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Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

**2011**Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning** and ending

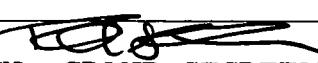
<b>B</b>	<b>C</b> Name of organization <b>FREE &amp; ACCEPTED MASON'S OF NEBRASKA GRAND LODGE OF THE MOST ANCIENT &amp;</b>	<b>D</b> Employer identification number <b>47-0086773</b>
<input type="checkbox"/> Address change	Doing Business As	
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
F Name and address of principal officer: <b>REGINALD S. KUHN</b> <b>SAME AS C ABOVE</b>		
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 10 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ► <b>WWW.NEBRASKA-GRAND-LODGE.ORG</b>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: <b>1857</b> M State of legal domicile: <b>NE</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>PHILANTHROPIC AND FRATERNAL MEMBERSHIP</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
<b>Expenses</b>	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>2</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>80</b>
<b>Net Assets or Fund Balances</b>	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>2011</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>253,439.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>437,142.</b>	<b>172,900.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>119,599.</b>	<b>145,149.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>667,975.</b>	<b>700,608.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 13)	<b>0.</b>	<b>0.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>101,251.</b>	<b>104,431.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>0.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>504,980.</b>	<b>561,154.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>606,231.</b>	<b>665,585.</b>
19 Revenue less expenses Subtract line 18 from line 12	<b>61,744.</b>	<b>35,023.</b>	
20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
21 Total liabilities (Part X, line 26)	<b>3,536,677.</b>	<b>3,484,257.</b>	
22 Net assets or fund balances Subtract line 21 from line 20	<b>38,363.</b>	<b>39,762.</b>	
	<b>3,498,314.</b>	<b>3,444,495.</b>	

**Part II Signature Block**

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.

<b>Sign Here</b>	► Signature of officer  ► <b>REGINALD S. KUHN, GRAND SECRETARY</b>	Type or print name and title	Date <b>8/16/12</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARY R. POHLMANN</b>	Preparer's signature 	Date <b>8/9/12</b>
	Firm's name ► <b>DANA F. COLE &amp; COMPANY, LLP</b>	Firm's EIN ► <b>47-0526649</b>	
	Firm's address ► <b>1248 O STREET, SUITE 500 LINCOLN, NE 68508</b>	Phone no. <b>402-479-9300</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  X

1 Briefly describe the organization's mission:

NEBRASKA FREEMASONRY WILL ESTABLISH ITSELF AS THE PREMIER FRATERNAL  
ORGANIZATION PROMOTING UNIVERSALLY ACKNOWLEDGED VALUES OF FRIENDSHIP,  
MORALITY, AND BROTHERLY LOVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  X No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  X No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code \_\_\_\_\_) (Expenses \$ 162,710. including grants of \$ \_\_\_\_\_) (Revenue \$ 162,710.)  
NEBRASKA MASONIC HOME FOUNDATION DIRECT - INDIRECT

4b (Code \_\_\_\_\_) (Expenses \$ 6,467. including grants of \$ \_\_\_\_\_) (Revenue \$ 6,467.)  
MASONIC EASTERN STAR HOME FOR CHILDREN

4c (Code \_\_\_\_\_) (Expenses \$ 13,019. including grants of \$ \_\_\_\_\_) (Revenue \$ 28,319.)  
CHIP EXPENSES

4d Other program services (Describe in Schedule O.)

(Expenses \$ 30,244. including grants of \$ \_\_\_\_\_) (Revenue \$ 30,244.)

4e Total program service expenses ► 212,440.

