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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

FREE & ACCEPTED MASONS OF NEBRASKA 39

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 46095

City or town, state or country, and ZIP + 4

Papillion, NE 68046

D Employer identification number

23-7539209

E Telephone number

(402) 339-3205

F Group Exemption

Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► WWW.PAPILLION39.COM

J Tax-exempt status (check only one) - ☒ 501(c) (10) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 301,746

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

1	Contributions, gifts, grants, and similar amounts received	1	4,532
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	29,752
4	Investment income	4	4,559
5a	Gross amount from sale of assets other than inventory	5a	210,134
b	Less cost or other basis and sales expenses	5b	231,908
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	(21,774)
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 4,532 of contributions reported on line 1)	6a	4,969
b	Less direct expenses other than fundraising expenses	6b	1,621
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,348
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe <u>STW 411</u>)	8	47,800
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	68,217
10	Grants and similar amounts paid (attach schedule)	10	4,023
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	64,907
15	Printing, publications, postage, and shipping	15	5,787
16	Other expenses (describe <u>STM130</u>)	16	5,776
17	Total expenses. Add lines 10 through 16	17	80,493
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(12,276)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	639,965
20	Other changes in net assets or fund balances (attach explanation)	20	21,620
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	649,309

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,765	65,703
23 Land and buildings	410,000	410,000
24 Other assets (describe <u>STM131</u>)	209,200	173,606
25 Total assets	639,965	649,309
26 Total liabilities (describe <u>STM131</u>)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	639,965	649,309

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2009)

8

Expenses

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

28a	6,739
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28a	6,739
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[illegible][illegible][illegible]

29a

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1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

1. *Journal of the American Medical Association*, 1997; 277: 1001-1005.

30a

001	
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[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41	List the states with which a copy of this return is filed. ▶ _____		
42 a	The organization's books are in care of ▶ SECRETARY Telephone no ▶ 402-339-3205 Located at ▶ 84TH & CENTENNIAL ROAD Papillion, NE ZIP + 4 ▶ 68046		
b	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)?	42b	
	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	
	If "Yes," enter the name of the foreign country. ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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."

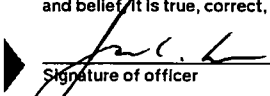
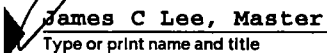
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here	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.			
	 Signature of officer		Date <u>11/15/10</u>	
Paid Preparer's Use Only	 James C Lee, Master Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no. 000-000-0000

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

Federal Supporting Statements**2009 PG 01**

Name(s) as shown on return

FEIN

FREE & ACCEPTED MASONS OF NEBRASKA 39 PAPILLION LO

23-7539209

Form 990EZ, Part I, Line 5(c)

Statement #101

Gain(Loss) from Sale of Public Securities Schedule

Gross Sales	\$187,199
Sales Expense	\$
Total Net	\$187,199
Basis	\$210,469

Gross Sales	\$1,480
Sales Expense	\$
Total Net	\$1,480
Basis	\$1,439

Gross Sales	\$16
Sales Expense	\$
Total Net	\$16
Basis	\$

Gross Sales	\$20,000
Sales Expense	\$
Total Net	\$20,000
Basis	\$20,000

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

		<u>Amount</u>	<u>Relationship</u>
Activity	College Scholarships	1,000	
Grantee	Papillion LaVista High School		
Address	Papillion NE 68046		
Activity	College Scholarships	1,000	
Grantee	Papillion LaVista South High School		
Address	Papillion NE 68046		
Activity	College Scholarships	925	
Grantee	Ralston High School		
Address	Ralston NE		
Activity	Masonic Charities	598	
Grantee	Masonic Charities		
Address			
Activity	Masonic Band Camp Scholarships	500	
Grantee	Grand Lodge Nebraska Band Camp		
Address	1240 No 10th Stree Lincoln NE 68508		
	Total	<u>4,023</u>	

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
Grand Lodge Membership Assessment	<u>5,776</u>
Total	<u>5,776</u>

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

**Form 990EZ, Part II, Line 24
Other Assets Schedule 3**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
LONG TERM INVESTMENTS	<u>209,200</u>	<u>173,606</u>
Total	<u>209,200</u>	<u>173,606</u>

**Form 990EZ, Part I, Line 8
Other Revenues Schedule 2**

<u>Description</u>	<u>Amount</u>
CHECKING ACCOUNT INTEREST	95
SHARED EXPENSE REIMBURSEMENT	15,472
PUBLICATIONS, ETC	232
HAIL INSURANCE PROCEEDS	22,905
INCOME TAX WITHHOLDING REFUND	5,941
VOLUNTARY MEMBER CONTRIBUTIONS	<u>3,155</u>
Total	<u>47,800</u>

**Form 990EZ, Part I, Line 20
Other Changes in Net Assets Schedule**

<u>Description</u>	<u>Amount</u>
Change in unrealized gains/losses	29,914
Investment Fees-Morgan Stanley	(1,583)
Investment Fees-Securities America	(988)
Involuntary Tax Withholding	<u>(5,723)</u>
Total	<u>21,620</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization FREE & ACCEPTED MASONS OF NEBRASKA 39 P	Employer identification number 23-7539209
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 46095	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Papillion, NE 68046	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **SECRETARY**

Telephone No **402-339-3205**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is

for the whole group, check this box . . ☐ If it is for part of the group, check this box . . ☐ and attach a

list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11-15, 2010.**

5 For calendar year **2009**, or other tax year beginning , 20 and ending , 20

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

Additional time is needed to compile a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶**

Title **▶**

Date **▶**

EEA

Form 8868 (Rev 4-2009)