | NC | 28806 | 23-7536108 |
| 0654 | Elberta | 4413 Hwy 73 W | West End | NC | 27376 | 23-7536109 |
| 0656 | Guilford | 426 W. Market St. | Greensboro | NC | 27403 | 23-7138213 |
| 0657 | Keller Memorial | School St | Rockwell | NC | 28138 | 23-7138214 |
| 0658 | Beulaville | 506 W Bostic St | Beulaville | NC | 28518 | 23-7536110 |
| 0663 | Black Mountain | 105 Rock Church St | Black Mountain | NC | 28711 | 23-7536111 |
| 0664 | Garland | 471 S Ingold Ave | Garland | NC | 28441 | 23-7536112 |
| 1990 | Ft. Bragg | 405 N. Main St | Spring Lake | NC | 28390 | 23-7119169 |
| 8990 | Holland Memorial | 214 South St. | Gastonia | NC | 28056 | 23-7138215 |
| 6990 | Kernersville | 700 S. Main St. | Kernersville | NC | 27284 | 23-7536114 |
| 0490 | Lovelady | 721 E. Main St. | Valdese | NC | 28690 | 23-7536115 |
| 0672 | Robbinsville | Church St. | Robbinsville | NC | 28771 | 23-7536116 |
| 0673 | Spindale | 101 Davis St. | Spindale | NC | 28160 | 23-7536117 |
| | | | | | | |

| | | on one was associated | O T T T T T T T T T T T T T T T T T T T | | | |
|------|-------------------|-----------------------------|---|-------|------------|------------|
| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0674 | Acacia | 3202 N. Main Street | High Point | NC | 27262 | 23-7109548 |
| 0675 | Washington | 1115 West 5th St. | Washington | NC | 27889 | 23-7145759 |
| 9/90 | Temple | 4740 Randolph Rd. | Charlotte | NC | 28210 | 23-7138869 |
| 2290 | Warsaw | 602 E. College St. | Warsaw | NC | 28398 | 23-7536119 |
| 8/90 | Providence | US 64 | Columbia | NC | 27925 | 23-7536120 |
| 6290 | Creasy Proctor | 2860 Village Dr. | Fayetteville | NC | 28303 | 56-1446294 |
| 0890 | Semper Fidelis | 727 Henderson Drive | Jacksonville | NC | 28540 | 23-7147318 |
| 0681 | Piedmont | 3202 N. Main St. | High Point | NC | 27265 | 23-7536121 |
| 0683 | Rolesville | 207 Pulley St. | Rolesville | NC | 27571 | 23-7536122 |
| 0685 | Piedmont-Proneer | 34 Miller St. | Winston-Salem | NC | 27106 | 56-6047792 |
| 9890 | Angier | 90 S Raleigh St | Angier | NC | 27501 | 23-7536124 |
| 0687 | Fellowship | 158 Bahama Rd | Bahama | NC | 27503 | 56-6047593 |
| 8890 | Cherry Point | 110 Oakwood Dr | Havelock | NC | 28532 | 23-7138219 |
| 6890 | Scotland Neck | Main Street | Scotland Neck | NC | 27874 | 23-7536126 |
| 0690 | Mt. Moriah | 302 E. Front St. | Statesville | NC | 28677 | 23-7536127 |
| 0691 | Renfro | 212 Franklin St | Mt. Airy | NC | 27030 | 23-7536128 |
| 0692 | East Gate | 500 N. Sharon Amity Road | Charlotte | NC | 28211 | 56-6050119 |
| 0693 | Charles M. Setzer | 4301 Stacy Boulevard | Charlotte | NC | 28209 | 56-0604968 |
| 0694 | Gate City | 426 W. Market St. | Greensboro | NC | 27406 | 56-6055713 |
| 0695 | Allen Graham | 702 S. Main St. | Kannapolis | NC | 28081 | 23-7147317 |
| 2690 | Butner | 400 West E St | Butner | NC | 27522 | 23-7536132 |
| 8690 | Cape Hatteras | 48338 Hwy 12 | Buxton | NC | 27920 | 23-7536133 |
| 6690 | Asheboro | 325 Sunset Ave. | Asheboro | NC | 27205 | 23-7536134 |
| 0701 | Garner | 406 E. Main St. | Garner | NC | 27529 | 23-7138222 |
| 0702 | St Andrew | 4630 Tuckaseegee Road | Charlotte | NC | 28266-8421 | 23-7144607 |
| | | | | | | |

