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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 11-01-2010 and ending 10-31-2011		D Employer identification number 94-0487790	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization GRAND LODGE OF FREE AND ACCEPTED MASONS OF CALIFORNIA Doing Business As		E Telephone number (415) 776-7000
	Number and street (or P O box if mail is not delivered to street address) 1111 CALIFORNIA ST		G Gross receipts \$ 10,841,232
	Room/suite		
	City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94108		
	F Name and address of principal officer THOMAS BOYER 1111 CALIFORNIA ST SAN FRANCISCO, CA 94108		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
			H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)
I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (10) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527			H(c) Group exemption number ▶ 0214
J Website: ▶ HTTP //WWW.FREEMASON.ORG			
K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ FRATERNAL ORGANIZATION		L Year of formation 1936	M State of legal domicile CA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities A MAN WHO STRIVES TO IMPROVE HIMSELF CAN ALSO IMPROVE HIS COMMUNITY AND THE WORLD AT LARGE THIS IS THE MISSION OF THE MASONS OF CALIFORNIA THROUGH MASONIC PRINCIPLES AND TRADITION, WE FOSTER PERSONAL GROWTH AND IMPROVE THE LIVES OF OTHERS MASONRY IN CALIFORNIA IS A RELEVANT AND RESPECTED ORGANIZATION - BOTH INSIDE AND OUTSIDE OF THE FRATERNITY WE MAKE A PROFOUND DIFFERENCE IN THE LIVES OF OUR MEMBERS AND IN CALIFORNIA COMMUNITIES WE ARE ENGAGED IN THE WORLDWIDE PRINCIPLES AND FELLOWSHIP OF FREEMASONRY		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	65
	6 Total number of volunteers (estimate if necessary)	6	32
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	202,517	205,000
	9 Program service revenue (Part VIII, line 2g)	2,148,597	2,237,861
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	362,019	164,045
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	176,363	186,470
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,889,496	2,793,376
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,000	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	868,788	1,003,795
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,909,339	1,868,367
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,783,127	2,872,162
	19 Revenue less expenses Subtract line 18 from line 12	106,369	-78,786
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	7,938,932	8,439,357
	21 Total liabilities (Part X, line 26)	4,329,886	5,217,452
	22 Net assets or fund balances Subtract line 21 from line 20	3,609,046	3,221,905

Part II Signature Block

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

Sign Here	***** Signature of officer			2012-06-28 Date	
	THOMAS BOYER CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TRACY PAGLIA		Preparer's signature TRACY PAGLIA		Date
	Check if self-employed ☒				PTIN
	Firm's name ☒ MOSS ADAMS LLP				Firm's EIN ☒
	Firm's address ☒ 3121 W MARCH LANE SUITE 100 STOCKTON, CA 95219				Phone no ☒ (209) 955-6100

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

A MAN WHO STRIVES TO IMPROVE HIMSELF CAN ALSO IMPROVE HIS COMMUNITY AND THE WORLD AT LARGE. THIS IS THE MISSION OF THE MASONS OF CALIFORNIA. THROUGH MASONIC PRINCIPLES AND TRADITION, WE FOSTER PERSONAL GROWTH AND IMPROVE THE LIVES OF OTHERS. MASONRY IN CALIFORNIA IS A RELEVANT AND RESPECTED ORGANIZATION - BOTH INSIDE AND OUTSIDE OF THE FRATERNITY. WE MAKE A PROFOUND DIFFERENCE IN THE LIVES OF OUR MEMBERS AND IN CALIFORNIA COMMUNITIES. WE ARE ENGAGED IN THE WORLDWIDE PRINCIPLES AND FELLOWSHIP OF FREEMASONRY.

