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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection**A** For the 2013 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 province, country, and ZIP or foreign postal code

RALEIGH, NC 27628**F** Name and address of principal officer **T. WALTON CLAPP, III
SAME AS C ABOVE****D** Employer identification number**38-3782755****E** Telephone number**919-787-2021****G** Gross receipts \$ **7,429,304.****H(a)** Is this a group return **STMT 1**
for subordinates? ☒ Yes ☐ No**H(b)** Are all subordinates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶ **0442****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 I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE ORGANIZATION OPERATES UNDER THE LODGE SYSTEM TO SUPPORT MASONIC ORPHANAGE AND HOME FOR THE AGED.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,748,077.	3,681,656.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	271,579.	330,207.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,596,167.	2,875,219.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,615,823.	6,887,082.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,141,566.	1,232,090.
	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)	136,817.	133,915.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,587,911.	4,496,326.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,866,294.	5,862,331.
	19	Revenue less expenses Subtract line 18 from line 12	1,749,529.	1,024,751.
	20	Total assets (Part X, line 16)	36,529,734.	37,604,975.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	262,113.	297,340.
	22	Net assets or fund balances Subtract line 21 from line 20	36,267,621.	37,307,635.

Part II Signature Block

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

Sign Here ▶ *T. Walton Clapp* Signature of officer **5/29/2014** Date

▶ **T. WALTON CLAPP, III, GRAND SECRETARY**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
RONALD R. KUYATH	RONALD R. KUYATH	05/27/14		P00004660
Firm's name ▶ BERNARD ROBINSON & COMPANY, LLP	Firm's EIN ▶ 56-0571159			
Firm's address ▶ PO BOX 19608 GREENSBORO, NC 27419-9608	Phone no 336-294-4494			

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

☒ Yes ☐ No

pn

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's missionFRATERNAL ORGANIZATION OPERATING UNDER THE LODGE SYSTEM TO SUPPORT
MASONIC ORPHANAGE AND HOME FOR THE 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 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 AND EASTERN STAR HOME FOR THE AGED AND THE MASONIC HOME FOR
CHILDREN AT OXFORD.**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 ►

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	N/A	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</i>	N/A	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	N/A	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	N/A	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
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," to line 3b, 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
4b	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 as charitable contributions?		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?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	N/A	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
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.	N/A	
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.	N/A	
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.	N/A	
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.		

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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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," 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?	16b	

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 ☐ Other (explain in Schedule O)

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 - 919-787-2021**
2921 GLENWOOD AVENUE, RALEIGH, NC 27628

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
1b Sub-total								0.	87,229.	13,152.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	87,229.	13,152.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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
NONE		

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

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

Form 990 (2013)

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	3,681,656.				
	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		3,681,656.				
Program Service Revenue	2 a _____		Business Code				
	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)					
		181,198.			181,198.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
		540,978.					
b Less rental expenses		0.					
c Rental income or (loss)		540,978.					
d Net rental income or (loss)		540,978.			540,978.		
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		45,399.	103,610.				
b Less cost or other basis and sales expenses		0.	0.				
c Gain or (loss)		45,399.	103,610.				
d Net gain or (loss)		149,009.			149,009.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
b Less direct expenses		b					
c Net income or (loss) from fundraising events			683,693.		683,693.		
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS REVENUE		900009	1,196,311.	1,196,311.			
b VOLUNTARY LODGE SUPPORT OF CHARIT		900009	454,237.	454,237.			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			1,650,548.				
12 Total revenue See instructions.			6,887,082.	1,650,548.	0.	1,554,878.	

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

Form 990 (2013)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 United States. See Part IV, line 21	1,232,090.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	133,115.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	800.			
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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	433,221.			
14 Information technology				
15 Royalties				
16 Occupancy	2,070,365.			
17 Travel	47,620.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	248,000.			
20 Interest	8,316.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,085.			
23 Insurance	484,738.			
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 FEES TO GRAND LODGE	729,276.			
b MISCELLANEOUS EXPENSES	463,705.			
c				
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	5,862,331.			
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 ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2013)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,296,281.	1	2,598,605.
	2 Savings and temporary cash investments	10,366,236.	2	9,791,957.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		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	22,024,301.		
	b Less: accumulated depreciation	494,984.	20,599,821.	21,529,317.
	11 Investments - publicly traded securities	2,601,576.	11	2,819,284.
	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	665,820.	15	865,812.
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,529,734.	16	37,604,975.	
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 Loans and other 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	262,113.	23	297,340.
	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	262,113.	26	297,340.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	36,267,621.	32	37,307,635.
	33 Total net assets or fund balances	36,267,621.	33	37,307,635.
	34 Total liabilities and net assets/fund balances	36,529,734.	34	37,604,975.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,887,082.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,862,331.
3	Revenue less expenses Subtract line 2 from line 1	3	1,024,751.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,267,621.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	15,263.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,307,635.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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.

OMB No 1545-0047

2013Open to Public
Inspection▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.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 XIII, 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 XIII, 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- | | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		22,024,301.	494,984.	21,529,317.
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)) **21,529,317.**

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

Schedule D (Form 990) 2013

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b 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)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2013

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

Schedule G (Form 990 or 990-EZ) 2013 **NC GROUP RETURN**

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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	1,225,915.		1,225,915.
	2	Less. Contributions			
	3	Gross income (line 1 minus line 2)	1,225,915.		1,225,915.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	542,222.		542,222.
	10	Direct expense summary Add lines 4 through 9 in column (d)			542,222.
	11	Net income summary Subtract line 10 from line 3, column (d)			683,693.

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			
	2	Cash prizes			
Direct Expenses	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 Subtract line 7 from line 1, column (d)			

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

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

Schedule G (Form 990 or 990-EZ) 2013 **NC GROUP RETURN**

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- 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 | | % |
| b | An outside facility | | % |
- 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.** 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)

Part IV	Supplemental Information (continued)
---------	--------------------------------------

2013

**Open to Public
Inspection**

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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?