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b	X
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	11e	X
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	11f	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	12a	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	12b	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	13	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	14a	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14b	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	15	X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16	X
	17	X
	18	X
	19	X
	20a	X
	20b	

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**Part IV Checklist of Required Schedules (continued)**

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization 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

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?  
If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity?  
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

**Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
21		X
22		X
23		X
24a		X
24b		
24c		
24d		
25a		
25b		
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
35b		X
36		
37		X
38		X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	<input checked="" type="checkbox"/>
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a 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)?	4a	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	5a	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	<input checked="" type="checkbox"/>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	<input checked="" type="checkbox"/>
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	<input checked="" type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	11a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
<b>11 Section 501(c)(12) organizations.</b> Enter		
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state?	13b	
<i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13c	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
<b>14a Did the organization receive any payments for indoor tanning services during the tax year?</b>	14a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15	
1b		15	
2		X	
3		X	
4		X	
5		X	
6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ►	<b>NONE</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	
	<b>MICHELLE FULMER - 402-475-4640</b>	
	<b>1240 NORTH 10TH STREET, LINCOLN, NE 68508</b>	

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) BRUCE A. BAKER <u>GRAND MASTER</u>	1.00	X		X			0.	0.	0.
(2) REX J. MOATS <u>GRAND SENIOR WARDEN</u>	1.00	X					0.	0.	0.
(3) THOMAS L. HAUDER <u>GRAND JUNIOR WARDEN</u>	1.00	X					0.	0.	0.
(4) BRUCE A. WATKINS <u>GRAND SECRETARY</u>	1.00	X					0.	0.	0.
(5) DONALD E. RIFE <u>GRAND CHAPLAIN</u>	1.00	X	X				0.	0.	0.
(6) JOHN B. FERGUSON <u>GRAND ORATOR</u>	1.00	X					0.	0.	0.
(7) CHRISTOPHER M. CARTER <u>GRAND HISTORIAN</u>	1.00	X					0.	0.	0.
(8) SCOTT J. KRIEGER <u>GRAND CUSTODIAN</u>	1.00	X					0.	0.	0.
(9) RONALD D. STITES <u>GRAND MARSHAL</u>	1.00	X					0.	0.	0.
(10) JOE D. MCBRIDE <u>GRAND SENIOR DEACON</u>	1.00	X					0.	0.	0.
(11) JOHN T. MAXELL <u>GRAND JUNIOR DEACON</u>	1.00	X					0.	0.	0.
(12) BRETT R. BENNETT <u>GRAND SENIOR STEWARD</u>	1.00	X					0.	0.	0.
(13) ROBERT W. MONINGER <u>GRAND JUNIOR STEWARD</u>	1.00	X					0.	0.	0.
(14) DENNIS E. RIX <u>GRAND TYLER</u>	1.00	X					0.	0.	0.
(15) KENT B. BROYHILL <u>BOARD OF GRAND TRUSTEES</u>	1.00	X					0.	0.	0.
(16) JOEL W. ZILMER <u>BOARD OF GRAND TRUSTEES</u>	1.00	X					0.	0.	0.
(17) MARK K. CLINTON <u>GRAND MUSICIAN</u>	1.00	X					0.	0.	0.

FREE & ACCEPTED MASONS OF NEBRASKA  
GRAND LODGE OF THE MOST ANCIENT &

**Form 990 (2011)**

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

**FREE & ACCEPTED MASONS OF NEBRASKA**  
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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a			
	b Membership dues	1b	253,439.		
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		253,439.		
<b>Program Service Revenue</b>	2 a CONVENTION FEES	Business Code 900099	96,768.	96,768.	
	b BAND CLINIC FEES	900099	76,132.	76,132.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		172,900.		
	3 Investment income (including dividends, interest, and other similar amounts)		113,821.		113,821.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	394,843.	20.			
c Gain or (loss)	363,535.	0.			
d Net gain or (loss)	31,308.	20.			
			31,328.		31,328.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a CHIP INCOME	900099	28,319.	28,319.		
b LIABILITY INS. PREM.	900099	19,516.	19,516.		
c G. W. MAS. NATL. MEM.	900099	12,632.	12,632.		
d All other revenue	900099	68,653.	68,653.		
e Total. Add lines 11a-11d		129,120.			
12 Total revenue See instructions.		700,608.	302,020.	0.	145,149.

