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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

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **THE GRAND LODGE OF A.F. AND A.M. OF NC GROUP RETURN**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 6506
 City or town, state or country, and ZIP + 4
RALEIGH NC 27628-6506

D Employer identification number
38-3782755

E Telephone number
919-787-2021

F Name and address of principal officer
T. WALTON CLAPP, III
P.O. BOX 6506
RALEIGH NC 27628-6506

G Gross receipts \$ **6,232,731**

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)
SEE STMT 1

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (**10**) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website **WWW.GRANDLODGE-NC.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation **1797**

M State of legal domicile **NC**

Part II Summary

1 Briefly describe the organization's mission or most significant activities:
FRATERNAL ORGANIZATION OPERATING UNDER THE LODGE SYSTEM TO SUPPORT MASONIC ORPHANAGE & HOME FOR AGED.

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) **12**

4 Number of independent voting members of the governing body (Part VI, line 1b) **12**

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) **0**

6 Total number of volunteers (estimate if necessary) **0**

7a Total unrelated business revenue from Part VIII, column (C), line 7a **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,906,928	3,010,378
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202,131	358,078
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,687,467	2,268,358
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,796,526	5,636,814
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	664,969	693,988
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)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,932,159	4,818,262
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,597,128	5,512,250
19 Revenue less expenses. Subtract line 18 from line 12	199,398	124,564
20 Total assets (Part X, line 16)	32,818,929	34,822,990
21 Total liabilities (Part X, line 26)	289,286	277,547
22 Net assets or fund balances. Subtract line 21 from line 20	32,529,643	34,545,443

Part III 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 **T. WALTON CLAPP, III** SECRETARY Date **11/15/2012**

Paid Preparer Use Only Print/Type preparer's name **RONALD G. PITTMAN** Preparer's signature **Ronald G. Pittman** Date **11/15/12** Check ☐ if self-employed PTIN _____

Firm's name **A. T. ALLEN & COMPANY, L.L.P. CPAS** Firm's EIN _____

Firm's address **2245 GATEWAY ACCESS PT. STE 201 RALEIGH, NC 27607** Phone no **919-781-7550**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

SCANNED DEC 21 2012

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission**FRATERNAL ORGANIZATION OPERATING UNDER THE LODGE SYSTEM TO SUPPORT MASONIC ORPHANAGE & HOME FOR AGED.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code.) (Expenses \$ including grants of \$) (Revenue \$)
FRATERNAL ORGANIZATION WHICH PROMOTES COMMUNITY SERVICE AND SUPPORTS THE MASONIC & EASTERN STAR HOME FOR THE AGED AND THE OXFORD HOME FOR CHILDREN.

4b (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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.	0	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
5a	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	12		
1b	12		
2			X
3			X
4			X
5			X
6		X	
7a		X	
7b			X
8a		X	
8b		X	
9			X

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

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

		Yes	No
10a		X	
10b		X	
11a			X
12a			X
12b			
12c			
13			X
14			X
15a		X	
15b		X	
16a			X
16b			

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization
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?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **T WALTON CLAPP, III** **PO BOX 6506**

RALEIGH

NC 27628

919-787-2021

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if neither the organization nor any related organizations 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) LEWIS RAY LEDFORD GRAND MASTER	1.00	X		X				0	0	0
(2) ROBERT ELVIS GRESHAM, JR. DEPUTY GRAND MASTER	1.00	X		X				0	0	0
(3) DEWEY RALPH PRESLAR, JR. SENIOR GRAND WARDEN	1.00	X		X				0	0	0
(4) DALTON WAYNE MAYO JUNIOR GRAND WARDEN	1.00	X		X				0	0	0
(5) CLIFTON WHITE EVERETT, JR. GRAND TREASURER	1.00	X		X				0	0	0
(6) THEOPHILUS WALTON CLAPP, III GRAND SECRETARY	1.00	X		X				0	0	0
(7) GERRY THEODORE SMITH, SR. MEMBER	0.00	X						0	0	0
(8) GENE TART JERNIGAN MEMBER	0.00	X						0	0	0
(9) DAVID RONALD CASH MEMBER	0.00	X						0	0	0
(10) JAMES ALLEN WILEY MEMBER	0.00	X						0	0	0
(11) LEONARD YEARBY SAFRIT, JR. MEMBER	0.00	X						0	0	0
(12) CLIFFORD HORACE HENLINE, JR. MEMBER	0.00	X						0	0	0
(13)										
(14)										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **0**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	3,010,378			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	\$				
h Total. Add lines 1a-1f			3,010,378			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			135,097		135,097
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	538,650				
	b Less rental exps					
	c Rental inc or (loss)	538,650				
	d Net rental income or (loss)		538,650			538,650
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		27,955	195,026			
	b Less cost or other basis & sales exps					
	c Gain or (loss)	27,955	195,026			
	d Net gain or (loss)		222,981	195,026		27,955
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	1,203,238			
	b Less direct expenses	b	595,917			
	c Net income or (loss) from fundraising events		607,321			607,321
	9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a MISC REVENUE	900099	700,318	700,318			
b VOLUNTARY LODGE SUPPORT TO OF	900099	422,069	422,069			
c						
d All other revenue						
e Total. Add lines 11a-11d		1,122,387				
12 Total revenue. See instructions		5,636,814	1,317,413	0	1,309,023	

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).

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

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	693,988			
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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	298,636			
14 Information technology				
15 Royalties				
16 Occupancy	2,347,424			
17 Travel	46,391			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,752			
20 Interest	3,608			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,708			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSE	1,071,848			
b FEES TO GRAND LODGE	747,633			
c HONORARIUM TO MEMBERS FOR	139,354			
d TELEPHONE	75,530			
e All other expenses	52,378			
25 Total functional expenses. Add lines 1 through 24e	5,512,250	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,963,455	1	2,353,646
	2 Savings and temporary cash investments	9,942,373	2	9,879,786
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 20,297,812		
	b Less accumulated depreciation	10b 464,104	17,455,809	10c 19,833,708
	11 Investments—publicly traded securities	2,745,351	11	2,095,898
	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	711,941	15	659,952
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,818,929	16	34,822,990	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	289,286	23	277,547
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	289,286	26	277,547
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> 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	32,529,643	32	34,545,443
33 Total net assets or fund balances	32,529,643	33	34,545,443	
34 Total liabilities and net assets/fund balances	32,818,929	34	34,822,990	

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	5,636,814
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,512,250
3	Revenue less expenses Subtract line 2 from line 1	3	124,564
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,529,643
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,891,236
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	34,545,443

Part XII Financial Statements and Reporting

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

☐**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?**b** Were the organization's financial statements audited by an independent accountant?**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**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

Yes No

2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2011)

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

**THE GRAND LODGE OF A.F. AND A.M. OF
NC GROUP RETURN**

Employer identification number

38-3782755**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

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

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		20,297,812	464,104	19,833,708
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				19,833,708

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must equal Form 990, Part I, line 12.)	5	

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

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

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)**Supplemental Information Regarding**
Fundraising or Gaming Activities

OMB No 1545-0047

2011Open To Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete 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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

THE GRAND LODGE OF A.F. AND A.M. OF
NC GROUP RETURN

Employer identification number

38-3782755**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants
- b ☐ Internet and email solicitations f ☐ Solicitation of government grants
- c ☐ Phone solicitations g ☐ Special fundraising events
- d ☐ In-person solicitations

2a 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?☐ Yes ☐ Nob 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 MEALS & DINNERS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,203,238			1,203,238
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	1,203,238			1,203,238
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	595,917			595,917
	10 Direct expense summary Add lines 4 through 9 in column (d)				595,917
11 Net income summary Combine line 3, column (d), and line 10				607,321	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 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 ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- 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 retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

 Department of the Treasury
 Internal Revenue Service

OMB No. 1545-0047

2011
**Open to Public
Inspection**

Name of the organization

**THE GRAND LODGE OF A. F. AND A. M. OF
NC GROUP RETURN**

Employer identification number

38-3782755
Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"

to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

☒ Yes ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE MASONIC HOME FOR CHILDREN AT OK 600 COLLEGE ST OXFORD NC 27628	56-0228750	501C3	346,994				SUPPORTED ORGANIZATI
(2)	WHITESTONE 700 S. HOLDEN ROAD GREENSBORO NC 27407	56-0529956	501C3	346,994				SUPPORTED ORGANIZATI
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

2

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ORGANIZATION OBTAINS FINANCIAL REPORTS AND OTHER INFORMATION TO CONFIRM

THAT GRANT PURPOSES WERE ACHIEVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

**THE GRAND LODGE OF A.F. AND A.M. OF
NC GROUP RETURN**

Employer identification number

38-3782755

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ORGANIZATIONS HAS MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE ORGANIZATIONS MEMBERS ELECT THE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE ORGANIZATIONS RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO THE
RETURN BEING FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE FINANCE COMMITTEE PROVIDES SALARY GUIDELINES FOR ALL EMPLOYEES THAT ARE
THEN APPROVED BY THE MEMBERS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE FINANCE COMMITTEE PROVIDES SALARY GUIDELINES FOR ALL EMPLOYEES THAT ARE
THEN APPROVED BY THE MEMBERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATIONS GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

LAND & BUILDING NOT INCLUDED IN PRIOR YEARS RETURN 1,854,717

NET UNREALIZED GAIN ON INVESTMENTS 36,519

SCHEDULE R
(Form 990)**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

**THE GRAND LODGE OF A.F. AND A.M. OF
NC GROUP RETURN**

OMB No 1545-0047

2011.**Open to Public
Inspection**

Employer identification number

38-3782755**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1)						
(2)						
(3)						
(4)						
(5)						

Part II 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.)

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 entity?	
							Yes	No
(1)	THE NC MASONIC FOUNDATION, INC PO BOX 6506 RALEIGH NC 27628 56-6049500	TO RECEIVE	NC	501C3	11A	N/A		X
(2)	THE GRAND LODGE OF A.F. AND A.M. OF PO BOX 6506 RALEIGH NC 27628 56-0228750	TO MANAGE	NC	501C10		N/A		X
(3)	THE MASONIC HOME FOR CHILDREN AT OX 600 COLLEGE ST OXFORD NC 27565 56-0603924	SUPPORTED	NC	501C3	9	N/A		X
(4)	WHITESTONE 700 S. HOLDEN ST GREENSBORO NC 27407 56-0529956	SUPPORTED	NC	501C3	9	N/A		X
(5)								

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

DAA

Schedule R (Form 990) 2011

Part III 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.)

(1)	(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) Dispro- portionate alloc ?		(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	
(1)													
(2)													
(3)													
(4)													

Part IV 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.)

(1)	(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
(2)								
(3)								
(4)								

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule

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 or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

r Other transfer of cash or property from related 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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE MASONIC HOME FOR CHILDREN AT OX	B	346,994	
(2)	WHITESTONE	B	346,994	
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2011

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII Supplemental Information

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

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2011**

For calendar year 2011, or tax year beginning , and ending

Name

**THE GRAND LODGE OF A.F. AND A.M. OF
NC GROUP RETURN**

Employer Identification Number

38-3782755**FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) MORTGAGES PAYABLE	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	289,286	277,547
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	289,286	277,547

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 91,746		14			
TOTAL	<u>\$ 91,746</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 43,351		14			
TOTAL	<u>\$ 43,351</u>					

5912 The Grand Lodge of A.F. And A.M. of
38-3782755
FYE: 12/31/2011

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PRINTING	\$ 52,378	\$ 52,378	\$	\$
TOTAL	\$ 52,378	\$ 52,378	\$ 0	\$ 0

5912 The Grand Lodge of A.F. And A.M. of
38-3782755
FYE: 12/31/2011

Federal Statements

Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information

Business Name _____

Address _____

EIN _____

SEE ATTACHED

Lodge Tax Ids as of

#	Name	Address	Address2	City	State	Zip	Tax Id
0001	St John's	4712 Oriole Dr.		Wilmington	NC	28401	56-0122214
0002	Royal White Hart	St. David Street		Halifax	NC	27839	23-7535866
0003	St. John's	516 Hancock St		New Bern	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	Unanimity	215 E. Water St.		Edenton	NC	27932	58-2066680
0008	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		Charlotte	NC	28211	56-6046441
0032	Stokes	51 Brumley Ave.		Concord	NC	28027	58-1842427
0039	Davie	105 N Mitchell St		Ahokie	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
0059	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
0076	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