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

If "Yes," describe these changes on Schedule O

(Code	(Expenses \$	including grants of \$	(Revenue \$
4a	CURRENTLY, THERE ARE MORE THAN 330 LODGES THROUGHOUT CALIFORNIA WITH MORE THAN 60,000 MEMBERS THE GRAND LODGE PROVIDES PROGRAMS, EDUCATION, TRAINING AND SUPPORT SERVICES TO THE LODGES, THEIR OFFICERS AND INDIVIDUAL MASONS THESE SERVICES INCLUDE INSURANCE COVERAGE FOR LODGES, CERTIFICATION PROGRAMS FOR LODGE OFFICERS, MASONIC EDUCATION FOR MEMBERS, AND NUMEROUS OTHER SERVICES AND EDUCATION OPPORTUNITIES THE GRAND LODGE ALSO PROVIDES DIRECT MONETARY SUPPORT IN THE FORM OF GRANTS TO AFFILIATED YOUTH ORGANIZATIONS, INCLUDING DEMOLAY, JOB'S DAUGHTERS AND RAINBOW GIRLS AND TO OTHER MASONIC ORGANIZATIONS AND INDIVIDUAL MASONS IN TIME OF NEED FINALLY, THE GRAND LODGE PROVIDES SUPPORT, EDUCATION, AND ADMINISTRATIVE SERVICES TO ITS RELATED ENTITIES		

[illegible][illegible]

4e Total program service expenses ~~100~~ \$

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)? <i>If "Yes," complete Schedule A</i>	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?  . . .	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
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? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	Yes
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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11 e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8 a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9 a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20 a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☒ Yes ☐ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	53
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	65
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filedCA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
Own website Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
MARIBEL PASAMIC
1111 CALIFORNIA ST
SAN FRANCISCO, CA 94108
(415) 292-9126

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O.)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM J BRAY III PAST GRAND MASTER	1.00	X		X				0	0	0
(2) FRANK LOUI GRAND MASTER	1.00	X		X				0	0	0
(3) JOHN FREDERICK LOWE DEPUTY GRAND MASTER	1.00	X						0	0	0
(4) JOHN L COOPER III SENIOR GRAND WARDEN	1.00	X						0	0	0
(5) RUSSEL CHARVONIA JUNIOR GRAND WARDEN	1.00	X						0	0	0
(6) GLENN WOODY PAST GRAND TREASURER	1.00	X		X				0	0	0
(7) MARVIN W HOLSINGER GRAND TREASURER	1.00	X		X				0	0	0
(8) ALLAN CASALOU GRAND SECRETARY	9.20	X		X				193,568	0	16,296
(9) THOMAS J BOYER CHIEF FINANCIAL OFFICER	7.20			X				206,507	0	35,477
(10) DOUGLAS ISMAIL CHIEF PHILANTHROPY OFFICER	10			X				178,947	0	19,285
(11) LINDA SCHOMAKER CHIEF HR OFFICER	1.10			X				172,836	0	24,505
(12) TERRY MENDEZ CHIEF COMMUNICATION OFFICE	9.20			X				133,151	0	18,399
(13) KHALIL SWEIDY DIRECTOR OF FINANCIAL PLANNING	40.00					X		142,992	0	16,147
(14) YOLANDA WASNIEWSKI BUSINESS UNIT CONTROLLER	40.00					X		118,353	0	21,032
(15) BRENT MARKWOOD DIRECTOR OF TECHNOLOGY DEVELOPMENT	40.00					X		131,981	0	21,548
(16) BRAD COLBY DIRECTOR OF ADMIN. & BOARD GOV.	40.00					X		130,155	0	16,739

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MICHAEL FORSYTH DIRECTOR OF IT CLIENT SERVICES	40 00					X		107,968	0	15,380
(18) JOHN WICKEY CHIEF IT OFFICER	40 00						X	30,432	0	3,030
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,516,458	0	204,808

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶13

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
JUDITH PLAYER 38660 PICKERING TERRACE FREMONT, CA 94536	LEGAL SERVICES	333,820
KAISER FOUNDATION HEALTH PLAN PO BOX 60000 SAN FRANCISCO, CA 94160	MEDICAL	268,435
MOSS ADAMS LLP 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105	AUDIT SERVICES	261,450
HEALTHNET HMO FILE 52617 LOS ANGELES, CA 90074	MEDICAL	229,855
US POSTMASTER 2334 M STREET MERCED, CA 95340	POSTAL SERVICES	121,819
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶10		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	205,000				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶	205,000				
	Program Service Revenue	2a	MEMBERSHIP DUES	900099	1,914,117	1,914,117	
b		WARDEN'S RETREAT	900099	184,693	184,693		
c		SECRETARIES RETREAT	900099	128,288	128,288		
d		LODGE MGMT LDRSHP DEV	900099	10,703	10,703		
e		OTHER PROGRAM REVENUE	900099	60	60		
f		All other program service revenue					
g		Total. Add lines 2a-2f ▶		2,237,861			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) ▶		76,250		76,250
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) ▶		87,795		87,795
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . a					
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances a		129			
		b	Less cost of goods sold b		341		
		c	Net income or (loss) from sales of inventory . . ▶		-212		-212
Miscellaneous Revenue		Business Code					
11a	REIMB TO MANAGE INVSTM	900099	186,599			186,599	
	b	MISCELLANEOUS INCOME	900099	83		83	
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d ▶		186,682				
12	Total revenue. See Instructions ▶		2,793,376	2,237,861	0	350,515	

