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## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

2013

Open to Public  
Inspection

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](http://www.irs.gov/form990).

## A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

## B Check if applicable

Address change	C Name of organization CENTERVILLE LODGE #37 IOOF			D Employer identification number 51-0098247
Name change	Doing Business As			E Telephone number (302) 368-5963
Initial return	Number and street (or P O. box if mail is not delivered to street address) 5725 KENNETH PIKE			Room/suite
Terminated	City or town, state or province, country, and ZIP or foreign postal code WILMINGTON DE 19807			G Gross receipts \$ 183,313
Amended return	F Name and address of principal officer			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Application pending				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				If "No," attach a list. (see instructions)
I Tax-exempt status.	501(c)(3)	501(c)( 8 ) <input checked="" type="checkbox"/> (insert no.)	4947(a)(1) or	527
J Website:	► N/A			H(c) Group exemption number ►

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation M State of legal domicile DE

## Part I Summary

A C T I V I T E S  G O V E R N A N C E  &  R E V E N U E  E X P E N S E  N O R A F U N D S D S U B S C R E D I T S	1 Briefly describe the organization's mission or most significant activities  LINE 1 MISSION IS TO BURY THEIR DECEASED MEMBERS AND TO PROVIDE FOR THEIR WIDOWS AND CHILDREN			
	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	39	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
		MAY	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		355	350
9 Program service revenue (Part VIII, line 2g)				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		85,168	50,739	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,897	19,203	
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		102,420	70,292	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,575	9,095	
14 Benefits paid to or for members (Part IX, column (A), line 4)		4,305	2,660	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,600	3,600	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ►				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,944	25,953	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		43,424	41,308	
19 Revenue less expenses. Subtract line 18 from line 12		58,996	28,984	
	Beginning of Current Year	End of Year		
20 Total assets (Part X, line 16)	992,597	1,103,967		
21 Total liabilities (Part X, line 26)				
22 Net assets or fund balances. Subtract line 21 from line 20	992,597	1,103,967		

## Part II Signature Block

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

Sign Here	►  Signature of officer ► RONALD S MARTIN Type or print name and title	FINANCIAL SECRETARY	5-13-17 Date
-----------	--	---------------------	-----------------

Paid Preparer Use Only	Print/Type preparer's name JOHN MORGAN	Preparer's signature JOHN MORGAN	Date 5/13/14	Check <input type="checkbox"/> if self-employed	PTIN P00103207
	Firm's name ► HRB TAX GROUP INC			Firm's EIN ► 431871840	
	Firm's address ► 1720 MARSH RD STE A			Phone no.	
	WILMINGTON DE 19810			3024789140	

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 (2013)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:LINE 1 MISSION IS TO BURY THEIR DECEASED MEMBERS AND TO PROVIDE FOR THEIR WIDOWS AND CHILDREN2 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 \$ \_\_\_\_\_ 850 (Revenue \$ \_\_\_\_\_)  
SEE ATTACHMENT #1

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_ 4,600 (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_ 1,550 (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	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	N/A
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	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	10	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	11a	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	11b	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	11c	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	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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 and XII is optional	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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)	17	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	18	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	19	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/A

**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 domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	22	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	23	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 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	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	27	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	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	32	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	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	
	<b>Note.</b> All Form 990 filers are required to complete Schedule O		X

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

**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.	1a	39
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	32
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	
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 is 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
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	
		N/A	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► DE
- 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: ► SEE ATTACHMENT #2

**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.

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below)	(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	
		I T D N R D U R I S I S T C I D E O R U A O R A L	T D I N R U R I S I S T C I D E O R U A O R A L	I T R U S I S T U T I O N A L	O F F I C I C E R	K E M P Y E Y E	E M P L O Y E E	H C E G M P L O Y E E	C E M P L O Y E E	H C E G M P L O Y E E	F O R M E R		
LINDA OLIVER													
NOBLE			X		X								
GRAND (PRESIDENT)													
PATRICK SIMPKINS			X		X						600		
VICE GRAND AND TRUSTEE			X		X								
MICHAEL K LYNCH			X		X						600		
SECRETARY			X		X								
ROB OLIVER			X		X						1,200		
TREASURER AND TRUS													
RONALD S MARTIN													
FINANCIAL SECRETAR AND TRUSTEE			X		X						1,200		

**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)	(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													
											I	T	D	N	R	I	S	T	O	F	E	H	C	E	O	M	F	O	R	M	E	R	
										TRUSTEE	DIRECTOR	VICE PRESIDENT	OWNER	DEPUTY OWNER	TRUSTEE	DIRECTOR	VICE PRESIDENT	OWNER	DEPUTY OWNER	TRUSTEE	DIRECTOR	VICE PRESIDENT	OWNER	DEPUTY OWNER	TRUSTEE	DIRECTOR	VICE PRESIDENT	OWNER	DEPUTY OWNER	TRUSTEE	DIRECTOR	VICE PRESIDENT	OWNER
1b	Sub-total	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...								
c	Total from continuation sheets to Part VII, Section A													►	3600																		
d	Total (add lines 1b and 1c)													►	3600																		
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 ►																																
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																				Yes	No											
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual																				Yes	No											
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											
<b>Section B. Independent Contractors</b>																																	
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 ►																																

## 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	
G O C I T H E N T S R R G S I R M B A M U N L T S R O A N N M S S	1a Federated campaigns .. .	1a					
	b Membership dues .. .	1b					350
	c Fundraising events .. .	1c					
	d Related organizations .. .	1d					
	e Government grants (contributions) .. .	1e					
	f All other contributions, gifts, grants, & similar amounts not included above .. .	1f					
	g Noncash contributions included in lines 1a-1f .. .	\$					350
	h Total. Add lines 1a-1f .. .	►					
P R O G R A M I V E N U E	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue .. .						
	g Total. Add lines 2a-2f .. .	►					
	3	Investment income (including dividends, interest, and other similar amounts) .. .					►
4	Income from investment of tax-exempt bond proceeds .. .	►					
5	Royalties .. .	►					
6a	Gross rents .. .	(i) Real	(ii) Personal				
	25,200						
b	Less: rental expenses .. .	7,497					
c	Rental income or (loss) .. .	17,703					
d	Net rental income or (loss) .. .	►	17,703				
7a	Gross amount from sales of assets other than inventory .. .	(i) Securities	(ii) Other				
	112,381						
b	Less: cost or other basis and sales expenses .. .	105,524					
c	Gain or (loss) .. .	6,857					
d	Net gain or (loss) .. .	►	6,857				
8a	Gross income from fundraising events (not including \$ .. . of contributions reported on line 1c). See Part IV, line 18 .. .	a					
b	Less: direct expenses .. .	b					
c	Net income or (loss) from fundraising events .. .	►					
9a	Gross income from gaming activities. See Part IV, line 19 .. .	a					
b	Less: direct expenses .. .	b					
c	Net income or (loss) from gaming activities .. .	►					
10a	Gross sales of inventory, less returns and allowances .. .	a					
b	Less: cost of goods sold .. .	b					
c	Net income or (loss) from sales of inventory .. .	►					
Miscellaneous Revenue		Business Code					
11a	2012 PROGRAM REFUNDS .. .		1,500				
b							
c							
d	All other revenue .. .						
e	Total. Add lines 11a-11d .. .	►	1,500				
12	Total revenue. See instructions .. .	►	70,292				