☐ YesNo 

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASONIC AND EASTERN STAR HOME OF NORTH CAROLINA, INC. - 700 S. HOLDEN ROAD - GREENSBORO, NC 27407	56-0529956	501(C)(3)	616,045.	0.			SUPPORTED ORGANIZATION
THE MASONIC HOME FOR CHILDREN AT OXFORD, INC. - 600 COLLEGE STREET - OXFORD, NC 27565	56-0603924	501(C)(3)	616,045.	0.			SUPPORTED ORGANIZATION

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

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

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

Schedule I (Form 990) (2013)

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

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Schedule I (Form 990) (2013)

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 2

EXPLANATION: 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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE ORGANIZATION'S MEMBERS ELECT THE BOARD OF GENERAL
PURPOSES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COPY OF FORM 990 IS REVIEWED BY THE GRAND SECRETARY PRIOR TO
FILING.

FORM 990, PART VI, SECTION B, LINE 15:

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

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, FORM 990 AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

OMB No 1545-0047

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

2013

Open to Public Inspection

Employer identification number
38-3782755

Organization answered "Yes" on Form 990, Part IV, line 33

[illegible]

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE NC MASONIC FOUNDATION, INC. - 56-6049500	RECEIVES DONATIONS & PROVIDES SUPPORT TO						
P.O. BOX 6506	CHARITABLE ORGANIZATIONS.						
RALEIGH, NC 27628	PROVIDES A SAFE HOME-LIKE SETTING FOR CHILDREN IN NEED.	NORTH CAROLINA	501(C)(3)	LINE 11B, II	N/A		X
THE MASONIC HOME FOR CHILDREN AT OXFORD, INC. - 56-0603924, 600 COLLEGE STREET, OXFORD, NC 27565	PROVIDES RESIDENTIAL & HEALTH CARE SERVICES TO ELDERLY RESIDENTS.	NORTH CAROLINA	501(C)(3)	LINE 7	N/A		X
MASONIC AND EASTERN STAR HOME OF NORTH CAROLINA, INC. - 56-0529956, 700 S. HOLDEN ROAD, GREENSBORO, NC 27407	TO MANAGE THE ACTIVITIES OF INDIVIDUAL MASONS IN NC.	NORTH CAROLINA	501(C)(3)	LINE 7	N/A		X
THE GRAND LODGE OF A.F. AND A.M. OF NORTH CAROLINA - 56-0228750, P.O. BOX 6506, RALEIGH NC 27628							

Schedule R (Form 990) 2013

NC GROUP RETURN

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

[illegible]

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

[illegible]

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

Schedule R (Form 990) 2013 NC GROUP RETURN

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE MASONIC HOME FOR CHILDREN AT OXFORD, INC.	B	616,045.	CASH PAID
MASONIC AND EASTERN STAR HOME OF NORTH CAROLINA, INC.	B	616,045.	CASH PAID
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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.

[illegible]

THE GRAND LODGE OF A.F. AND A.M. OF
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Schedule R (Form 990) 2013

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

FORM 990

LINE H(B) - LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ST JOHN'S	4712 ORIOLE DR. - WILMINGTON, NC 28401	56-0122214
ROYAL WHITE HART	ST. DAVID STREET - HALIFAX, NC 27839	23-7535866
ST. JOHN'S	516 HANCOCK ST - NEW BERN, NC 28562	23-7535867
ST. JOHN'S	1810 N. HERITAGE ST. - KINSTON, NC 28538	56-6053139
CHARITY	125 KING ST. - WINDSOR, NC 27983	23-7535869
UNANIMITY	215 E. WATER ST. - EDENTON, NC 27932	58-2066680
PHOENIX	221 MASON STREET - FAYETTEVILLE, NC 28301	23-7138173
JOHNSTON CASWELL	611 S. MAIN ST - WARRENTON, NC 27589	23-7535871
CASWELL BROTHERHOOD	986 FIRETOWER ROAD - YANCEYVILLE, NC 27379	23-7535872
ST. JOHN'S	113 LODGE ST. - KENANSVILLE, NC 28349	23-7535873
AMERICAN GEORGE	205 COLLEGE ST - MURFREESBORO, NC 27855	23-7535874
EAGLE	142 WEST KING STREET - HILLSBOROUGH, NC 27278	23-7145742
STATESVILLE	302 E. FRONT ST. - STATESVILLE, NC 28687	23-7535875
PHALANX	500 N. SHARON AMITY RD - CHARLOTTE, NC 28211	56-6046441
STOKES	51 BRUMLEY AVE. - CONCORD, NC 28027	58-1842427
DAVIE	105 N MITCHELL ST - AHOSKIE, NC 27910	23-7535878

HIRAM	1520 CASWELL ST. - RALEIGH, NC 27608	56-0122285
LIBERTY	1228 SCHOOL ST. - WILKESBORO, NC 28697	56-1385411
HALL	498 INDIANTOWN ROAD - SHAWBORO, NC 27921	56-1222773
CONCORD	1601 BARLOW ROAD - TARBORO, NC 27886	56-6043231
PERSEVERANCE	703 NC HWY 32 S - PLYMOUTH, NC 27962	23-7535883
KILWINNING	304 S. GREENE ST. - WADESBORO, NC 28170	23-7535884
WIDOW'S SON	106 N. HWY 343 - CAMDEN, NC 27921	23-7535885
GREENSBORO	426 W. MARKET ST. - GREENSBORO, NC 27406	56-0122227
ZION	108 E. LAKEVIEW DR - TRENTON, NC 28573	23-7138174
LAFAYETTE	305 CHANEY AVE. - JACKSONVILLE, NC 28546	23-7138175
FELLOWSHIP	913 S. BRIGHT LEAF BLVD. - SMITHFIELD, NC 27577	56-1195917
MORNING STAR	220 BARNES ST - NASHVILLE, NC 27856	23-7535888
SKEWARKEE	610 NORTH SMITHWICK ST - WILLIAMSTON, NC 27892	23-7138176
WESTERN STAR	329 SOUTH MAIN ST - RUTHERFORDTON, NC 28139	23-7535889
JOSEPH WARREN	108 S. MAIN ST. - STANTONSBURG, NC 27883	23-7535890
JERUSALEM	201 N. MAIN STREET - HOOKERTON, NC 28538-0004	23-7535891
MILLBROOK	2400 NEW HOPE ROAD - RALEIGH, NC 27615	23-7138177
MILLBROOK	2400 NEW HOPE ROAD - RALEIGH, NC 27615	23-7138177