**FREE & ACCEPTED MASONS OF NEBRASKA**  
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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	94,349.	56,609.	37,740.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,757.	1,654.	1,103.	
9 Other employee benefits				
10 Payroll taxes	7,325.	4,395.	2,930.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	21,600.		21,600.	
17 Travel	18,776.		18,776.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,376.		4,376.	
23 Insurance	62,262.		62,262.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COMMITTEE EXPENSE</b>	100,013.		100,013.	
b <b>PROGRAM EXPENSES</b>	75,866.	75,866.		
c <b>BAND CLINIC</b>	73,916.	73,916.		
d <b>TRUSTEE FEES &amp; PREMEMBE</b>	50,662.		50,662.	
e All other expenses <b>SEE SCH O</b>	149,663.		149,663.	
25 Total functional expenses Add lines 1 through 24e	665,585.	212,440.	453,145.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

**FREE & ACCEPTED MASONS OF NEBRASKA**  
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Form 990 (2011)

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**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>	1 Cash - non-interest-bearing	<b>61,402.</b>	<b>72,980.</b>
	2 Savings and temporary cash investments	1	2
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	2,109.	4
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	6	
	7 Notes and loans receivable, net	21,667.	7
	8 Inventories for sale or use	46,006.	8
	9 Prepaid expenses and deferred charges	5,584.	9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	89,503.
	b Less accumulated depreciation	10b	76,972.
		9,268.	10c
		3,324,393.	11
	12 Investments - other securities. See Part IV, line 11	66,248.	12
	13 Investments - program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	15	
	<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>3,536,677.</b>	<b>16</b>
<b>Liabilities</b>	17 Accounts payable and accrued expenses	5,249.	17
	18 Grants payable	18	
	19 Deferred revenue	33,114.	19
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	<b>26 Total liabilities. Add lines 17 through 25</b>	<b>38,363.</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	1,740,510.	27
	28 Temporarily restricted net assets	46,948.	28
	29 Permanently restricted net assets	1,710,856.	29
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	3,498,314.	33
	<b>34 Total liabilities and net assets/fund balances</b>	<b>3,536,677.</b>	<b>34</b>

Form 990 (2011)

FREE & ACCEPTED MASONS OF NEBRASKA  
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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	700,608.
2	Total expenses (must equal Part IX, column (A), line 25)	2	665,585.
3	Revenue less expenses Subtract line 2 from line 1	3	35,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,498,314.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<88,842.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,444,495.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2011)

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **FREE & ACCEPTED MASONS OF NEBRASKA  
GRAND LODGE OF THE MOST ANCIENT &** Employer identification number **47-0086773**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**FREE & ACCEPTED MASONS OF NEBRASKA**  
**GRAND LODGE OF THE MOST ANCIENT &**

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Schedule D (Form 990) 2011

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,710,856.	1,533,400.	1,347,656.	1,651,718.	
b Contributions	44,978.	42,272.	25,696.	40,000.	
c Net investment earnings, gains, and losses	25,928.	185,885.	207,637.	<295,002. >	
d Grants or scholarships	10,850.	12,250.	9,453.	11,185.	
e Other expenditures for facilities and programs	27,132.	27,246.	28,061.	26,088.	
f Administrative expenses	12,297.	11,205.	10,075.	11,787.	
g End of year balance	1,731,483.	1,710,856.	1,533,400.	1,347,656.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► 100.00 %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	89,503.	76,972.	12,531.	
e Other				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 12,531.

Schedule D (Form 990) 2011

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Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET	207,011.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ► 207,011.

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

FREE & ACCEPTED MASONS OF NEBRASKA  
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Schedule D (Form 990) 2011

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**Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	700,608.
2	665,585.
3	35,023.
4	<88,842. >
5	
6	
7	
8	
9	<88,842. >
10	<53,819. >

**Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	611,766.
2	
2a	<88,842. >
2b	
2c	
2d	
2e	<88,842. >
3	700,608.
4	
4a	
4b	
4c	0.
5	700,608.

**Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	665,585.
2	
2a	
2b	
2c	
2d	
2e	0.
3	665,585.
4	
4a	
4b	
4c	0.
5	665,585.

**Part XIV | Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART X, LINE 2: THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB**

ASC 740-10, "ACCOUNTING FOR UNCERTAIN TAX POSITIONS". THE ORGANIZATION

CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED

SETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS. THE

ORGANIZATION'S U.S. FEDERAL, STATE AND LOCAL INCOME TAX RETURNS FOR 2008

AND AFTER ARE SUBJECT TO EXAMINATION BY THE TAX AUTHORITIES.

THE ORGANIZATION USES THE ENDOWMENT FUNDS FOR SCHOLARSHIPS AND DUES TO

**Part XIV Supplemental Information (continued)**

## LOCAL LODGES.

## 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 GRAND LODGE OF THE MOST ANCIENT &	Employer identification number 47-0086773
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### FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

#### GEORGE WASHINGTON MEMORIAL

EXPENSES \$ 12,632. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,632.

#### JOB'S DAUGHTER

EXPENSES \$ 2,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,000.

#### RAINBOW

EXPENSES \$ 2,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,000.

#### MASONIC RELIEF ASSOCIATION

EXPENSES \$ 154. INCLUDING GRANTS OF \$ 0. REVENUE \$ 154.

#### MASONIC SERVICE ASSOCIATION HOSPITAL

EXPENSES \$ 3,282. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,282.

#### NEBRASKA DEMOLAY FOUNDATION

EXPENSES \$ 2,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,000.

#### YOUTH SCHOLARSHIPS

EXPENSES \$ 4,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,000.

#### GRAND MASONIC PROGRAM EXPENSE

EXPENSES \$ 4,176. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,176.

Name of the organization	FREE & ACCEPTED MASONS OF NEBRASKA GRAND LODGE OF THE MOST ANCIENT &
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Employer identification number	47-0086773
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BOOKKEEPER REVIEW THE FORM 990 BEFORE IT'S FILED, AND COMPARE IT WITH THE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST TO THE LODGE, THE ORGANIZATION WILL PROVIDE IT'S GOVERNING DOCUMENTS AND ANNUAL FINANCIAL STATEMENTS.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

PRINTING & PUBLICATIONS:

<u>PROGRAM SERVICE EXPENSES</u>	0.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	41,045.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	41,045.

ANNUAL COMMUNICATION:

<u>PROGRAM SERVICE EXPENSES</u>	0.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	33,317.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	33,317.

SUPPLIES:

<u>PROGRAM SERVICE EXPENSES</u>	0.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	16,702.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	16,702.

EQUIPMENT RENTAL & MAINTENANCE:

<u>PROGRAM SERVICE EXPENSES</u>	0.
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Name of the organization	FREE & ACCEPTED MASONS OF NEBRASKA GRAND LODGE OF THE MOST ANCIENT &	Employer identification number 47-0086773
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MANAGEMENT AND GENERAL EXPENSES 15,542.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 15,542.

BANK SERVICE CHARGES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 12,732.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 12,732.

UTILITIES AND TRASH:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 9,570.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 9,570.

TELEPHONE:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 5,555.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,555.

POSTAGE:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 5,346.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,346.

Name of the organization **FREE & ACCEPTED MASONS OF NEBRASKA  
GRAND LODGE OF THE MOST ANCIENT &**Employer identification number  
**47-0086773****INSTALLATION EXPENSE:**

<b><u>PROGRAM SERVICE EXPENSES</u></b>	<b>0.</b>
<b><u>MANAGEMENT AND GENERAL EXPENSES</u></b>	<b>4,789.</b>
<b><u>FUNDRAISING EXPENSES</u></b>	<b>0.</b>
<b><u>TOTAL EXPENSES</u></b>	<b>4,789.</b>

