



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2011

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2011 calendar year, or tax year beginning and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
**FREE & ACCEPTED MASONS OF NEBRASKA
39 PAPILLION LODGE**

D Employer identification number

23-7539209

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

Room/suite

PO BOX 460951

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

PAPILLION, NE 68046-0951

E Telephone number

(402) 339-3205

G Accounting Method Cash Accrual Other (specify) ►I Website. ► www.papillion39.comJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(10) ◀ (insert no) 4947(a)(1) or 527H 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 or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 64,144.

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

1 Contributions, gifts, grants, and similar amounts received	1	3,500.
2 Program service revenue including government fees and contracts	2	501.
3 Membership dues and assessments	3	26,701.
4 Investment income	4	5,808.
5a Gross amount from sale of assets other than inventory	5a	7,459.
b Less cost or other basis and sales expenses	5b	8,999.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-1,540.
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,458.
c Less direct expenses from gaming and fundraising events	6c	694.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	764.
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 in Schedule O)	8	18,717.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,451.
10 Grants and similar amounts paid (list in Schedule O)	10	9,812.
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	24,638.
15 Printing, publications, postage, and shipping	15	682.
16 Other expenses (describe in Schedule O)	16	24,409.
17 Total expenses. Add lines 10 through 16	17	59,541.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,090.
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	410,094.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	-1,175.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	403,829.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

132171
02-06-12

20561112 806023 MASONS

2011.03031 FREE & ACCEPTED MASONS OF N MASONS_2

FREE & ACCEPTED MASONS OF NEBRASKA
39 PAPILLION LODGE

Form 990-EZ (2011)

39 PAPILLION LODGE

23-7539209

Page 2

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

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	45,057.	30,776.
23	Land and buildings	176,000.	167,000.
24	Other assets (describe in Schedule O)	189,037.	206,053.
25	Total assets	410,094.	403,829.
26	Total liabilities (describe in Schedule O)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	410,094.	403,829.

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

Check if the organization used Schedule Q to respond to any question in this Part **X**

What is the organization's primary exempt purpose? See Schedule O

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.

28 See Schedule 0

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

28	See Schedule O		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 7,229.
29	Three High School Scholarships - Papillion-Lavista, Papillion-Lavista South, and Ralston		
(Grants \$	2,875.) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30	Masonic Charities - Omaha Home for Boys, Masonic Home Foundation, Other Masonic Charities		
(Grants \$	1,406.) 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 7,229.

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 address	(b) Title and 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
JEFFREY COLEMAN, PO BOX 460951, PAPILLION, NE 680460951	MASTER	0.	0.	0.
JONATHAN PAZ, PO BOX 460951, PAPILLION, NE 680460951	SENIOR WARDEN	0.	0.	0.
MEL MORTON, PO BOX 460951, PAPILLION, NE 680460951	JUNIOR WARDEN	0.	0.	0.
CARL HIGHMAN, PO BOX 460951, PAPILLION, NE 680460951	SECRETARY	0.	0.	0.
JAMES AVANT, PO BOX 460951, PAPILLION, NE 680460951	TREASURER	0.	0.	0.

132172
02-06-12

Form 990-EZ (2011)

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 Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

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 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

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 tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations Enter 39a N/A

a Initiation fees and capital contributions included on line 9 39b N/A

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a N/A

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b N/A

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 40c N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d N/A

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 41 None

42a The organization's books are in care of 42a Secretary, Papillion Lodge N Telephone no 42a (402) 339-3205 Located at 42a 84th Street & Centennial Road, Papillion, NE ZIP + 4 42a 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)? If "Yes," enter the name of the foreign country 42b X

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.? If "Yes," enter the name of the foreign country 42c X

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 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

FREE & ACCEPTED MASONS OF NEBRASKA
39 PAPILLION LODGE

Form 990-EZ (2011)

23-7539209

Page 4

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

Yes	No
46	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 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	
48	
49a	
49b	

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and 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
N/A				

1 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." N/A

(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 ►

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 ► *AC Highman* Date *11/13/12*
Signature of officer
► *A.C. HIGHMAN, SECRETARY*
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

► Yes No

Form 990-EZ (2011)

132174
02-06-12

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 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization	FREE & ACCEPTED MASONS OF NEBRASKA 39 PAPILLION LODGE	Employer identification number 23-7539209
--------------------------	--	--

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
DIVIDENDS	5,808.