| | | ch chi vhi agnor | OTOTICTION TO | | | |
|------|---------------------|-------------------------------|---------------|-------|-------|------------|
| # | Name | Address Address2 | City | State | Zip | Tax Id |
| 0702 | Saint Andrew | | Charlotte | NC | | • |
| 0703 | Albemarle | 348 N. First St. | Albemarle | NC | 28001 | 23-7536137 |
| 0704 | King Solomon | 214 South St | Gastonia | NC | 28052 | 23-7536138 |
| 0705 | Richard Caswell | 805 Greenbriar Rd. | Kinston | NC | 28504 | 23-7138223 |
| 9020 | Newport | 235 Howard Blvd. | Newport | NC | 28570 | 23-7536139 |
| 0707 | Forsyth | 34 Miller St. | Winston-Salem | NC | 27106 | 23-7536140 |
| 0708 | Crown Point | 1104 Charles St. | Greenville | NC | 27858 | 23-7536141 |
| 0709 | Conover | 123 First Avenue South | Conover | NC | 28613 | 23-7138224 |
| 0710 | Advance | NC Highway 801S | Advance | NC | 27006 | 56-1152564 |
| 0712 | Wilson | 2501 W. Nash St | Wilson | NC | 27896 | 23-7536144 |
| 0713 | Stanley | Morris Farm Road | Stanley | NC | 28164 | 23-7536145 |
| 0714 | Liberty | 135 N. Asheboro St. | Liberty | NC | 27298 | 23-7536146 |
| 0715 | Derita | 6300 Rumple Road | Charlotte | NC | 28208 | 23-7138225 |
| 0716 | Hiram | | High Point | NC | | |
| 0717 | Burnsville | 23 Robertson Street | Burnsville | NC | 28714 | 23-7536149 |
| 0718 | Troy | Eldorado Street | Troy | NC | 27371 | 56-1412119 |
| 0719 | Horse Creek | Court House St. | Columbus | NC | 28722 | 23-7536151 |
| 0720 | Cabarrus | 9650 Hwy 601 | Midland | NC | 28107 | 23-7204669 |
| 0722 | King | 7850 Masonic Drive | King | NC | 27021 | 23-7536154 |
| 0723 | Winton | 203 Brickall St | Winton | NC | 27986 | 23-7536155 |
| 0724 | Berne | 516 Hancock St. | New Bern | NC | 28560 | 23-7425189 |
| 0725 | Grantham | 1702 Old Cherry Point Road | New Bern | NC | 28562 | 23-7108618 |
| 0727 | Shallotte | 5072 Main Street | Shallotte | NC | 28459 | 23-7536158 |
| 0730 | Stedman | Euclid Street | Stedman | NC | 28391 | 23-7536161 |
| 0731 | John Huske Anderson | 2860 Village Dr. | Fayetteville | NC | 28306 | 23-7056126 |
| 0732 | Bush Hill | 300 Goodman Street | Archdale | NC | 28704 | 23-7536162 |
| | | | | | | |