**AWARDS AND RECOGNITION:**

<b><u>PROGRAM SERVICE EXPENSES</u></b>	<b>0.</b>
<b><u>MANAGEMENT AND GENERAL EXPENSES</u></b>	<b>2,505.</b>
<b><u>FUNDRAISING EXPENSES</u></b>	<b>0.</b>
<b><u>TOTAL EXPENSES</u></b>	<b>2,505.</b>

**SECRETARY'S DESK BOOK:**

<b><u>PROGRAM SERVICE EXPENSES</u></b>	<b>0.</b>
<b><u>MANAGEMENT AND GENERAL EXPENSES</u></b>	<b>1,570.</b>
<b><u>FUNDRAISING EXPENSES</u></b>	<b>0.</b>
<b><u>TOTAL EXPENSES</u></b>	<b>1,570.</b>

**COMPUTER SOFTWARE SUPPORT:**

<b><u>PROGRAM SERVICE EXPENSES</u></b>	<b>0.</b>
<b><u>MANAGEMENT AND GENERAL EXPENSES</u></b>	<b>836.</b>
<b><u>FUNDRAISING EXPENSES</u></b>	<b>0.</b>
<b><u>TOTAL EXPENSES</u></b>	<b>836.</b>

**CONTRACT LABOR:**

<b><u>PROGRAM SERVICE EXPENSES</u></b>	<b>0.</b>
<b><u>MANAGEMENT AND GENERAL EXPENSES</u></b>	<b>154.</b>
<b><u>FUNDRAISING EXPENSES</u></b>	<b>0.</b>

Name of the organization	FREE & ACCEPTED MASONS OF NEBRASKA GRAND LODGE OF THE MOST ANCIENT &	Employer identification number 47-0086773
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TOTAL EXPENSES 154.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 149,663.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -88,842.

Form 4562

Department of the Treasury  
Internal Revenue Service (98)Depreciation and Amortization  
(Including Information on Listed Property)

990

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

FREE & ACCEPTED MASONS OF NEBRASKA  
GRAND LODGE OF THE MOST ANCIENT &

FORM 990 PAGE 10

47-0086773

## Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	3,915.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

## Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,195.	5 YRS	HY	SL	73.
c 7-year property		4,075.	7 YRS	HY	SL	388.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs		S/L
c 40-year	/		40 yrs	MM	S/L

## Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	4,376.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**FREE & ACCEPTED MASONS OF NEBRASKA**  
**GRAND LODGE OF THE MOST ANCIENT &**

Form 4562 (2011)

47-0086773 Page 2

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use

	%							
	%							
	%							

**27** Property used 50% or less in a qualified business use

	%			S/L			
	%			S/L			
	%			S/L			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle				
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>31</b> Total commuting miles driven during the year										
<b>32</b> Total other personal (noncommuting) miles driven										
<b>33</b> Total miles driven during the year. Add lines 30 through 32										
<b>34</b> Was the vehicle available for personal use during off-duty hours?										
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?										
<b>36</b> Is another vehicle available for personal use?										

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	Yes	No
<b>39</b> Do you treat all use of vehicles by employees as personal use?	Yes	No
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	Yes	No
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?	Yes	No

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2011 tax year					
<b>43</b> Amortization of costs that began before your 2011 tax year				43	
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report				44	

Application for Extension of Time To File an  
Exempt Organization Return

► 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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**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.

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  <b>FREE &amp; ACCEPTED MASONS OF NEBRASKA GRAND LODGE OF THE MOST ANCIENT &amp;</b>	Employer identification number (EIN) or  <input checked="" type="checkbox"/> <b>47-0086773</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1240 N. 10TH STREET</b>	Social security number (SSN)  <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>LINCOLN, NE 68508</b>	

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-T (corporation)	07
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

**MICHELLE FULMER**

- The books are in the care of ► 1240 NORTH 10TH STREET - LINCOLN, NE 68508
- Telephone No. ► 402-475-4640 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

AUGUST 15, 2012, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

►  calendar year 2011 or►  tax year beginning       , and ending       2 If the tax year entered in line 1 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	\$	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	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)