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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department 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.

**Open to Public
Inspection****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 Instructions.

C Name of organization**Western Fraternal Life Association**

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

Room/suite

985 State Hwy 15

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

Dorchester, NE 68343

D Employer identification number

23-7539993

E Telephone number

(402) 946-6961

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: ►

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 ► \$ **38,395**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,321
	2	Program service revenue including government fees and contracts	2	3,815
	3	Membership dues and assessments	3	
	4	Investment income	4	121
	5a	Gross amount from sale of assets other than inventory	5a	245
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	245
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here ☐		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	25,271
	b	Less cost of goods sold	7b	9,182
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	16,089
	8	Other revenue (describe ► STM141)	8	6,622
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,213
	10	Grants and similar amounts paid (attach schedule) STM122	10	100
	11	Benefits paid to or for members	11	155
	12	Salaries, other compensation, and employee benefits	12	1,810
	13	Professional fees and other payments to independent contractors	13	1,600
Assets	14	Occupancy, rent, utilities, and maintenance	14	17,102
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► STM130)	16	2,400
	17	Total expenses. Add lines 10 through 16	17	23,167
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,046
	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	75,499
	20	Other changes in net assets or fund balances (attach explanation) STM104	20	2,498
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	84,043

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)

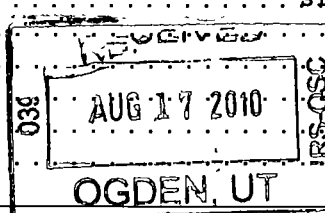
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,349	23,474
23 Land and buildings	16,736	17,605
24 Other assets (describe ► STM131)	45,414	42,964
25 Total assets	75,499	84,043
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,499	84,043

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

EEA

Form 990-EZ (2009)

SCANNED SEP 2 2010



P 10

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	X
41	List the states with which a copy of this return is filed ▶ _____		
42 a	The organization's books are in care of ▶ <u>Galen Sysel</u> Telephone no ▶ <u>402-946-6961</u> Located at ▶ <u>985 State Hwy 15 Dorchester, NE</u> ZIP + 4 ▶ <u>68343</u>		
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	X
	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	X
	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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
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

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

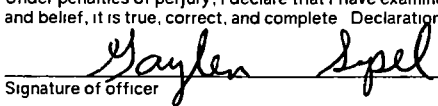
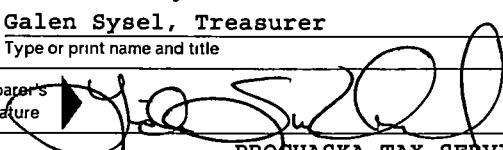
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		8/12/10 Date	
Paid Preparer's Use Only	 Type or print name and title		Galen Sysel, Treasurer	
	Preparer's signature	Date	Check if self-employed ☒	Preparer's Identifying No. (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
			Phone no	

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

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

Activity	Scholarship	Amount	Relationship
Grantee	Shelby Veprosky	100	
Address	798 Co Rd 1600 Dorchester		
	NE 68343		
	Total	100	

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

Description	Amount
Change orders	2,400
Total	2,400

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

Description	Beginning of Year	End of Year
Accounts Receivable Coop Equit	365	365
Inventories	1,015	510
Miscellaneous Depr Basis	44,034	42,089
Total	45,414	42,964

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

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

<u>Description</u>	<u>Amount</u>
Sign advertising	1,875
Grinell Insurance	2,707
Reverse change orders	<u>2,040</u>
Total	<u><u>6,622</u></u>

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

<u>Description</u>	<u>Amount</u>
Building improvements	<u>2,498</u>
Total	<u><u>2,498</u></u>

2009
PAGE 1

Management & General
For your records only

Social security number/EIN

23-7539993

Totals	74,899				1,850	30,960			
					74,899				1,849

ST ADJ:

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service**► File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only. ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Western Fraternal Life Association	23-7539993
	Number, street, and room or suite no. If a P O box, see instructions	
	985 State Hwy 15	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Dorchester, NE 68343	

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

- | | | |
|---|--|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of **► Galen Sysel 985 State Hwy 15 Dorchester, NE 68343**

Telephone No **► 402-418-1677**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 will cover

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08-16**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 **09** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a 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.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions