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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

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

C Name of organization: FRIENDS LODGE
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 52 LISBON RD
City or town, state or province, country, and ZIP or foreign postal code: LISBON, ME 04250

D Employer identification number: 75-3247496
E Telephone number: (207) 353-1640
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 48,723

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 1,060, 460, 870, 14,991, 17,381, 1,000, 300, 14,452, 3,334, 19,086, -1,705, -5,496, -7,201.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	1,255	22	47
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	753	24	753
25 Total assets	2,008	25	800
26 Total liabilities (describe in Schedule O)	7,504	26	8,001
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-5,496	27	-7,201

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 TO PROMOTE SOCIAL FELLOWSHIP AND COMPANIONSHIP AMONG ITS MEMBERS, AND TO FURNICH A PLACE FOR ATHLETIC SPORTS AND CONTESTS OF ALL KINDS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SOCIAL GATHERINGS AND ATHLETIC CONTESTS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) questions 33-45b regarding significant activities, changes, income, and organizational details.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 (*****), Date (2014-11-17), Type or print name and title (TERRE FREVE TREASURER)

Paid Preparer Use Only: Print/Type preparer's name (JASON HALL), Preparer's signature, Date (2014-11-17), Check if self-employed, PTIN, Firm's name (ACCURATE ACCOUNTING AND TAX SERVICES P A), Firm's EIN, Firm's address (922 SABATTUS STREET, LEWISTON, ME 04240), Phone no (207) 777-7005

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID: 13000230

Software Version: 13.6.0.0

EIN: 75-3247496

Name: FRIENDS LODGE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GARY GARDINER PRESIDENT	005 00	0		
BOBBIE JO WENTWORTH DIRECTOR	005 00	0		
EILEEN KNIGHT SECRETARY	005 00	0		
NORM MILLS DIRCETOR	005 00	0		
MIKE LEE DIRECTOR	005 00	0		
TERRY FREVE TREASERER	005 00	0		
TERRY FREVE JR VICE PRESIDENT	005 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ 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
FRIENDS LODGE

Employer identification number

75-3247496

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 80
Form 990-EZ, Part I, Line 16, Other Expenses	Equipment rental and maintenance 462
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 519
Form 990-EZ, Part I, Line 16, Other Expenses	Telephone 649
Form 990-EZ, Part I, Line 16, Other Expenses	Licenses Permits 1,439
Form 990-EZ, Part I, Line 16, Other Expenses	Bank Charges 185
Form 990-EZ, Part II, Line 24, Other Assets	OTHER DEPRECIABLE ASSETS Beginning of year 753, End of year 753
Form 990-EZ, Part II, Line 26, Liabilities	LOANS PAYABLE Beginning of year 3,401, End of year 3,898
Form 990-EZ, Part II, Line 26, Liabilities	CREDIT CARD PAYABLE Beginning of year 4,103, End of year 4,103

TY 2013 Compensation Explanation

Name: FRIENDS LODGE

EIN: 75-3247496

Software ID: 13000230

Software Version: 13.6.0.0

Person Name	Explanation
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