**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	9,095			
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	2,660			
5 Compensation of current officers, directors, trustees, and key employees	3,600			
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	500			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,248			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,569			
12 Advertising and promotion				
13 Office expenses	317			
14 Information technology	729			
15 Royalties				
16 Occupancy				
17 Travel	4,015			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,188			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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 LODGE BLDG UTILITIES AT 50%	685			
b PROPERTY TAX AT 50%	1,765			
c LODGE INSURANCE AT 50%	2,098			
d PROPERTY MAINTENANCE AT 50%	839			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	41,308			
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**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year	
<b>A S S E T S</b>	1 Cash -- non-interest-bearing	16,171	1	15,599	
	2 Savings and temporary cash investments		2		
	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 instructions) Complete Part II of Schedule 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	10a	154,961		
	b Less: accumulated depreciation	10b	133,343	10c	21,618
	11 Investments -- publicly traded securities		952,718	11	1,066,750
	12 Investments -- other securities. See Part IV, line 11			12	
	13 Investments -- program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11.			15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		992,597	16	1,103,967	
<b>L I A B I L I T E S</b>	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		23		
	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		
	<b>26 Total liabilities.</b> Add lines 17 through 25		0	26	0
<b>N F U N D T D A S B A S E L A T S C O E R S</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/></b> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	992,597	27	1,103,967	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/></b> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	992,597	33	1,103,967	
	34 Total liabilities and net assets/fund balances	992,597	34	1,103,967	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	1	70,292
2	2	41,308
3	3	28,984
4	4	992,597
5	5	82,386
6	6	
7	7	
8	8	
9	9	
10	10	1,103,967

**Part XII Financial Statements and Reporting**Check 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	2a	X
2b 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	2b	X
2c If "Yes" to lines 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.	N/A	2c
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? _____	3a	X
3b 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 _____	N/A	3b

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CENTERVILLE LODGE #37 IOOF

Employer identification number  
51-0098247

► 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.  
► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**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.	
	<b>Held at the End of the Tax Year</b>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	► \$

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

Schedule D (Form 990) 2013

**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 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	
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 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.

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

(i) unrelated organizations  
 (ii) related organizations

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

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.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		100,000	100,000	
c Leasehold improvements		29,070	13,960	15,110
d Equipment		25,891	16,730	9,161
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.))  24,271

**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)		
<b>Total.</b> (Column (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 type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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

**Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements

1

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12

 2a  
 2b  
 2c  
 2d

2e

 a Net unrealized gains on investments  
 b Donated services and use of facilities  
 c Recoveries of prior year grants  
 d Other (Describe in Part XIII.)  
 e Add lines 2a through 2d

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

 4a  
 4b

4c

 a Investment expenses not included on Form 990, Part VIII, line 7b  
 b Other (Describe in Part XIII.)  
 c Add lines 4a and 4b

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

5

**Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

 2a  
 2b  
 2c  
 2d

2e

 a Donated services and use of facilities  
 b Prior year adjustments  
 c Other losses  
 d Other (Describe in Part XIII.)  
 e Add lines 2a through 2d

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1

 4a  
 4b

4c

 a Investment expenses not included on Form 990, Part VIII, line 7b  
 b Other (Describe in Part XIII.)  
 c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

5

**Part XIII: Supplemental Information**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# 990 PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

CENTERVILLE LODGE #37 IOOF

Employer Identification Number

51-0098247

## Part III - Statement of Program Service Accomplishments

Code	Expenses	including Grants of	850 Revenue
		Exempt Purpose Achievements	

NUTRITIONAL ASSISTANCE

## 990 PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

CENTERVILLE LODGE #37 IOOF

Employer Identification Number

51-0098247

### Part III - Statement of Program Service Accomplishments

Code	Expenses.	including Grants of.	4,600 Revenue
Exempt Purpose Achievements			

GRANTS AND PAYMENTS TO SUPPORT REGIONAL AND NATIONAL IOOF PROGRAMS

# 990 PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

CENTERVILLE LODGE #37 IOOF

Employer Identification Number

51-0098247

## Part III - Statement of Program Service Accomplishments

Code:

Expenses:

including Grants of:

1,550 Revenue:

Exempt Purpose Achievements

CONTRIBUTIONS TO SUPPORT LOCAL AND NATIONAL NON-PROFIT ORGANIZATIONS

## 990 BOOKS ARE IN CARE OF

ATTACHMENT 2: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC

INSPECTION For calendar year 2013, or tax period beginning

, and ending

Name of Organization

CENTERVILLE LODGE #37 IOOF

Employer Identification Number

51-0098247

Part VI - Line 20

Individual Name

or

Business Name:

CENTERVILLE LODGE #37 INTERNATIONAL ORDER OF ODD FELLOWS

Street Address

5725 KENNETH PIKE

U.S. Address

Zip code 19807

City WILMINGTON

State DE

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(302) 368-5963

Fax Number

**990 PAGE 10, ALL OTHER EXPENSES**

ATTACHMENT 3: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC

INSPECTION For calendar year 2013 or tax period beginning

, and ending

Name of Organization

CENTERVILLE LODGE #37 IOOF

Employer Identification Number  
51-0098247

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
<b>Total:</b>				

# Depreciation and Amortization

## (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

CENTERVILLE LODGE #37 IOOF

Business or activity to which this form relates

DO NOT CARRY

Identifying number

51-0098247

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5

500000

(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	2110
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		►

## Section B -- Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs.		S/L		
h Residential rental property		27.5 yrs.	MM	S/L		
i Nonresidential real property		27.5 yrs.	MM	S/L		
		39 yrs.	MM	S/L		
			MM	S/L		

## Section C -- Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

For Paperwork Reduction Act Notice, see separate instructions.

# 2013 DETAIL STATEMENTS

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## STATEMENT #1 - INVOICE WITH TOTAL AMT ONLY (LSINV )

TOTAL

TOTAL CARRIED TO LSINV

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## STATEMENT #2 - INVESTMENT INCOME TOTAL REV (990 EO PG 9 LINE 3A)

FCG ADVISORS - DIVIDENDS.....	11,522
ML ACCT 753-07F06 DIVIDENDS.....	7,435
ML ACCT 753-07115 DIVIDENDS.....	5,915
ML ACCT 753-07115 CAP GAINS DISTRIBUTIONS.....	7,323
FCG ADVISORS - CAP GAINS DISTRIBUTIONS.....	5,210
ML ACCT 753-07F06 CAP GAINS DISTBUTIONS.....	6,477

TOTAL CARRIED TO 990 EO PG 9 LINE 3A..... 43,882

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## STATEMENT #3 - INVESTMENT INCOME (B) (990-EO PG 9 LINE 3B)

TOTAL FROM ML AND FCG

TOTAL CARRIED TO 990-EO PG 9 LINE 3B

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## STATEMENT #4 - NET RENTAL INC.OR LOSS T REV (990 EO PG 9 LINE 6D)

NET RENTAL INCOME.....	17,703
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TOTAL CARRIED TO 990 EO PG 9 LINE 6D..... 17,703

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## STATEMENT #5 - REAL GROSS RENTS (990-EO PG 9 LINE 6A(I))

WILD THYME RENTAL.....	25,200
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TOTAL CARRIED TO 990-EO PG 9 LINE 6A(I)..... 25,200

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## STATEMENT #6 - SECURITIES SALES OF ASSETS (990-EO PG 9 LINE 7A(I))

ML ACCT 753-07115 SALES.....	112,380
ML ACCT 753-07F06 SALES	
FCG ADVISORS ACCT KWF-000507.....	1

TOTAL CARRIED TO 990-EO PG 9 LINE 7A(I)..... 112,381

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## STATEMENT #7 - REAL LESS: RENTAL EXPENSE (990-EO PG 9 LINE 6B(I))

DEPRECIATION.....	2,110
INSURANCE.....	2,098
MAINTENANCE.....	839
REAL ESTATE TAXES.....	1,765
UTILITIES.....	685
 TOTAL CARRIED TO 990-EO PG 9 LINE 6B(I).....	7,497

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## STATEMENT #8 - SEC. COST OTHER BASIS, S EXP (990-EO PG 9 LINE 7B(I))

ML ACCT 753-07115 BASIS.....	105,524
ML ACCT 753-07F06	
FCG ADVISORS ACCT KWF-000507	
 TOTAL CARRIED TO 990-EO PG 9 LINE 7B(I).....	105,524

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## STATEMENT #9 - SECURITIES GAIN OR LOSS (990-EO PG 9 LINE 7C(I))

SECURITIES SALES.....	6,857
 TOTAL CARRIED TO 990-EO PG 9 LINE 7C(I).....	6,857

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## STATEMENT #10 - NET GAIN OR LOSS TOTAL REVENUE (990 EO PG 9 LINE 7D(A))

NET REVENUE.....	6,857
 TOTAL CARRIED TO 990 EO PG 9 LINE 7D(A).....	6,857

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## STATEMENT #11 - NET RENTAL INCOME (B) (990-EO PG 9 LN 6D(B))

NET RENTAL INCOME	
 TOTAL CARRIED TO 990-EO PG 9 LN 6D(B)	

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## STATEMENT #12 - NET GAIN OR LOSS (B) (990-EO PG 9 LN 7D(B))

NET REVENUE	
 TOTAL CARRIED TO 990-EO PG 9 LN 7D(B)	

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## STATEMENT #13 - ASSIST. TO GOV. AND ORG IN US (990 EO PG 10 LINE 1A)

GRAND LODGE OF DE.....	4,500
VARIOUS.....	795

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REBEKAH ASSEMBLY.....	800
IOOF PLANNING BOARD.....	500
IOOF ARTHRITUS COMMITTEE.....	500
MC DONALD HOUSE.....	300
HEBRON LODGE.....	100
DISABLED AMER VET.....	200
VFW.....	200
MS SOCIETY.....	300
HAND OF FRIENDSHIP.....	350
FOOD BANK OF DE.....	350
SALVATION ARMY	
TALLEYVILLE FIRE CO.....	200
J HUMPHREYS MEMORIAL FOR SPOUSE	
 TOTAL CARRIED TO 990 EO PG 10 LINE 1A.....	9,095

STATEMENT #14 - BENEFITS PAID TO OR FOR MEMBER (990 EO PG 10 LINE 4A)

SICK BENEFITS.....	2,660
 TOTAL CARRIED TO 990 EO PG 10 LINE 4A.....	2,660

STATEMENT #15 - COMPENSATION OF OFFICERS, ETC (990 EO PG 10 LINE 5A)

OFFICERS COMPENSATION.....	3,600
 TOTAL CARRIED TO 990 EO PG 10 LINE 5A.....	3,600

STATEMENT #16 - OFFICE EXPENSES (990 EO PG 10 LINE 13A)

SUPPLIES.....	190
POSTAGE.....	127
 TOTAL CARRIED TO 990 EO PG 10 LINE 13A.....	317

STATEMENT #17 - INFORMATION TECHNOLOGY (990 EO PG 10 LINE 14A)

INTERNET.....	363
TELEPHONE.....	366
 TOTAL CARRIED TO 990 EO PG 10 LINE 14A.....	729

STATEMENT #18 - TRAVEL (990 EO PG 10 LINE 17A)

TRAVEL EXPENSE.....	4,015
 TOTAL CARRIED TO 990 EO PG 10 LINE 17A.....	4,015

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### STATEMENT #19 - CONF. CONVERSIONS, AND MEETING (990 EO PG 10 LINE 19A)

DINING.....	3,708
MEETING REFRESHMENTS.....	2,389
SUPPLIES.....	2,091
TOTAL CARRIED TO 990 EO PG 10 LINE 19A.....	8,188

### STATEMENT #20 - ACCOUNTING (990 EO PG 10 LINE 11C(A))

TAX PREPARATION.....	500
TOTAL CARRIED TO 990 EO PG 10 LINE 11C(A) .....	500

### STATEMENT #21 - INVESTMENT MANAG. FEES (990 EO PG 10 LINE 11F(A))

ML INVESTMENT MGMT.....	4,248
TOTAL CARRIED TO 990 EO PG 10 LINE 11F(A) .....	4,248

### STATEMENT #22 - OTHER (990 EO PG 10 LINE 11G(A))

DUES & SUBSCRIPTIONS.....	969
SEPTIC SERVICES	
SNOW REMOVAL	
FRANCHISE TAX	
BANK SERVICE CHARGES.....	300
JANITORIAL.....	1,300
REPAIRS	
TOTAL CARRIED TO 990 EO PG 10 LINE 11G(A) .....	2,569