HIRAM	213 FISHER DRIVE - CLINTON, NC 28328	23-7138178
FULTON	401 N. FULTON ST. - SALISBURY, NC 28147	23-7144604
COLUMBUS	119 EAST ST - PITTSBORO, NC 27312-5740	23-7535893
ORR	116 E. 3RD ST. - WASHINGTON, NC 27889	56-1229832
PERQUIMANS	128 N CHURCH ST. - HERTFORD, NC 27944	23-7535895
FRANKLIN	104 PROFESSIONAL PARK DR - BEAUFORT, NC 28516	23-7138179
WAYNE	2301 NORWOOD AVENUE - GOLDSBORO, NC 27530	23-7138180
PERSON	219 LEASBURG ROAD - ROXBORO, NC 27573	23-7159112
ST. ALBAN'S	600 N. ELM ST. - LUMBERTON, NC 28358	56-0625277
HOLLY SPRINGS	224 RALEIGH ST. - HOLLY SPRINGS, NC 27540	23-7535897
MT. LEBANON	2501 W. NASH ST. - WILSON, NC 27896	23-7535898
MT. HERMON	80 BROADWAY - ASHEVILLE, NC 28801	56-0331886
OXFORD	105 W. COLLEGE ST. - OXFORD, NC 27565	23-7535900
FRANKLINTON	4 E. MASON ST - FRANKLINTON, NC 27525	23-7535901
MILL CREEK	513 RALEIGH ST. - NEWTON GROVE, NC 28366	56-1371159
GATESVILLE	125 MAIN STREET - GATESVILLE, NC 27938	23-7535903
BLACKMER	109 S. SCHOOL ST. - MT. GILEAD, NC 27306	23-7535904
HANKS	157 W. MAIN ST. - FRANKLINVILLE, NC 27205	23-7535905

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DAN RIVER	110 DECATUR STREET - MADISON, NC 27025	23-7535906
RADIANCE	112 N HARPER ST - SNOW HILL, NC 28580	23-7535907
MOCKSVILLE	134 RIDGEVIEW STREET - MOCKSVILLE, NC 28028	56-6050264
LEAKSVILLE	419 THOMPSON ST. - EDEN, NC 27288	23-7138181
LINCOLN	100 W. SYCAMORE ST. - LINCOLNTON, NC 28092	23-7535909
KING SOLOMON	209 WALKER STREET - BURGAW, NC 28425	23-7535910
MT. VERNON	185 BONLEE-BENNETT ROAD - BONLEE, NC 27213	23-7535911
JUNALUSKEE	50 CHURCH ST. - FRANKLIN, NC 28734	23-7535912
CHEROKEE	109 HIAWASSEE ST. - MURPHY, NC 28906	23-7535913
PALMYRA	700 MAPLE AVE. - DUNN, NC 28334	23-7138182
ADONIRAM	8575 CORNWALL RD - CORNWALL, NC 27565	23-7535914
PEE DEE	116 WEST WHITLEY STREET - NORWOOD, NC 28128	23-7138183
SANFORD	231 CHARLOTTE ST. - SANFORD, NC 27330	56-1013497
SCOTCH IRELAND	104 S. DEPOT ST. - CLEVELAND, NC 27013	23-7535916
WHITE STONE	302 FOSTER ST. - ZEBULON, NC 27597	23-7535917
KNAP OF REEDS	158 BAHAMA ROAD - BAHAMA, NC 27503	23-7138184
YADKIN	P.O. BOX 596 - YADKINVILLE, NC 27055	23-7535918
ARCHER	14030 NC HWY 96 - ZEBULON, NC 27597	23-7535919

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WINSTON	34 MILLER ST. - WINSTON-SALEM, NC 27105	56-0122251
BLACKMER	70 COLLEGE ST. - WEAVERVILLE, NC 28787	23-7535921
BUFFALO	602 W. MAIN ST. - SANFORD, NC 27330	23-7535923
WILLIAMS	19416 ZION ST. - CORNELIUS, NC 28031	23-7535924
CARTHAGE	302 SAUNDERS ST. - CARTHAGE, NC 28327	23-7535925
CENTRAL CROSS	3405 HWY 581 N - SPRING HOPE, NC 27882	23-7535926
BALFOUR	632 SUNSET AVENUE - ASHEBORO, NC 27203	23-7535927
CHADBOURN	417 E. STRAWBERRY BLVD - CHADBOURN, NC 28431	23-7535928
GRANITE	621 BOLLING ST. - CLAYTON, NC 27520	23-7535929
CARY	1142 EAST MAYNARD ROAD - CARY, NC 27511	56-1388846
CLEVELAND	1456 E. MARION ST. - SHELBY, NC 28150	56-0707432
LONG CREEK	8500 MT. HOLLY-HUNTERSVILLE ROAD - HUNTERSVILLE, NC 28078-8428	23-7535933
MINGO	1924 FAYETTEVILLE HWY - DUNN, NC 28334	23-7535934
LEBANON	114 PECAN ST. - WHITEVILLE, NC 28472	23-7535935
MT. OLIVE	1004 N. BREAZEALE AVE. - MT. OLIVE, NC 28365	56-1389626
ENO	158 BAHAMA RD - BAHAMA, NC 27503	56-6058616
THOMASVILLE	720 SALEM STREET - THOMASVILLE, NC 27360	23-7138185
CATAWBA VALLEY	220 COLLETT ST - MORGANTON, NC 28655	23-7138186