| # | Name | Address Address2 | City | State | Zip | Tax Id |
|------|--------------------|---------------------------------|----------------|-------|-------|------------|
| 0733 | Stump Sound | Charles Creek Rd | Sneads Ferry | NC | 28460 | 23-7536163 |
| 0734 | William Pitt | 1104 Charles St. | Greenville | NC | 27858 | 23-7536164 |
| 0735 | James B. Green | 512 Lynn Road | Raleigh | NC | 27612 | 23-7536165 |
| 0736 | New River | 195 Old 30 Rd | Jacksonville | NC | 28546 | 23-7536166 |
| 0737 | Steele Creek | 13611 Steele Creek Rd | Charlotte | NC | 28273 | 23-7536167 |
| 0738 | West Gate | 5924 Brookshire Blvd | Charlotte | NC | 28214 | 23-7536168 |
| 0739 | Newell | 1409 Rocky River Rd. W | Newell | NC | 28215 | 23-7536169 |
| 0740 | Charles B. Newcomb | 5700 Tryon Road | Raleigh | NC | 27606 | 23-7536170 |
| 0741 | Crissie Wright | 500 Hwy 70 E | Smyrna | NC | 28579 | 23-7536171 |
| 0742 | Mint Hill | 10224 Lawyers Rd | Mint Hill | NC | 29732 | 56-1395195 |
| 0743 | J. J. Crowder | 9920 Falls of the Neuse Road | Raleigh | NC | 27609 | 23-7536173 |
| 0744 | Shelby | 220 E. Warren St. | Shelby | NC | 28150 | 23-7536174 |
| 0745 | Vandora | 1120 Benson Rd | Garner | NC | 27529 | 23-7536175 |
| 0746 | P P Turner | 426 W. Market St. | Greensboro | NC | 27455 | 23-7536176 |
| 0747 | Ocracoke | 307 Back Rd | Ocracoke | NC | 27960 | 23-7536177 |
| 0749 | Truth | 520 E. Franklin St. | Monroe | NC | 28110 | 23-7386400 |
| 0750 | Oak Grove | 205 Husketh Dr | Durham | NC | 27703 | 23-7386401 |
| 0751 | Old Town | 5112 N. Causeway Dr. | Winston Salem | NC | 27106 | 23-7386402 |
| 0752 | Enterprise | 9569 NC Hwy 150 N | Clemmons | NC | 27012 | 51-0150153 |
| 0753 | Federal Point | 5th & Harper | Carolina Beach | NC | 28428 | 51-0215484 |
| 0754 | Masters | 1520 Caswell St. | Raleigh | NC | 27603 | 58-1749517 |
| 0755 | Clemmons | 6210 Stadium Dr. | Clemmons | NC | 27012 | 58-1377469 |
| 0756 | Clifford Duell | 2860 Village Drive | Fayetteville | NC | 28304 | 58-1449060 |
| | | | | | | |

| # | Name | Address | Address2 | City | State Zip | Zio | Tax Id |
|------|-------------------------|-----------------------------|----------|-------------|-----------|----------|------------|
| 0757 | 0757 Denver | 3333 St. James Church Rd | | DENVER | NC | 28037 | 56-1468838 |
| 0758 | 0758 Oak Island | 2408 E. Oak Island Dr. | | Oak Island | NC | 28465 | 58-1749519 |
| 0759 | 1759 James K. Polk | 900 Hill Street | | Pineville | NC | NC 29715 | 56-1405511 |
| 0920 | 7760 Wilkerson College | 700 S Holden Rd | | Greensboro | NC | 27407 | 51-0486226 |
| 0761 | 0761 Orphans | 600 W. College St | | Oxford | NC | 27565 | |
| 0762 | 0762 Mosaic | 1211 E. Franklin St | | Chapel Hill | NC | 27514 | 80-0155148 |
| 0763 | 0763 Friendship | 146 S. Main St | | Broadway | NC | 27505 | |
| 0764 | 0764 Knights of Solomon | 4215 Stacy Blvd | | Charlotte | NC | 28209 | 27-2921572 |
| | | | ****** | | | | |

Lodge Officers

C. Olen Smith Jr. - 4288 Penderlea Hwy, Wath, NC William H. Lowden - 1016 Turnberry Pl, Wilmington, NC Alfred Wingfield-Wilmington, NC

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J.A. Wiley - 5201 Pine Tree Lane, New Bern, NC 28562

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Carlton Jackson-104 Hewes St. Edenton, NC

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Charles R. Jenkins-2717 Colgate Ave. Fay, NC

Jeff Birck-611 Lemontree Lane, Hillsborough, NC 27278

Joseph Link-1033 Buffalo Shoals Road, Statesville, NC 28677

Kenneth McArthur

Kenneth Caudle

Paul Poley

Edward M. Britt

Ronald S. Page - 2929 Wall Store Road, Garner, NC

Howard V. Harell-12525 Birchfalls Dr. Raleigh, NC

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Ray Rogister- Tarboro, NC 27886

spencer Etheridge-Tarboro, NC 27886

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L.H. Berry-

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Arthur L. Thorne-508 University Dr. Jacksonville, NC