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
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	150,690			
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	282,953			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	87,193			
9	Other employee benefits	427,699			
10	Payroll taxes	55,260			
a	Fees for services (non-employees)				
	Management				
b	Legal	9,284			
c	Accounting	52,048			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	14,449			
g	Other	41,074			
12	Advertising and promotion	410,324			
13	Office expenses	39,571			
14	Information technology	6,649			
15	Royalties				
16	Occupancy	29,577			
17	Travel	66,811			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	130,277			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,581			
23	Insurance	112,253			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DEVELOPMENT EXPENSE	604,866			
b	OFFICER & INSPECTOR EXP	194,868			
c	RITUAL EXPENSE	62,757			
d	ESTATE SETTLEMENT	32,575			
e	REGALIA	9,657			
f	All other expenses	42,746			
25	Total functional expenses. Add lines 1 through 24f	2,872,162			
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			415,899	1	813,350
	2	Savings and temporary cash investments			2,969,798	2	2,540,846
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			213,319	4	57,029
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			665,115	7	665,115
	8	Inventories for sale or use			9,402	8	9,377
	9	Prepaid expenses and deferred charges			395,898	9	467,210
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,366,463	199,104	10c	135,880
	b	Less: accumulated depreciation	10b	1,230,583			
	11	Investments—publicly traded securities			2,291,233	11	2,617,954
	12	Investments—other securities. See Part IV, line 11			335,187	12	297,835
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			443,977	15	834,761
16	Total assets. Add lines 1 through 15 (must equal line 34)			7,938,932	16	8,439,357	
Liabilities	17	Accounts payable and accrued expenses			1,286,324	17	1,436,366
	18	Grants payable				18	
	19	Deferred revenue			1,847,307	19	1,846,698
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			1,196,255	25	1,934,388
	26	Total liabilities. Add lines 17 through 25			4,329,886	26	5,217,452
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,268,088	27	2,905,417
	28	Temporarily restricted net assets			340,958	28	316,488
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,609,046	33	3,221,905
	34	Total liabilities and net assets/fund balances			7,938,932	34	8,439,357

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,793,376
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,872,162
3	Revenue less expenses Subtract line 2 from line 1	3	-78,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,609,046
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-308,355
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,221,905

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GRAND LODGE OF FREE AND ACCEPTED MASONS
OF CALIFORNIA

Employer identification number
94-0487790

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

1b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____ 28,368

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☒ Other USED IN LODGE CEREMONIES

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,978,594	1,815,033	1,691,127		
b Contributions					
c Investment earnings or losses	31,242	264,832	242,682		
d Grants or scholarships					
e Other expenditures for facilities and programs	105,489	101,271	118,776		
f Administrative expenses					
g End of year balance	1,904,347	1,978,594	1,815,033		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		160,415	160,415	0
d Equipment		1,090,680	969,110	121,570
e Other		115,368	101,058	14,310
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				135,880

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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.