Form 990-EZ, Part I, Line 8, Other Revenue:

<u>Description of Other Revenue:</u>	<u>Amount:</u>
CHECKING ACCOUNT INTEREST	63.
SHARED EXPENSE REIMBURSEMENT	16,821.
PUBLICATIONS, ETC	45.
VOLUNTARY MEMBER CONTRIBUTIONS	1,788.
<u>Total to Form 990-EZ, line 8</u>	<u>18,717.</u>

Form 990-EZ, Part I, Line 10, Payments to Affiliates:

<u>Affiliate Name:</u> GRAND LODGE OF NEBRASKA
<u>Affiliate Address:</u> 1240 NO 10TH STREET LINCOLN, NE 68508
<u>Purpose of Payment:</u> MEMBERSHIP ASSESSMENTS
<u>Amount of Payment:</u> 5,187.

<u>Affiliate Name:</u> GRAND LODGE OF NEBRASKA	
<u>Affiliate Address:</u> 1240 NO 10TH STREET LINCOLN, NE 68508	
<u>Purpose of Payment:</u> SUPPLIES & INSURANCE	
<u>Amount of Payment:</u> 344.	
<u>Total included on Form 990-EZ, line 10</u>	<u>5,531.</u>

Form 990-EZ, Part I, Line 10, Grants and Allocations:

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 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

FREE & ACCEPTED MASONS OF NEBRASKA
39 PAPILLION LODGE

Employer identification number
23-7539209

Activity Classification: COLLEGE SCHOLARSHIPS

Grantee Name: PAPILLION HIGH SCHOOL, RALSTON HIGH SCHOOL,
PAPILLION SOUTH HIGH SCHOOL

Property Description: CASH

Amount Given: 2,875.

Activity Classification: CHARITABLE CONTRIBUTIONS

Grantee Name: MASONIC CHARITIES

Property Description: CASH

Amount Given: 1,406.

Total included on Form 990-EZ, line 10 4,281.

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>FACILITY REPAIRS</u>	<u>10,886.</u>
<u>FACILITY INSURANCE</u>	<u>8,332.</u>
<u>OFFICE AND MISCELLANEOUS</u>	<u>4,141.</u>
<u>PROGRAM FUNCTIONS</u>	<u>1,050.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>24,409.</u>

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

<u>Changes in Net Assets or Fund Balances:</u>	<u>Amount:</u>
<u>ACCOUNT FEES</u>	<u>-2,870.</u>
<u>DEPRECIATION ON BUILDING</u>	<u>-9,000.</u>
<u>CHANGE IN UNREALIZED INVESTMENT GAINS</u>	<u>10,695.</u>
<u>Total to Form 990-EZ, line 20</u>	<u>-1,175.</u>

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

FREE & ACCEPTED MASONS OF NEBRASKA
39 PAPILLION LODGE

Employer identification number
23-7539209

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
LONG TERM INVESTMENTS	189,037.	206,053.

Form 990-EZ, Part III, Primary Exempt Purpose - "Making Good Men Better"

Promotion of high moral character, leadership, brotherhood, and citizenship. Operates under the lodge system under the Charter of the Grand Lodge Ancient Free and Accepted Masons of Nebraska. The Masons were cited in the committee reports when section 501(c)(10) was enacted in 1969.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

"Making Good Men Better" Promotion of high moral character, leadership, brotherhood, and citizenship. Expenses include administrative, publications, ritual, and function expenses.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

- 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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions FREE & ACCEPTED MASONS OF NEBRASKA 39 PAPILLION LODGE	Employer identification number (EIN) or X 23-7539209
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 460951	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PAPILLION, NE 68046-0951	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

Secretary, Papillion Lodge No. 39, AF & AM

• The books are in the care of ► **84th Street & Centennial Road – Papillion, NE 68046**

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 **November 15, 2012**.

5 For calendar year **2011**, or other tax year beginning , and ending

6 If the tax year entered in line 5 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 assemble documents and records necessary to file a complete and accurate Form 990.

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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 ►

Form 8868 (Rev. 1-2012)