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Mack Everette-1055 Kelly Dr. Nashville, NC 27856

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Hughes Dillard-505 Monticello Dr. NW, Wilson, NC 27893

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Justin Charles Stewart

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Harry Burgess

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Larry F. Watkins-P.O. Box 1515, Dunn, NC 28335

Charles Frazier-7728 Eakes Rd., Oxford, NC 27565

William P. Minard-156 Frog Pond Ln. Sanford, NC

Nathan Crissman-3222 Buckhorn Rd. Sanford, NC

Johny Kelly-2587 Cedar Lane Co., Sanford, NC

Gary Mack Vester-P.O. Box 1417, Spring Hope, NC

Eugene Griffin-Spring Hope, NC

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Bob White-837 E. Main St. Shelby, NC

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Randy Lawrence-15 Ferway Cir. Fuguay Varina, NC

Fred Powers-377 Underwood Dr. Thomasville NC

Mark Hedrick- 1 Windsor Circle

E. Thomas Digh - 229 Westwood Dr. Morganton, NC

Miles Davis

Vernon Mustian-2378 Satterswhite pt. Rd, Henderson, NC 22537

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W I Tanner

Don Davenport

Paul R. Murphy-1009 Smokewood Dr. Apex 27502

Benjamin F. Harmon-9237 Sauls Rd. Raleigh, NC 27603

Wallace Geving

Henry Brown - 15956 US 221 N. Marion, NC 28752

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Billy W. Canupp, Jr.-2312 Hollybrook Ln, Monroe, NC

David E. Helms-3411 Lawyers Rd. East Monroe, NC

John A. Richards - 110 Cape Fear Dr. Southport, NC 28461

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Peter Hanson

Wayne Walker-301 Willowbrook Dr. Morganton, NC

Dennis Mikeal

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Millars Calvin Young-720 Loop Rod, Burlington, NC 27217

David Covington

Rodney Weaver

Scott A. Rose-1413 Jenks Carpenter Rd., Apex 27523

Michael T. Prince-3705 Green Level, West, Apex

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Douglas Earnhardt-2990 Lentz Road, China Grove, NC 28023

P.E. Lavin

Lawrence Garrett

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Alan Burris-37020 Tercher Rd. New London, NC 28127

Billy Allen Faulkner-36960 Faulkner Rd. Albemarle, NC 28001

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Charles Pritchett-684 NC 194S, Vilas, NC 28692

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Robert Hair-1115 E. Willowbrook Dr., Burlington, NC 27215

Wayne Hobgood-4555 Watkins Rd. Oxford, NC

William H. Riggan, III-108 Loy Dr., Louisburg, NC 27549

Mike Perla-5502 Garden Lake Dr., Greensboro, NC 27410

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C.W. Ogle-P.O. Box 164, Whittier, NC 28789

William P. Horne - 100 Wallace St. Hamlet, NC

Robert Spivey, Treasure-108 Avon Dr. Hubert NC 28539

Walter Norris, Secretary-126 Howard Ln. Swanboro, NC 28584

Donald Griffin Gardner

Joseph Transou-

Dennis Hurst-P.O. Box 25 Balsam, NC 28707

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Curtis J. Hipps,

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R.H. Epley

J.Frank Holtzclaw

Darien Cain-4933 Linden Forest Ln., Charlote, NC 28270

Sherwood Christopher Thomas-3111 Broad Plum Ln. Indian Trail,nc

Michael Hooper

Jerry D. Hoglen

Edwin Yarbrough-6208 S. Hwy 150, Lexington, NC

Douglas T. Sink-1185 Greensboro, NC

Barbara Sink-Assistant

Duncan V. Mackie-P. O. Box 188, St. Pauls, NC

Euel Atkinson H.-3198 Black Jack Simpson Rd. Greenville, NC 27858

Frank Wanko-Sec.

Mark Miller-Treas.

David C. Cllontz-Asheville, NC

Ken Qaulls-3647 Preacher Holmes Rd. Graham

Max Way-1272 Durham Meadows Dr. Burlington

Douglas H. Smith

Paul Cook-362 Wedgewood Dr. Mooresville, NC 28115
Maxwell English Way-1272 Durham Meadows Dr. Burlington, NC
Kenneth D. Qualls-3647 Preacher Holmes Rd. Graham, NC
William P. Britt-1319 Carolina Dr. NC
Douglas M. Smith-1330 Carolina Dr. NC

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John Miller

Boards, Commissions, Committees

Board of General Purposes

| board of General Ful poses | |
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| WILLIAM L DILL Deputy Grand Master (<i>Margaret</i>) 522 Haywood Creek Dr, New Bern, NC 28562 (R) (252) 638-3667 (E) bdill@grandlodge-nc org | 0003/07, 0760/23 |
| LEWIS R LEDFORD Senior Grand Warden (Susan) 5200 Lenoraway Dr, Raleigh, NC 27613-1410 (R) (919) 846-1208 (B) (919) 715-8710 (F) (919) 715-3085 (E) lledford@grandlodge-nc org | 0027/30 |
| ROBERT E GRESHAM IR Junioi Grand Warden (Carolyn) 430 Shagbaik Ct, Mount Gilead, NC 27306 (R) (910) 439-5342 (F) (704) 982-2220 (E) bgresham@grandlodge-nc org | 0703/29 |
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| CLIFTON W EVERETT JR Grand Treasurer (Mary) PO Box 7045, Greenville, NC 27835 (R) (252) 756-2193 (B) (252) 695-7262 (F) (252) 830-3376 (E) ceverett@grandlodge-nc org | . 0708/06 |
| THEOPHILUS W CLAPP III Grand Secretary (Betty) 6212 Oak Stand Circle, Raleigh, NC 27606 (R) (919) 859-0349 (F) (919) 787-2279 (E) wclapp@grandlodge-nc org | 0762/19, 0237/34 |
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| WILLIAM G MATHIS (<i>Devonna</i>) 151 Carr Ave, Rocky Point, NC 28457 | 0760/23, 0138/12 |

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- (F) (910) 675-2327
- (E) mathisbd@ec rr com

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(B) (910) 892-3107

(F) (910) 892-4661

(E) gjernigan@grandlodge-nc org

| Form 8 | 868 (Rev 4-2009) | | Page 2 | |
|---|---|---------|--------------------------------|--|
| • | ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo | | ▶ [X] | |
| | Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed | Form | 8868 | |
| | ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) | | · | |
| Part | II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co | pies r | needed) | |
| Type o | THE GRAND LODGE OF A.F. AND A.M. OF N.C. | | loyer identification number | |
| - | GROUP RETURN | 3 | 8-3782755 | |
| extended due date | Number, street, and room or suite no. If a PO box, see instructions | For II | RS use only | |
| filing the return S instructi | ee City, town or post office, state, and ZIP code For a foreign address, see instructions | | | |
| X | t type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 | == | orm 5227 Form 8870 orm 6069 | |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. | | | | |
| • The | T. WALTON CLAPP, III a books are in the care of ▶ PO BOX 6506 - RALEIGH, NC 27628 | | | |
| Tel | ephone No ▶ 919-787-2021 FAX No ▶ | | | |
| • If th | ne organization does not have an office or place of business in the United States, check this box | | ▶ □ | |
| | his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0442 If this | s is fo | r the whole group, check this | |
| box 🕨 | | | • • • | |
| | I request an additional 3-month extension of time until NOVEMBER 15, 2010 | | | |
| 5 | For calendar year 2009, or other tax year beginning, and ending | | | |
| | If this tax year is for less than 12 months, check reason Initial return Final return | | Change in accounting period | |
| 7 | State in detail why you need the extension | | | |
| | INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE | RET | URN | |
| | IS NOT YET AVAILABLE. | | | |
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | |
| | nonrefundable credits. See instructions | 8a | \$ | |
| | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | | | |
| | tax payments made Include any prior year overpayment allowed as a credit and any amount paid | | | |
| | previously with Form 8868 | 8b | \$ | |
| | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | | | |
| | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 8c | \$ N/A | |
| | Signature and Verification | | | |
| Under it is tru | penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the le, correct, and complete, and that I am authorized to prepare this form. | best o | f my knowledge and belief, | |
| Signat | ure France Of forman Title > C/f | Date | ► 8/11/10 | |
| | | | Form 8868 (Rev. 4-2009) | |