STATEMENT #23 - NON-INTEREST BEARING BEG YR (990-EO PG 11 LINE 1A)		
	BEGINNING	ENDING
ML 753-07115 AND -07F06.....	16,171	15,599
TOTAL CARRIED TO 990-EO PG 11 LINE 1A.....	16,171	15,599

### STATEMENT #24 - LAND BUILDING COST BASIS (990-EO PG 11 LINE 10A)

LAND	
BUILDING.....	100,000
IMPROVEMENTS.....	29,070
EQUIPMENT.....	25,891
TOTAL CARRIED TO 990-EO PG 11 LINE 10A.....	154,961

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STATEMENT #25 - LESS: ACCUMULATED DEPRECIATION (990-EO PG 11 LINE 10B)

ACCUMULATED DEPRECIATION.....	133,343
TOTAL CARRIED TO 990-EO PG 11 LINE 10B.....	133,343

STATEMENT #26 - LESS ACCUMULATED DEPREC. BEG Y (990-EO PG 11 LINE 10B)

	BEGINNING	ENDING
UNDEPRECIATED.....	23,708	21,608

TOTAL CARRIED TO 990-EO PG 11 LINE 10B.....	23,708	21,608
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STATEMENT #27 - LNV. PUB. TRADED SEC. BEG YR (990-EO PG 11 LINE 11A)

	BEGINNING	ENDING
FCG.....	294,373	315,878
ML 753-07115 AND -07F06.....	658,345	750,872

TOTAL CARRIED TO 990-EO PG 11 LINE 11A.....	952,718	1,066,750
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STATEMENT #28 - UNRESTRICTED BEGINNING YEAR (990-EO PG 11 LINE 27A)

	BEGINNING	ENDING
NET ASSETS.....	992,597	1,103,967

TOTAL CARRIED TO 990-EO PG 11 LINE 27A.....	992,597	1,103,967
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STATEMENT #29 - NET UNREALIZED GAINS (SCH D PG 4 LINE 5)

FCG UNREALIZED GAINS.....	17,101
ML 07F06 UNREALIZED GAINS.....	32,782
ML 07115 UNREALIZED GAINS.....	32,503

TOTAL CARRIED TO SCH D PG 4 LINE 5.....	82,386
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## 2013 FEDERAL DEPRECIATION SCHEDULE

CENTERVILLE LODGE #37 IOOF  
51-0098247

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
		- LIFE		179	179	ALLOW	ALLOW	ALLOW	DEPR	DEPR	DEPR	BASIS
<b>UNASSIGNED</b>												
PAVEMENT IMPROV	09-01-11	S/L-39	9350	0	0	0	0	0	9350	310	240	550
HVAC SYSTEM	10-06-11	200DBMQ-7	9500	0	0	0	0	0	9500	2956	1870	4826
<b>2 ASSETS</b>	<b>TOTALS:</b>		<b>18850</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18850</b>	<b>3266</b>	<b>2110</b>	<b>5376</b>
<b>2 ASSETS</b>	<b>GRAND TOTALS:</b>		<b>18850</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18850</b>	<b>3266</b>	<b>2110</b>	<b>5376</b>
												<b>13474</b>

**2013 FEDERAL AMT DEPRECIATION SCHEDULE**

CENTERVILLE LODGE #37 100F  
51-0098247

DESCRIPTION	DATE	METHOD	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
<b>UNASSIGNED</b>												
PAVEMENT IMPROV	09-01-11	S/L-39	9350	0	0	0	0	9350	310	240	550	8800
HVAC SYSTEM	10-06-11	200DBMQ-7	9500	0	0	0	0	9500	2236	1557	3793	5707
<b>2 ASSETS</b>	<b>TOTALS:</b>		<b>18850</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18850</b>	<b>2546</b>	<b>1797</b>	<b>4343</b>	<b>14507</b>
<b>2 ASSETS</b>	<b>GRAND TOTALS:</b>		<b>18850</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18850</b>	<b>2546</b>	<b>1797</b>	<b>4343</b>	<b>14507</b>