Identifier	Return Reference	Explanation
	PART III, LINE 4	GRAND MASTER JEWEL AND ALTAR JEWELS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT MASONIC FRATERNAL ACTIVITIES OF CALIFORNIA MASONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AS OF OCTOBER 31, 2011, THE GRAND LODGE HAD NO UNRECOGNIZED TAX POSITIONS OR UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization GRAND LODGE OF FREE AND ACCEPTED MASONS OF CALIFORNIA	Employer identification number 94-0487790
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☐ Compensation committee		
☒ Independent compensation consultant		
☐ Form 990 of other organizations		
☒ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		
b Any related organization?		
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		
b Any related organization?		
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALLAN CASALOU	(i)	193,568	0	0	10,342	5,954	209,864	0
	(ii)	0	0	0	0	0	0	0
(2) THOMAS J BOYER	(i)	200,507	0	6,000	16,609	18,868	241,984	0
	(ii)	0	0	0	0	0	0	0
(3) DOUGLAS ISMAIL	(i)	172,947	0	6,000	12,164	7,121	198,232	0
	(ii)	0	0	0	0	0	0	0
(4) LINDA SCHOMAKER	(i)	166,836	0	6,000	11,958	12,547	197,341	0
	(ii)	0	0	0	0	0	0	0
(5) TERRY MENDEZ	(i)	133,151	0	0	13,371	5,028	151,550	0
	(ii)	0	0	0	0	0	0	0
(6) KHALIL SWEIDY	(i)	142,992	0	0	10,162	5,985	159,139	0
	(ii)	0	0	0	0	0	0	0
(7) BRENT MARKWOOD	(i)	131,981	0	0	8,954	12,594	153,529	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization GRAND LODGE OF FREE AND ACCEPTED MASONS OF CALIFORNIA	Employer identification number 94-0487790
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		VOTING MEMBERS INCLUDE ELECTIVE AND APPOINTIVE GRAND LODGE OFFICERS EXCEPT THE GRAND TILER AND THE ASSISTANT GRAND TILER, PAST GRAND OFFICERS, MASTERS, SENIOR WARDENS AND JUNIOR WARDENS OF CHARTERED LODGES, AND PAST MASTERS COLLECTIVELY OF EACH CHARTERED LODGE. MEMBERS OF GRAND LODGE SHALL MEET IN COMMUNICATIONS TO CONDUCT WHATEVER BUSINESS MAY PROPERLY COME BEFORE THEM

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ELECTED OFFICERS SHALL BE ELECTED BY WRITTEN BALLOT AS THE FINAL ITEM OF BUSINESS BEFORE THE INSTALLATION OF SAID OFFICERS AT EACH ANNUAL COMMUNICATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		MEMBERS OF GRAND LODGE SHALL MEET IN COMMUNICATIONS TO CONDUCT WHATEVER BUSINESS MAY PROPERLY COME BEFORE THEM THE OFFICERS OR REPRESENTATIVES OF AT LEAST 20% OF THE LODGES CHARTERED AND CONSTITUTED BY THIS GRAND LODGE SHALL BE PRESENT IN ORDER TO TRANSACT ANY BUSINESS IN GRAND LODGE AT AN ANNUAL OR SPECIAL COMMUNICATION EXCEPT AS PROVIDED IN SECTION 50 000 OF THE CONSTITUTION REGARDING THE VOTE REQUIRED TO AMEND THE CONSTITUTION OF GRAND LODGE, IN SECTION 402 020 REGARDING THE VOTE REQUIRED TO AMEND THE RITUAL OR IN SECTION 1500 000 REGARDING THE VOTE REQUIRED TO AMEND THESE ORDINANCES, THE TRANSACTION OF BUSINESS SHALL BE DECIDED BY A MAJORITY OF THE VOTES CAST PROPOSED AMENDMENTS TO THE CONSTITUTION OF THE GRAND LODGE OF CALIFORNIA MUST BE ADOPTED AT AN ANNUAL OR SPECIAL COMMUNICATION OF GRAND LODGE BY FIVE-SIXTHS OF THE VOTES CAST

