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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 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.

OMB No 1545-1150

**2009**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning , and ending											
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="3">Please use IRS label or print or type. See Specific Instructions</td> <td colspan="2"><b>C</b> Name of organization <b>LINCOLN SCOTTISH RITE PRESERVATION FOUNDATION</b></td> <td><b>D</b> Employer identification number <b>47-0730224</b></td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>E</b> Telephone number <b>402-435-2144</b></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <b>LINCOLN NE 68508</b></td> <td><b>F</b> Group Exemption Number</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>LINCOLN SCOTTISH RITE PRESERVATION FOUNDATION</b>		<b>D</b> Employer identification number <b>47-0730224</b>	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>402-435-2144</b>	City or town, state or country, and ZIP + 4 <b>LINCOLN NE 68508</b>		<b>F</b> Group Exemption Number
Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>LINCOLN SCOTTISH RITE PRESERVATION FOUNDATION</b>		<b>D</b> Employer identification number <b>47-0730224</b>								
	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number <b>402-435-2144</b>							
	City or town, state or country, and ZIP + 4 <b>LINCOLN NE 68508</b>		<b>F</b> 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) ►

<b>I</b> Website: ► <b>N/A</b>	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check <input type="checkbox"/> 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. **\$ 477,323**

## 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	18,877
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	11,617
	5a	Gross amount from sale of assets other than inventory	5a	446,744
	5b	Less cost or other basis and sales expenses	5b	549,337
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-102,593
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		See Stmt 2
	6a	Gross revenue (not including of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
	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	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► <b>See Statement 3</b> )	8	85
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-72,014
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
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	12,604
14		Occupancy, rent, utilities, and maintenance	14	1,202
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ► <b>See Statement 4</b> )	16	6,881
17	<b>Total expenses.</b> Add lines 10 through 16	17	24,667	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-96,681
	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	364,525
	20	Other changes in net assets or fund balances (attach explanation) <b>See Statement 5</b>	20	145,470
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	413,314

## 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	354,769	405,535
23 Land and buildings		
24 Other assets (describe ► <b>See Statement 6</b> )	9,756	10,359
25 Total assets	364,525	415,894
26 Total liabilities (describe ► <b>See Statement 7</b> )	0	2,580
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	364,525	413,314

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

Form 990-EZ (2009)

 SCANNED MAY 26 2010  
 RECEIVED  
 MAY 26 2010  
 OGDEN, UT

## Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

## Expenses

What is the organization's primary exempt purpose?

See Statement 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 TO SUPPORT EDUCATIONAL PROGRAMS FOR CHILDREN IN NEBRASKA  
THROUGH VARIOUS AWARDS, SCHOLARSHIPS AND ACTIVITIES

(Grants \$ 3,980) If this amount includes foreign grants, check here

**28a**

3,980

29 TO PROTECT, PRESERVE, RESTORE AND RENOVATE THE HISTORICAL,  
CULTURAL AND STRUCTURAL INTEGRITY OF THE LINCOLN SCOTTISH  
RITE MASONIC TEMPLE

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

29a

2,908

30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31a

**32 Total program service expenses** (add lines 28a through 31a)

32

**6,888**

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

[illegible]

	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," attached 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
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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	
40a 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	X
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	40c	X
41 List the states with which a copy of this return is filed	None	
42a The organization's books are in care of	BRUCE WOOD	
332 SOUTH CENTENNIAL MALL		
Located at	LINCOLN, NE	
Telephone no	402-435-2144	
ZIP + 4	68508	
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	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		<b>X</b>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
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."

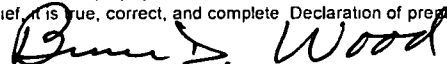
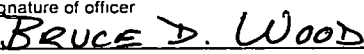
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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
None		

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 <b>4/29/10</b>	
Paid Preparer's Use Only	 Type or print name and title		SECRETARY	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Buckley &amp; Sitzman CPA'S</b> <b>3901 Normal Blvd Ste 100</b> <b>Lincoln, NE 68506-5200</b>		EIN <b>47-0350235</b> Phone no <b>402-484-7676</b>	

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	45,199	10,909	7,739	4,145	18,877	86,869
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	45,199	10,909	7,739	4,145	18,877	86,869
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						86,869

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	45,199	10,909	7,739	4,145	18,877	86,869
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,709	17,208	23,032	12,660	11,617	73,226
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					85	85
<b>11</b> <b>Total support.</b> Add lines 7 through 10						160,180
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,329
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	54.23 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	55.57 %
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support</b> (Add lines 9, 10c, 11, and 12)						

**14** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a** **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b** **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

S4547 LINCOLN SCOTTISH RITE PRESERVATION  
47-0730224  
FYE: 12/31/2009

# Federal Statements

**Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -**  
Securities

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
MSSB #177-70863	Purchase			Various	Various	\$ 60,828	\$ 53,065	\$	7,763
MSSB #177-70863	Purchase			Various	Various	160,002	212,030		-52,028
MSSB #177-70858	Purchase			Various	Various	25,236	21,350		3,886
MSSB #177-70858	Purchase			Various	Various	72,612	98,973		-26,361
MSSB #177-70859	Purchase			Various	Various	20,050	17,563		2,487
MSSB #177-70859	Purchase			Various	Various	65,186	86,471		-21,285
AMERICA BANCORP	Purchase			5/24/06	1/16/09	1,217	1,365		-148
RUSSELL STRAT S	Purchase			2/21/06	1/13/09	290	333		-43
RUSSELL STRAT S	Purchase			2/21/06	1/26/09	6,864	8,008		-1,144
RUSSELL INVT CO GL EQ S	Purchase			3/05/07	1/26/09	91	164		-73
W.F. ADVISORS #4113-7155	Purchase			Various	Various	200	333		-133
W.F. ADVISORS #4113-7155	Purchase			Various	Various	33,805	49,682		-15,877
BEAR/STEARNS SETTLEMENT	Purchase			Various	Various	111			111
Total						\$ 446,492	\$ 549,337	\$ 0	\$ -102,845

S4547 LINCOLN SCOTTISH RITE PRESERVATION  
 47-0730224  
 FYE: 12/31/2009

# Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
LT Capital Gain Distributions						\$ 252	\$		252
Total						\$ 252	\$ 0	0	252

**Federal Statements**

FYE: 12/31/2009

**Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Other Investment Income	\$ 85
Total	\$ 85

**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
PRINTING	842
OFFICE SUPPLIES	21
POSTAGE	380
INSURANCE	1,254
INVESTMENT EXPENSES	4,364
OTHER TAXES	20
Total	\$ 6,881

**Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
UNREALIZED GAINS - INVESTMENTS	\$ 145,470
Total	\$ 145,470

**Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 9,131	\$ 9,730
Prepaid Expenses and Deferred Charges	625	629
	9,756	10,359

**Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$	\$ 2,580
		2,580

**Statement 8 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Description

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TO PROMOTE, SUPPORT AND MAINTAIN EDUCATIONAL, CULTURAL,  
HISTORICAL AND CHARITABLE PROGRAMS, AND TO SUPPORT THE  
SCOTTISH RITE OF FREEMASONRY IN NEBRASKA