WILLIAM G. HILL	1520 CASWELL ST. - RALEIGH, NC 27613	56-0262710
OLIN	590 OLIN ROAD - OLIN, NC 28660	23-7535938
HENDERSON	401 BRODIE ROAD - HENDERSON, NC 27537	56-6045914
CORINTHIAN	1700 S WINSTEAD AVE. - ROCKY MOUNT, NC 27804	23-7138187
WILLIAM T. BAIN	9433 TEN TEN ROAD - RALEIGH, NC 27603	23-7535940
MYSTIC TIE	205 S. MAIN ST. - MARION, NC 28752	23-7535942
WICCACON	134 TAYLORS ST - HARRELLSVILLE, NC 27942	23-7535943
GRIFTON	108 GORDON ST. - GRIFTON, NC 28530	23-7138188
MONROE	520 E. FRANKLIN ST. - MONROE, NC 28110	23-7138189
CATAWBA	202 NORTH COLLEGE AVE - NEWTON, NC 28658	23-7138190
PYTHAGORAS	201 E. NASH ST. - SOUTHPORT, NC 28461	23-7535944
LEE	108 SECOND AVE., SW - TAYLORSVILLE, NC 28681	23-7535945
KENLY	500 W. SECOND ST. - KENLY, NC 27542	23-7535946
FUQUAY	338 S. MAIN ST. - FUQUAY VARINA, NC 27526	23-7535947
WAYNESVILLE	435 E. MARSHALL ST - WAYNESVILLE, NC 28786	23-7535948
EXCELSIOR	3900 LITCHFIELD ROAD - CHARLOTTE, NC 28277	56-0122205
HIBRITEN	106 N. MAIN ST. - LENIOR, NC 28645	23-7138191
GASTON	212 S. COLLEGE ST. - DALLAS, NC 28034	23-7535950

FARMINGTON	149 CEMETARY ROAD - FARMINGTON, NC 27028	23-7535951
DUNN'S ROCK	174 E. MAIN ST. - BREVARD, NC 28712	56-1071929
TABASCO	207 E. MAIN STREET - GIBSONVILLE, NC 27249	23-7535953
BINGHAM	307 E. CENTER ST. - MEBANE, NC 27302	23-7535954
BEAVER DAM	605 E. MAIN ST - MARSHVILLE, NC 28103	56-1392530
GREEN LEVEL	8427 GREEN LEVEL CHURCH ROAD - CARY, NC 27519	23-7535956
WALLACE	407 S. NORWOOD ST - WALLACE, NC 28466	23-7535957
WAKE FOREST	220 WAIT ST - WAKE FOREST, NC 27584	23-7535958
EUREKA	604 E. CHURCH ST - CHINA GROVE, NC 28023	23-7535959
GREENVILLE	1104 CHARLES STREET - GREENVILLE, NC 27858	23-7535960
SALEM	34 MILLER ST. - WINSTON-SALEM, NC 27105	23-7144609
FRENCH BROAD	63 S. MAIN ST - MARSHALL, NC 28753	23-7138192
VANCE	633 OLD MARS HILL HWY - WEAVERVILLE, NC 28709	23-7535961
ATLANTIC	80 SECOND ST - SWAN QUARTER, NC 27885	23-7535962
STONEWALL	124 S. MAIN STREET - ROBERSONVILLE, NC 27871	23-7535963
HARMONY	143 E. MEMORIAL HWY - HARMONY, NC 28634	23-7535964
AURORA	1085 MAIN ST. - AURORA, NC 27806	56-1448845
CLAY	104 SANDERSON STREET - HAYESVILLE, NC 28904	56-1427648

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LILLINGTON	909 S. MAIN ST - LILLINGTON, NC 27546	23-7535966
PLEASANT HILL	4470 HWY 11 S - DEEP RUN, NC 28525	23-7535967
LAURINBURG	445 ATKINSON ST - LAURINBURG, NC 28352	23-7144608
RAEFORD	900 EAST PALMER AVE. - RAEFORD, NC 28376	23-7535968
NEW LEBANON	507 MCBRIDE ST - SOUTH MILLS, NC 27976	23-7535969
EUREKA	218 S. HUGHES BLVD. - ELIZABETH CITY, NC 27909	56-1600050
WILMINGTON	2910 COLLEGE ST - WILMINGTON, NC 28405	56-0122225
SELMA	405 NORTH POLLOCK STREET - SELMA, NC 27576	23-7535971
GRANITE	212 FRANKLIN ST. - MT. AIRY, NC 27030-4504	23-7138193
BAYBORO	108 VANDEMERE ROAD - BAYBORO, NC 28515	23-7535974
FAIRVIEW	803 LANDING ST - KINGS MOUNTAIN, NC 28086	23-7535973
HARMONY	108 SOUTH RAILROAD ST. - PIKEVILLE, NC 27863	23-7535975
HICKORY	30 CATAWBA VALLEY BLVD, SE - HICKORY, NC 28601	23-7138194
NUMA F. REID	3202 N. MAIN STREET - HIGH POINT, NC 27265	56-0708333
STANLY	230 N. MAIN ST. - ALBEMARLE, NC 28001	23-7535976
DURHAM	705 HUSKETH DR - DURHAM, NC 27703	23-7535977
FALLSTON	101 KENDRICK ST - FALLSTON, NC 28042	23-7535978
BAKERSVILLE	789 HWY 226 N - BAKERSVILLE, NC 28705	23-7535979

EAST LAPORTE	6294 HWY 107 - CULLOWHEE, NC 28723	56-1152295
MOUNT VERNON	602 RAGAN ROAD - ORIENTAL, NC 28571	23-7535981
SNOW	240 TEMPLE DR. - BOONE, NC 28607	23-7535982
GASTONIA	214 SOUTH ST - GASTONIA, NC 28052	56-6049799
ASHLER	318 DEEP GAP DR - DEEP GAP, NC 28618	23-7535984
CAMPBELL	130 E. CHURCH ST. - TROUTMAN, NC 28166	23-7535985
STATE LINE	115 MULBERRY ST. - GROVER, NC 28073	23-7535986
YOUNGSVILLE	110 W. MAIN ST. - YOUNGSVILLE, NC 27596	23-7535987
SEABOARD	301 S. MAIN ST. - SEABOARD, NC 27876	56-1455495
COHARIE	976 AUTRYVILLE RD - SALEMBURG, NC 28385	56-1360726
GRANVILLE	686 WOODLAND CHURCH ROAD - WAKE FOREST, NC 27587	23-7535990
FOREST CITY	17 WILKIE ST. - FOREST CITY, NC 28043	23-7535991
JEFFERSON PENN	110 S. MAIN ST. - REIDSVILLE, NC 27320	56-6048411
PIGEON RIVER	382 CHAMPION DRIVE - CANTON, NC 28716	56-6049546
KEDRON	229 FIFTH AVE. W. - HENDERSONVILLE, NC 28739	23-7138196
FRIENDSHIP	722 MCBRAYER/HOMESTEAD ROAD - BOILING SPRINGS, NC 28017	23-7535994
COPELAND	156 BRAY FORD ROAD - DOBSON, NC 27017	23-7535995
LEBANON	2222 GOLFVIEW DR - HOPE MILLS, NC 28348	23-7535996

ORIENT	1312 SHIPYARD BLVD - WILMINGTON, NC 28401	56-0344804
OXFORD	105 W. COLLEGE ST. - OXFORD, NC 27565	23-7535900
BALD CREEK	730 SAM ROBERTSON RD - BURNSVILLE, NC 28714	23-7535999
JOPPA	54 CATAWBA AVE. - OLD FORT, NC 28762	23-7536000
SILER CITY	114 S. 3RD AVE. - SILER CITY, NC 27344	23-7536001
DENTON	228 S. MAIN - DENTON, NC 27239	23-7536002
OCEAN	300 MILLER FARM RD - MOREHEAD CITY, NC 28557	56-0343449
N. WILKESBORO	203 TEMPLE ST. - N. WILKESBORO, NC 28659	23-7536004
UNIVERSITY	1211 E. FRANKLIN STREET - CHAPEL HILL, NC 27514	23-7536005
BULA	1307 S. MAIN ST - BURLINGTON, NC 27217	23-7138197
BAILEY	6140 MAIN ST. - BAILEY, NC 27807	56-1155868
HENRY F. GRAINGER	105 W. COLLEGE ST. - OXFORD, NC 27565	23-7536007
JAMES A. JOHNSON	124 JOLLY ST. - LOUISBURG, NC 27549	23-7536008
MAXTON	123 S. FLORENCE ST - MAXTON, NC 28396	56-1408657
PENDLETON	2512 BRITTON ROAD - PENDLETON, NC 27862	23-7536010
HARMON	3229 RAY T. MOORE ROAD - YADKINVILLE, NC 27055	23-7536011
SPARTA	125 E. DOUGHTON - SPARTA, NC 28675	56-1395439
MONTGOMERY	180 WINGATE ROAD - RANGER, NC 28906	23-7536013

OCONEE	62 CLIFTON AVE - BRYSON CITY, NC 28713	23-7536014
STOKESDALE	8420 ELLISBORO RD - STOKESDALE, NC 27357	23-7536015
SEASIDE	72 OLD HAMMOCKS ROAD - SWANSBORO, NC 28584	23-7536016
RELIEF	315 S. LEE ST. - BENSON, NC 27504	23-7536017
PINEY CREEK	296 PUGH ROAD - PINEY CREEK, NC 28663	56-1405340
VANCEBORO	630 FARM LIFE AVENUE - VANCEBORO, NC 28586-0236	23-7536019
WEST BEND	6305 SHALLOWFORD ROAD - LEWISVILLE, NC 27023	23-7138198
BLUE RIDGE	305 MAIN ST - HIGHLANDS, NC 28741	23-7536020
BISCOE	342 N. MAIN ST - BISCOE, NC 27209	23-7138199
MARBLE SPRINGS	12 BLUFF RD. - MARBLE, NC 28905	23-7536021
MARIETTA	735 LIBERTY ST. - RAMSEUR, NC 27316	23-7536022
BILTMORE	6 ST PAUL ST - ASHEVILLE, NC 28803	23-7138200
ENFIELD	137 SE RAILROAD ST - ENFIELD, NC, NC 27823	23-7536023
CLYDE	69 MAIN ST. - CLYDE, NC 28721	23-7536024
ELKIN	114 MARKET ST - ELKIN, NC 28621	23-7138201
DILLSBORO	223 WILKES CRESCENT ST. - SYLVA, NC 28779	56-1267327
CLIFFSIDE	240 OLD MAIN ST - CLIFFSIDE, NC 28024	56-1130401
MATTHEWS	184 S. TRADE ST. - MATTHEWS, NC 28104	23-7536027
SOUTH FORK	142 8TH AVE. - CRAMERTON, NC 28032	23-7536028