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE SENIOR ACCOUNTANTS PREPARE THE FORM 990 SUPPORTING SCHEDULES/DATA, THEN THE CONTROLLER REVIEWS THE SCHEDULES/DATA AND SUBMITS TO THE TAX CONSULTANT FOR THE PREPARATION OF THE FORM 990 THE TAX CONSULTANT SUBMITS THE COMPLETED 990 TO THE CONTROLLER AND CFO FOR REVIEW AND APPROVAL CFO AND TAX CONSULTANT PRESENTED THE FORM 990 TO THE AUDIT COMMITTEE FOR FINAL APPROVAL THE FORM IS THEN POSTED TO AN INTERNAL WEBSITE ACCESSIBLE TO ALL VOTING MEMBERS OF THE BOARD ONCE APPROVED, CFO SIGNS THE FORM 990 AND FILES WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AS REQUIRED, ANNUALLY , EACH MEMBER OF THE BOARD EXECUTES AND SIGNS A CONFLICT OF INTEREST DISCLOSURE STATEMENT IN THIS STATEMENT, THE BOARD AND THE BOARD LEVEL COMMITTEE DISCLOSES KNOWN, EXISTING, POTENTIAL AND POSSIBLE CONFLICTS OF INTEREST IF NO SUCH INTERESTS OR ACTIVITIES EXIST, THE PARTY WRITES THE WORD "NONE" IN THE SPACE PROVIDED IN ADDITION, THESE STATEMENTS ARE UPDATED WHEN AN INTERESTED PARTY SUBSEQUENTLY BECOMES A MATTER OF BOARD ACTION THE INTERESTED PARTY DISCLOSES THE CIRCUMSTANCES TO THE PRESIDENT OF THE BOARD OF DIRECTORS IN THE EVENT THE INTERESTED PARTY IN QUESTION IS THE PRESIDENT OF THE BOARD, THE POTENTIAL CONFLICT IS DISCLOSED TO THE FULL BOARD THE CONFLICT OF INTEREST DISCLOSURE STATEMENT FOR BOARD AND NON-BOARD COMMITTEE MEMBERS IS SUBMITTED TO THE PRESIDENT OF THE BOARD FOR REVIEW THE PLANS FOR MITIGATION OF ANY CONFLICT RELATING TO BOARD MEMBERS OR NON-BOARD COMMITTEE MEMBERS ARE PRESENTED BY THE PRESIDENT TO THE BOARD AND THE GRAND MASTER FOLLOWING THEIR REVIEW, ALL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE KEPT ON FILE WITH THE GRAND SECRETARY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	BENCHMARKING IS COMPLETED ON ALL POSITIONS BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT REVIEW IS DONE BY THE INDEPENDENT VOLUNTEER LEADERSHIP BOARD OF TRUSTEES AND APPROVED BY THE PRESIDENT OF THE BOARD SALARY BENCHMARKING IS CONDUCTED BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT UTILIZING NUMEROUS PUBLISHED SALARY SURVEYS FOR EACH POSITION BASED ON TITLE AND JOB DESCRIPTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY , AND GOVERNING/ORGANIZING DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT THE CORPORATE OFFICE

Identifier	Return Reference	Explanation
HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN B	GLENN D WOODY'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 1 00 HRS ACACIA CREEK UNION CITY 1 00 HRS CALIFORNIA MASONIC FOUNDATION 1 00 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 1 00 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 1 00 HRS ALLAN L CASALOU'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 13 20 HRS ACACIA CREEK UNION CITY 7 20 HRS CALIFORNIA MASONIC FOUNDATION 3 30 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 3 60 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 9 20 HRS NOB HILL MASONIC CENTER 3 50 HRS JOHN L COOPER III'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 1 00 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 1 00 HRS FRANK LOUI'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 1 00 HRS CALIFORNIA MASONIC FOUNDATION 1 00 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 1 00 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 1 00 HRS THOMAS BOYER'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 22 90 HRS ACACIA CREEK UNION CITY 4 40 HRS CALIFORNIA MASONIC FOUNDATION 1 70 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 1 80 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 7 20 HRS NOB HILL MASONIC CENTER 1 90 HRS JOHN F LOWE'S TIME IS DIVIDED AS FOLLOWS ACACIA CREEK UNION CITY 1 00 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 1 00 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 1 00 HRS DOUG ISMAIL'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 30 10 HRS CALIFORNIA MASONIC FOUNDATION 9 00 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 0 80 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 0 10 HRS TERRY MENDEZ'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 20 00 HRS ACACIA CREEK UNION CITY 6 80 HRS CALIFORNIA MASONIC FOUNDATION 2 00 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 1 20 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 9 20 HRS NOB HILL MASONIC CENTER 0 80 HRS LINDA SCHOMAKER'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 31 90 HRS ACACIA CREEK UNION CITY 6 40 HRS CALIFORNIA MASONIC FOUNDATION 0 30 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 0 20 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 1 10 HRS NOB HILL MASONIC CENTER 0 10 HRS WILLIAM J BRAY III'S TIME IS DIVIDED AS FOLLOWS CALIFORNIA MASONIC FOUNDATION 1 00 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 1 00 HRS RUSSEL E CHARVONIA'S TIME IS DIVIDED AS FOLLOWS CALIFORNIA MASONIC FOUNDATION 1 00 HRS MASONIC HOMES OF CALIFORNIA 1 00 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 1 00 HRS MARVIN W HOLSINGER'S TIME IS DIVIDED AS FOLLOWS MASONIC HOMES OF CALIFORNIA 1 00 HRS ACACIA CREEK UNION CITY 1 00 HRS CALIFORNIA MASONIC FOUNDATION 1 00 HRS CALIFORNIA MASONIC MEMORIAL TEMPLE 1 00 HRS GRAND LODGE OF FREE AND A CCEPTED MASONS OF CALIFORNIA 1 00 HRS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -191,350 CHANGE IN MINIMUM PENSION LIABILITY -117,005 TOTAL TO FORM 990, PART XI, LINE 5 -308,355