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
0084	Fellowship	913 S. Bright Leaf Blvd.		Smithfield	NC	27577	56-1195917
0085	Morning Star	220 Barnes St		Nashville	NC	27856	23-7535888
0090	Skewarkee	610 North Smithwick St		Williamston	NC	27892	23-7138176
0091	Western Star	329 S. Main St.		Rutherfordton	NC	28139	23-7535889
0092	Joseph Warren	108 S. Main St.		Stantonsburg	NC	27883	23-7535890
0095	Jerusalem	201 N. Main Street		Hookerton	NC	28538-0004	23-7535891
0097	Millbrook	2400 New Hope Road		Raleigh	NC	27615	23-7138177
0098	Hiram	213 Fisher Drive		Clinton	NC	28328	23-7138178
0099	Fulton	401 N. Fulton St.		Salisbury	NC	28147	23-7144604
				NC			
0102	Columbus	121 East Street		Pittsboro	NC	27228	23-7535893
0104	Orr	116 E. 3rd St.		Washington	NC	27889	56-1229832
0106	Perquimans	128 N Church St.		Hertford	NC	27944	23-7535895
0109	Franklin	204 Turner St.		Beaufort	NC	28516	23-7138179
0112	Wayne	2301 Norwood Avenue		Goldsboro	NC	27530	23-7138180
0113	Person	219 Leasburg Street		Roxboro	NC	27573	23-7159112
0114	St. Alban's	600 N. Elm St.		Lumberton	NC	28358	56-0625277
0115	Holly Springs	224 Raleigh St.		Holly Springs	NC	27540	23-7535897
0117	Mt. Lebanon	2501 W. Nash St.		Wilson	NC	27896	23-7535898
0118	Mt. Hermon	80 Broadway		Asheville	NC	28801	56-0331886
0122	Oxford	105 W. College St.		Oxford	NC	27565	23-7535900
0123	Franklinton	Mason & Main St		Franklinton	NC	27525	23-7535901
0125	Mill Creek	513 Raleigh St.		Newton Grove	NC	28366	56-1371159

Lodge Tax Ids as of 10/10/2011

#	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	Lincoln	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
0146	Cherokee	109 Hiawasse 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

Lodge Tax Ids as of 10/10/2011

#	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	417 E. Strawberry Blvd		Chadbourn	NC	28431	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
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. Bain	9433 Ten Ten Road		Raleigh	NC	27603	23-7535940
0237	Mystic Tie	205 S. Main St.		Marion	NC	28752	23-7535942
0240	Wiccacon	Taylor's St		Harrellsville	NC	27942	23-7535943
0243	Grifton	108 Gordon St.		Grifton	NC	28530	23-7138188

Lodge Tax Ids as of 10/10/2011

#	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
0271	Tabasco	207 E. Main Street		Gibsonville	NC	27249	23-7535953
0272	Bingham	307 E. Center St.		Mebane	NC	27302	23-7535954
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
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

Lodge Tax Ids as of 10/10/2011

#	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
0348	Stanly	230 N. Main St.		Albemarle	NC	28001	23-7535976
0352	Durham	705 Husketh Dr		Durham	NC	27703	23-7535977

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
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
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		Salemberg	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		Canton	NC	28716	56-6049546
0387	Kedron	229 Fifth Ave. W.		Hendersonville	NC	28739	23-7138196
0388	Friendship	722 McBrayer/Homestead Road		Boiling Springs	NC	28017	23-7535994
0390	Copeland	156 Bray Ford Road		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

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
0397	Bald Creek	730 Sam Robertson Rd		Burnsville	NC	28714	23-7535999
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	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

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
0433	Vanceboro	630 Farm Life Avenue		Vanceboro	NC	28586-0236	23-7536019
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

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
0484	Southern Pines	220 N. West Broad St		Southern Pines	NC	28387	23-7536037
0486	Lawndale	Piedmont 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	Pilot	689 Key St.	PO Box 543	Pilot Mountain	NC	27041	23-7536042
0495	Rockingham	1107 Fayetteville Rd		Rockingham	NC	28379	23-7536043
0496	Mooreville	114 Institute Street		Mooreville	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
0500	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
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	298 Roanoke Ave.		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
0525	Rodgers	12642 W. Hanes St.		Middlesex	NC	27557	23-7536058
0527	Lucama	US 301 South		Lucama	NC	27851	23-7144605