CURRITUCK	212 WORTHGUARD RD - COINJOCK, NC 27929	23-7536029
GRASSY KNOB	2772 WEST MEMORIAL HIGHWAY (NC 901) - UNION GROVE, NC 28689	23-7536030
SONOMA	62 BIRDSONG TRAIL - CANTON, NC 28716	23-7536031
LEXINGTON MEMORIAL	468 CENTRAL AVE. - LEXINGTON, NC 27292	23-7007987
ST. PAULS	314 N. FIFTH ST - ST. PAULS, NC 28384	23-7536032
GRIMESLAND	7525 PITT ST., (HWY33) - GRIMESLAND, NC 27837	23-7536033
RAINBOW	8006 NC 306S - ARAPAHOE, NC 28510	23-7536034
POLK COUNTY UNITY	622 OZONE DR - SALUDA, NC 28773	23-7536035
TRAPHILL	11834 AUSTIN BENHAM RD. - TRAPHILL, NC 28685	23-7536036
SOUTHERN PINES	230 NORTHWEST BROAD ST - SOUTHERN PINES, NC 28387	23-7536037
LAWNDALE	134 PIEDMONT DR. - LAWNDALE, NC 28090	23-7536038
LINVILLE	200 PINEDA ST - NEWLAND, NC 28657	23-7536040
HOMINY	38 OLD PISGAH HWY - CANDLER, NC 28715	23-7138202
THOMAS M. HOLT	510 JOHNSON ST - GRAHAM, NC 27253	23-7536041
PILOT	689 KEY ST. - PILOT MOUNTAIN, NC 27041	23-7536042
ROCKINGHAM	1107 FAYETTEVILLE RD - ROCKINGHAM, NC 28379	23-7536043
MOORESVILLE	114 INSTITUTE STREET - MOORESVILLE, NC 28115	23-7138203
ROYAL HART	118 SOUTH MAIN ST. - LITTLETON, NC 27850	23-7536044

AYDEN	505 EAST 3RD STREET - AYDEN, NC 28513	23-7536045
CREEDMOOR	202 MAIN ST. - CREEDMOOR, NC 27522	23-7536046
RALEIGH	1520 CASWELL ST. - RALEIGH, NC 27613	23-7536047
RED SPRINGS	301 PEACHTREE ST. - RED SPRINGS, NC 28377	23-7536048
COOKVILLE	6892 OLD SHELBY RD - VALE, NC 28168	56-1324364
CHERRYVILLE	211 S. MULBERRY ST. - CHERRYVILLE, NC 28021	23-7368511
BELHAVEN	440 EAST ST. - BELHAVEN, NC 27810	23-7536051
WHETSTONE	612 W. PENNSYLVANIA AVE. - BESSEMER CITY, NC 28016	56-1399478
FARMVILLE	103 GRIMMERSBERG ST. - FARMVILLE, NC 27828	23-7536054
WIDOW'S SON	298 ROANOKE AVE. - ROANOKE RAPIDS, NC 27870	23-7536055
MANTEO	101 HWY 64/264 - MANTEO, NC 27954	23-7138204
PENDLETON	2512 BRITTON ROAD - PENDLETON, NC 27862	23-7536010
RODGERS	12642 W. HANES ST. - MIDDLESEX, NC 27557	23-7536058
LUCAMA	203 US 301 SOUTH - LUCAMA, NC 27851	23-7144605
FAIRMONT	709 GERTRUDE ST. - FAIRMONT, NC 28340	56-1392021
ANDREWS	56 LOCUST ROAD - ANDREWS, NC 28901	23-7536060
HAMLET	307 MAIN ST. - HAMLET, NC 28345	56-0745797
CAMP CALL	3801 POLKVILLE ROAD - POLKVILLE, NC 28150	23-7138205

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HOLLIS	450 W.E. PADGETT ROAD - BOSTIC, NC 28018	23-7536061
CORINTHIAN	424 W. MARKET ST. - GREENSBORO, NC 27406	23-7138206
SPENCER	114 4TH ST. - SPENCER, NC 28159	23-7536064
MOUNT HOLLY	302 W. CHARLOTTE AVE. - MT. HOLLY, NC 28120	23-7536065
ROMAN EAGLE	11611 US 15-501 - ABERDEEN, NC 28315	23-7536066
GLENVILLE	4625 HWY 107 - GLENVILLE, NC 28736	23-7536067
REVOLUTION	802 16TH ST. - GREENSBORO, NC 27405	56-6046707
VESPER	637 OAK AVE - SPRUCE PINE, NC 28777	23-7536068
ELISE	470 HWY 705 S - ROBBINS, NC 27242	23-7536069
NEILL S. STEWART	802 LUCAS ST - ERWIN, NC 28339	23-7536070
ARARAT	1359 ARARAT RD - ARARAT, NC 27007	23-7536071
SWANNANOA	304 WHITSON AVE. - SWANNANOA, NC 28778	23-7536072
WAXHAW	120 WEST NORTH MAIN ST. - WAXHAW, NC 28173	23-7536073
TABOR	600 E. 5TH ST. - TABOR CITY, NC 28463	23-7536074
RICHLANDS	126 HUFFMAN TOWN ROAD - RICHLANDS, NC 28574	23-7536075
WENDELL	27 N. MAIN ST. - WENDELL, NC 27591	23-7536076
DORIC	2100 S. GLENBURNIE AVE. - NEW BERN, NC 28560	56-1401188
SNOW CREEK	558 DOBSON FARM ROAD - STATESVILLE, NC 28625	23-7536078

MT. PLEASANT	206 CHAMPION-MT. PLEASANT ROAD - WILKESBORO, NC 28659	23-7536079
ANDREW JACKSON	401 N. FULTON ST. - SALISBURY, NC 28144	56-0885434
MEADOW BRANCH	211 S. STEWART ST. - WINGATE, NC 28174	23-7536081
CASAR	5801 CASAR ROAD - CASAR, NC 28020	23-7536082
IONIC	405 N. MAIN ST. - COVE CITY, NC 28523	23-7536083
APEX	408 E. WILLIAMS ST. - APEX, NC 27502	23-7536084
ROSEBORO	306 NE RAILROAD ST. - ROSEBORO, NC 28382	56-1404543
BETHEL	1104 CHARLES ST - GREENVILLE, NC 27858	23-7536086
LOWELL	122 N.MAIN ST - LOWELL, NC 28098	23-7145758
MAIDEN	1310 W. MAIDEN RD. - MAIDEN, NC 28650	23-7138208
STONY POINT	155 RURITAN PARK RD - STONY POINT, NC 28678	23-7536088
ASHE	104 S. THIRD ST. - WEST JEFFERSON, NC 28694	23-7536089
WACCAMAW	2629 OLD STAGE HIGHWAY - RIEGELWOOD, NC 28456	56-1534787
CRANBERRY	193 MAIN STREET - ELK PARK, NC 28622	23-7536092
QUEEN CITY	1700 S. WINSTEAD AVE. - ROCKY MOUNT, NC 27803	56-1373530
RIVERSIDE	102 N. MAIN ST. - CATAWBA, NC 28609	23-7138209
ZEBULON	111 E. HORTON ST. - ZEBULON, NC 27597	23-7138210
ATKINSON	116 E MAIN ST. - ATKINSON, NC 28421	56-1446223