Identifier	Return Reference	Explanation
AUDIT COMMITTEE AND OVERSIGHT	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES TO THIS PROCESS FROM PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GRAND LODGE OF FREE AND ACCEPTED MASONS OF CALIFORNIA

Employer identification number

94-0487790

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MASONIC HOMES OF CALIFORNIA 1111 CALIFORNIA STREET SAN FRANCISCO, CA 94108 94-1156564	CONTINUING CARE AND RETIREMENT ACTIVITY	CA	501(C)(3)	7	GRAND LODGE OF THE FREE & ACCEPTED MASONS OF CALIFORNIA	Yes	
(2) CALIFORNIA MASONIC MEMORIAL TEMPLE 1111 CALIFORNIA STREET SAN FRANCISCO, CA 94108 94-1266937	SUPPORTING ORGANIZATION	CA	501(C)(3)	11-II	GRAND LODGE OF THE FREE & ACCEPTED MASONS OF CALIFORNIA	Yes	
(3) CALIFORNIA MASONIC FOUNDATION 1111 CALIFORNIA STREET SAN FRANCISCO, CA 94108 23-7013074	A CHARITABLE FOUNDATION SUPPORTING EDUCATIONAL AND COMMUNITY-BASED PROGRAMS	CA	501(C)(3)	7	GRAND LODGE OF THE FREE & ACCEPTED MASONS OF CALIFORNIA	Yes	
(4) ACACIA CREEK A MASONIC SENIOR LIVING COMMUNITY AT UNION CITY 34400 MISSION BLVD UNION CITY, CA 94587 20-4688615	CONTINUING CARE AND RETIREMENT ACTIVITY	CA	501(C)(3)	9	MASONIC HOMES OF CALIFORNIA	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NOB HILL MASONIC CENTER INC 1111 CALIFORNIA STREET SAN FRANCISCO, CA94108 61-1511651	OPERATION OF MASONIC TEMPLE PARKING FACILITY	CA	N/A	C	1,277,257	491,622	100 000 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

1a

No

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 94-0487790

Name: GRAND LODGE OF FREE AND ACCEPTED MASONS
OF CALIFORNIA

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) CALIFORNIA MASONIC TEMPLE	D	665,115	BOOK/ACTUAL VALUE
(2) CALIFORNIA MASONIC TEMPLE	J	53,046	BOOK/ACTUAL VALUE
(3) CALIFORNIA MASONIC FOUNDATION	C	205,000	BOOK/ACTUAL VALUE
(4) CALIFORNIA MASONIC HOMES	K	405,574	BOOK/ACTUAL VALUE
(5) CALIFORNIA MASONIC FOUNDATION	K	154,285	BOOK/ACTUAL VALUE
(6) ACACIA CREEK A MASONIC SENIOR LIVING COMMUNITY AT UNION CITY	N	617,362	BOOK/ACTUAL VALUE
(7) CALIFORNIA MASONIC HOMES	N	3,478,619	BOOK/ACTUAL VALUE
(8) CALIFORNIA MASONIC FOUNDATION	N	119,122	BOOK/ACTUAL VALUE
(9) CALIFORNIA MASONIC TEMPLE	N	236,349	BOOK/ACTUAL VALUE
(10) NOB HILL MASONIC CENTER	N	145,943	BOOK/ACTUAL VALUE
(11) ACACIA CREEK A MASONIC SENIOR LIVING COMMUNITY AT UNION CITY	P	188,657	BOOK/ACTUAL VALUE
(12) CALIFORNIA MASONIC HOMES	P	1,106,440	BOOK/ACTUAL VALUE
(13) CALIFORNIA MASONIC FOUNDATION	P	109,615	BOOK/ACTUAL VALUE