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
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
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	Richlands	126 Huffman Town Road		Richlands	NC	28574	23-7536075
0565	Wendell	27 N. Main St.		Wendell	NC	27591	23-7536076
0568	Doric	2100 S. Glenburnie Ave.		New Bern	NC	28560	56-1401188

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
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
0590	Lowell	122 N. Main St		Lowell	NC	28098	23-7145758
0592	Maiden	1310 W. Maiden Rd.		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
0596	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
0605	Jeff L. Nelson	Freedom Hill Road		Tryon	NC	28782	23-7536094
0606	Riverside	102 N. Main St.		Catawba	NC	28609	23-7138209
0609	Zebulon	111 E. Horton St.		Zebulon	NC	27597	23-7138210
0612	Atkinson	116 E Main St.		Atkinson	NC	28421	56-1446223
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

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
0618	Union	9650 Hwy 601		Midland	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.		Elizabethtown	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
0667	Ft. Bragg	405 N. Main St		Spring Lake	NC	28390	23-7119169
0668	Holland Memorial	214 South St.		Gastonia	NC	28056	23-7138215
0669	Kernersville	700 S. Main St.		Kernersville	NC	27284	23-7536114
0670	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
0674	Acacia	3202 N. Main Street		High Point	NC	27262	23-7109548
0675	Washington	1115 West 5th St.		Washington	NC	27889	23-7145759
0676	Temple	4740 Randolph Rd.		Charlotte	NC	28210	23-7138869
0677	Warsaw	602 E. College St.		Warsaw	NC	28398	23-7536119

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
0678	Providence	US 64		Columbia	NC	27925	23-7536120
0679	Creasy Proctor	2860 Village Dr		Fayetteville	NC	28303	56-1446294
0680	Semper Fidelis	727 Henderson Drive		Jacksonville	NC	28540	23-7147318
0683	Rolesville	207 Pulley St.		Rolesville	NC	27571	23-7536122
0685	Piedmont-Pioneer	34 Miller St.		Winston-Salem	NC	27106	56-6047792
0686	Angier	90 S Raleigh St		Angier	NC	27501	23-7536124
0687	Fellowship	158 Bahama Rd		Bahama	NC	27503	56-6047593
0688	Cherry Point	110 Oakwood Dr		Havelock	NC	28532	23-7138219
0689	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	4217 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
0697	Butner	400 West E St		Butner	NC	27522	23-7536132
0698	Cape Hatteras	48338 Hwy 12		Buxton	NC	27920	23-7536133
0699	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
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
0706	Newport	235 Howard Blvd.		Newport	NC	28570	23-7536139

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
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 Rumble Road		Charlotte	NC	28208	23-7138225
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
0732	Bush Hill	300 Goodman Street		Archdale	NC	28704	23-7536162
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

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
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		Smyma	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 W. 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
0757	Denver	3333 St. James Church Rd		Denver	NC	28037	56-1468838
0758	Oak Island	2408 E. Oak Island Dr.		Oak Island	NC	28465	58-1749519
0759	James K. Polk	900 Hill Street		Pineville	NC	29715	56-1405511
0760	Wilkerson College	700 S Holden Rd		Greensboro	NC	27407	51-0486226
0761	Orphans	600 W. College St		Oxford	NC	27565	56-0228750

Lodge Tax Ids as of 10/10/2011

#	Name	Address	Address2	City	State	Zip	Tax Id
0762	Mosaic	1211 E. Franklin St		Chapel Hill	NC	27514	80-0155148
0763	Friendship	146 S. Main St		Broadway	NC	27505	90-0420276
0764	Knights of Solomon	4215 Stacy Blvd		Charlotte	NC	28209	27-2921572

* Fulton & Andrew Jackson trustees 26-1863405 - Schedule 14

Lodge 99 & 576

* Gastonia Masonic Temple Assoc. 56-0233053 - Schedule 14

* Stanly County Masonic Center

Lodge 348 & 703

* Masonic Temple of High Point 56-0918079

MASONIC BUILDING COMPANY OF HIGH POINT 56-2110318