HOME	104 S. GOLDSBORO ST. - FREMONT, NC 27830	23-7536097
ROUND PEAK	1365 OLD LOWGAP ROAD - MOUNT AIRY, NC 27030	23-7536098
ST PATRICK'S	370 FIRST ST. - PRINCETON, NC 27569	56-1396353
UNION	9650 HWY 601 - MIDLAND, NC 28025	23-7536100
JOHN H. MILLS	8057 HIGHWAY 39 - HENDERSON, NC 27537	23-7536101
CANNON MEMORIAL	704 S. MAIN ST. - KANNAPOLIS, NC 28081	23-7138211
BELMONT	201 SOUTH MAIN STREET - BELMONT, NC 28012	23-7536102
WALNUT COVE	810 SUMMIT ST. - WALNUT COVE, NC 27052	23-7536103
GOLDSBORO	1002 NORTH BERKLEY BOULEVARD - GOLDSBORO, NC 27533-1203	23-7536105
YADKIN FALLS	34 FALLS ROAD - BADIN, NC 28009	23-7536106
PROCTORVILLE	501 W. MAIN ST. - PROCTORVILLE, NC 28375	23-7536107
BLADEN	106 S CYPRESS ST. - ELIZABETHTOWN, NC 28337	23-7138212
NICHOLS-W. ASHEVILLE	22 BREVARD RD - ASHEVILLE, NC 28806	23-7536108
ELBERTA	4413 HWY 73 W - WEST END, NC 27376	23-7536109
GUILFORD	426 W. MARKET ST. - GREENSBORO, NC 27403	23-7138213
KELLER MEMORIAL	311 SCHOOL ST - ROCKWELL, NC 28138	23-7138214
BEULAVILLE	506 W BOSTIC ST - BEULAVILLE, NC 28518	23-7536110
BLACK MOUNTAIN	105 ROCK CHURCH ST - BLACK MOUNTAIN, NC 28711	23-7536111

GARLAND	471 S INGOLD AVE - GARLAND, NC 28441	23-7536112
FT. BRAGG	405 N. MAIN ST - SPRING LAKE, NC 28390	23-7119169
KERNERSVILLE	700 S. MAIN ST. - KERNERSVILLE, NC 27284	23-7536114
LOVELADY	721 E. MAIN ST. - VALDESE, NC 28690	23-7536115
ROBBINSVILLE	33 INGRAM ST. - ROBBINSVILLE, NC 28771	23-7536116
ACACIA	3202 N. MAIN STREET - HIGH POINT, NC 27262	23-7109548
WASHINGTON	1115 WEST 5TH ST. - WASHINGTON, NC 27889	23-7145759
TEMPLE	3900 LITCHFIELD RD - CHARLOTTE, NC 28277	23-7138869
WARSAW	602 E. COLLEGE ST. - WARSAW, NC 28398	23-7536119
PROVIDENCE	33 OLD COLUMBIA RD - COLUMBIA, NC 27925	23-7536120
CREASY PROCTOR	2860 VILLAGE DR - FAYETTEVILLE, NC 28303	56-1446294
SEMPER FIDELIS	727 HENDERSON DRIVE - JACKSONVILLE, NC 28540	23-7147318
ROLESVILLE	207 PULLEY ST. - ROLESVILLE, NC 27571	23-7536122
PIEDMONT-PIONEER	34 MILLER ST. - WINSTON-SALEM, NC 27106	56-6047792
ANGIER	90 S RALEIGH ST - ANGIER, NC 27501	23-7536124
FELLOWSHIP	158 BAHAMA RD - BAHAMA, NC 27503	56-6047593
CHERRY POINT	110 OAKWOOD DR - HAVELOCK, NC 28532	23-7138219
SCOTLAND NECK	1004 MAIN STREET - SCOTLAND NECK, NC 27874	23-7536126

MT. MORIAH	302 E. FRONT ST. - STATESVILLE, NC 28677	23-7536127
RENFRO	212 FRANKLIN ST - MT. AIRY, NC 27030	23-7536128
EAST GATE	500 N. SHARON AMITY ROAD - CHARLOTTE, NC 28211	56-6050119
CHARLES M. SETZER	4217 STACY BOULEVARD - CHARLOTTE, NC 28209	56-0604968
GATE CITY	426 W. MARKET ST. - GREENSBORO, NC 27406	56-6055713
ALLEN GRAHAM	702 S. MAIN ST. - KANNAPOLIS, NC 28081	23-7147317
BUTNER	400 WEST E ST - BUTNER, NC 27522	23-7536132
CAPE HATTERAS	48338 HWY 12 - BUXTON, NC 27920	23-7536133
ASHEBORO	325 SUNSET AVE. - ASHEBORO, NC 27205	23-7536134
GARNER	406 E. MAIN ST. - GARNER, NC 27529	23-7138222
ST. ANDREW	4630 TUCKASEEGEE ROAD - CHARLOTTE, NC 28266-8421	23-7144607
ALBEMARLE	348 N. FIRST ST. - ALBEMARLE, NC 28001	23-7536137
KING SOLOMON	214 SOUTH ST - GASTONIA, NC 28052	23-7536138
RICHARD CASWELL	P.O. BOX 1282 - KINSTON, NC 28502	23-7138223
NEWPORT	235 HOWARD BLVD. - NEWPORT, NC 28570	23-7536139
FORSYTH	34 MILLER ST. - WINSTON-SALEM, NC 27106	23-7536140
CROWN POINT	1104 CHARLES ST. - GREENVILLE, NC 27858	23-7536141
CONOVER	123 FIRST AVENUE SOUTH - CONOVER, NC 28613	23-7138224

ADVANCE	2018 S. NC HIGHWAY 801 - ADVANCE, NC 27006	56-1152564
WILSON	2501 W. NASH ST - WILSON, NC 27896	23-7536144
STANLEY	MORRIS FARM ROAD - STANLEY, NC 28164	23-7536145
LIBERTY	135 N. ASHEBORO ST. - LIBERTY, NC 27298	23-7536146
DERITA	6300 RUMPLE ROAD - CHARLOTTE, NC 28208	23-7138225
BURNSVILLE	23 ROBERTSON STREET - BURNSVILLE, NC 28714	23-7536149
TROY	220 ELDORADO STREET - TROY, NC 27371	56-1412119
HORSE CREEK	60 COURTHOUSE ST. - COLUMBUS, NC 28722	23-7536151
CABARRUS	9650 HWY 601 - MIDLAND, NC 28107	23-7204669
KING	226 JEFFERSON CHURCH RD, SE - KING, NC 27021	23-7536154
WINTON	203 BRICKALL ST - WINTON, NC 27986	23-7536155
BERNE	516 HANCOCK ST. - NEW BERN, NC 28560	23-7425189
GRANTHAM	1702 OLD CHERRY POINT ROAD - NEW BERN, NC 28562	23-7108618
SHALLOTTE	5072 MAIN STREET - SHALLOTTE, NC 28459	23-7536158
STEDMAN	128 CAROL ST - STEDMAN, NC 28391	23-7536161
BUSH HILL	300 GOODMAN STREET - ARCHDALE, NC 28704	23-7536162
STUMP SOUND	151 CHARLES CREEK RD - SNEADS FERRY, NC 28460	23-7536163
WILLIAM PITT	1104 CHARLES ST. - GREENVILLE, NC 27858	23-7536164

JAMES B. GREEN	512 LYNN ROAD - RALEIGH, NC 27612	23-7536165
NEW RIVER	195 OLD 30 RD - JACKSONVILLE, NC 28546	23-7536166
STEELE CREEK	13611 STEELE CREEK RD - CHARLOTTE, NC 28273	23-7536167
WEST GATE	5924 BROOKSHIRE BLVD - CHARLOTTE, NC 28214	23-7536168
NEWELL	1409 ROCKY RIVER RD. W - NEWELL, NC 28215	23-7536169
CHARLES B. NEWCOMB	5700 TRYON ROAD - RALEIGH, NC 27606	23-7536170
CRISSIE WRIGHT	500 HWY 70 E - SMYRNA, NC 28579	23-7536171
MINT HILL	10224 LAWYERS RD - MINT HILL, NC 29732	56-1395195
J. J. CROWDER	9920 FALLS OF THE NEUSE ROAD - RALEIGH, NC 27609	23-7536173
SHELBY	220 W. WARREN ST. - SHELBY, NC 28150	23-7536174
VANDORA	1120 BENSON RD - GARNER, NC 27529	23-7536175
P P TURNER	426 W. MARKET ST. - GREENSBORO, NC 27455	23-7536176
OCRACOKE	307 BACK RD - OCRACOKE, NC 27960	23-7536177
TRUTH	520 E. FRANKLIN ST. - MONROE, NC 28110	23-7386400
OAK GROVE	205 HUSKETH DR - DURHAM, NC 27703	23-7386401
OLD TOWN	5112 N. CAUSEWAY DR. - WINSTON SALEM, NC 27106	23-7386402
ENTERPRISE	9569 NC HWY 150 N - CLEMMONS, NC 27012	51-0150153
FEDERAL POINT	415 HARPER AVE - CAROLINA BEACH, NC 28428	51-0215484

MASTERS	2400 NEW HOPE RD - RALEIGH, NC 27615	58-1749517
CLEMMONS	6210 STADIUM DR. - CLEMMONS, NC 27012	58-1377469
CLIFFORD DUELL	2860 VILLAGE DRIVE - FAYETTEVILLE, NC 28304	58-1449060
DENVER	3333 ST. JAMES CHURCH RD - DENVER, NC 28037	56-1468838
OAK ISLAND	2408 E. OAK ISLAND DR. - OAK ISLAND, NC 28465	58-1749519
JAMES K. POLK	900 HILL STREET - PINEVILLE, NC 29715	56-1405511
WILKERSON COLLEGE	700 S HOLDEN RD - GREENSBORO, NC 27407	51-0486226
ORPHANS	600 W. COLLEGE ST - OXFORD, NC 27565	46-3035661
MOSAIC	142 W. KING ST - HILLSBOROUGH, NC 27278	80-0155148
FRIENDSHIP	102 S. MAIN ST - BROADWAY, NC 27505	90-0420276
KNIGHTS OF SOLOMON	4215 STACY BLVD - CHARLOTTE, NC 28209	27-2921572
ASHLAR	3351 NC HWY 210 WEST - HAMPSTEAD, NC 28443	27-5162787
KNIGHTS OF SOLOMON	727 HENDERSON DR - JACKSONVILLE, NC 28540	46-2836821
FULTON & ANDREW JACKSON TRUSTEES	401 N. FULTON ST. - SALISBURY, NC 28147	26-1863405
GASTONIA MASONIC TEMPLE ASSOC.	214 SOUTH ST - GASTONIA, NC 28052	56-0233053
STANLY MASONIC CENTER	348 N. FIRST ST. - ALBEMARLE, NC 28001	56-0918079
MASONIC CENTER OF ROCKY MOUNT	1700 S WINSTEAD AVE. - ROCKY MOUNT, NC 27803	56-1765443