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Short Form Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning _____ and ending _____		B Check if applicable	
C Name of organization FREE & ACCEPTED MASONS OF NEBRASKA 39 PAPILLION LODGE		D Employer identification number 23-7539209	
E Address change <input type="checkbox"/> F Name change <input type="checkbox"/> G Initial return <input type="checkbox"/> H Terminated <input type="checkbox"/> I Amended return <input type="checkbox"/> J Application pending <input type="checkbox"/>		K Room/suite PO BOX 460951	
L Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 460951		M Telephone number (402) 339-3205	
N City or town, state or province, country, and ZIP or foreign postal code PAPILLION, NE 68046-0951		O Group Exemption Number ►	
P Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		Q Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
R Website: ► www.papillion39.com		S Tax-exempt status (check only one) — <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	
T Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		U 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 55675.	
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 <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 3500.	
	2 Program service revenue including government fees and contracts	2 1555.	
	3 Membership dues and assessments	3 24543.	
	4 Investment income	4 6798.	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b 2990.	
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)	6c 361.		
c Less: direct expenses from gaming and fundraising events	6d 2629.		
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 16289.		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 55314.		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 10199.	
	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 23161.	
	15 Printing, publications, postage, and shipping	15 1080.	
	16 Other expenses (describe in Schedule O)	16 8874.	
	17 Total expenses. Add lines 10 through 16	17 43314.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 12000.	
	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 425056.	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 37776.	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 474832.	
	See Schedule O ►		

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

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**FREE & ACCEPTED MASONS OF NEBRASKA
39 PAPILLION LODGE**

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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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39178.22	22842.
23 Land and buildings	158000.23	149000.
24 Other assets (describe in Schedule O)	227878.24	302990.
25 Total assets	425056.25	474832.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	425056.27	474832.

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

Check if the organization used Schedule O to respond to any question in this Part III

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 O

(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	9438.
29	Three High School Scholarships - Papillion-Lavista, Papillion-Lavista South, and Ralston			
(Grants \$	2875.) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30	Masonic Charities - Masonic Home, Masonic Band, Support of US Troops.			
(Grants \$	1219.) 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)			
				9438.

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

FREE & ACCEPTED MASONS OF NEBRASKA

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39 PAPILLION LODGE

23-7539209

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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

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

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

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

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

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

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

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

39 Section 501(c)(7) organizations. Enter:

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

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 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

41 List the states with which a copy of this return is filed ► None42a The organization's books are in care of ► Secretary, Papillion Lodge N Telephone no. ► (402) 339-3205
Located at ► 84th Street & Centennial Road, Papillion, NE ZIP + 4 ► 68046

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 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 c Did the organization receive any payments for indoor tanning services during the year? 44c 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 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

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39 PAPILLION LODGE

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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 only

All section 501(c)(3) organizations 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

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

Yes	No
47	
48	
49a	
49b	

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 title of each employee N/A	(b) 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

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(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

► *Carl Highman*

11/13/14

Date

Signature of officer

► *Carl 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 (2013)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

FREE & ACCEPTED MASONS OF NEBRASKA
39 PAPILLION LODGE

Employer identification number
23-7539209

Form 990-EZ, Item K, Other Form of Organization:

Operates under lodge system under the Charter of the Grand Lodge of Nebraska

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

<u>Description of Property:</u>	<u>Amount:</u>
DIVIDENDS & INTEREST	6798.

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

<u>Description of Other Revenue:</u>	<u>Amount:</u>
CHECKING ACCOUNT INTEREST	20.
SHARED EXPENSE REIMBURSEMENT	12875.
PUBLICATIONS, ETC	46.
VOLUNTARY MEMBER CONTRIBUTIONS	2219.
OTHER	1129.
Total to Form 990-EZ, line 8	16289.

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

Affiliate Name: GRAND LODGE OF NEBRASKA

Affiliate Address: 301 NORTH COTNER BLVD LINCOLN, NE 68505

Purpose of Payment: MEMBERSHIP ASSESSMENTS

<u>Amount of Payment:</u>	
	5766.

Affiliate Name: GRAND LODGE OF NEBRASKA

Affiliate Address: 301 NORTH COTNER BLVD LINCOLN, NE 68505

Purpose of Payment: SUPPLIES & INSURANCE

<u>Amount of Payment:</u>	
	339.

SCHEDULE O
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39 PAPILLION LODGE

Employer identification number
23-7539209

Total included on Form 990-EZ, line 10

6105.

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

Activity Classification: COLLEGE SCHOLARSHIPS

Grantee Name: PAPILLION HIGH SCHOOL, RALSTON HIGH SCHOOL,

PAPILLION SOUTH HIGH SCHOOL

Property Description: CASH

Amount Given:

2875.

Activity Classification: CHARITABLE CONTRIBUTIONS

Grantee Name: MASONIC CHARITIES

Property Description: CASH

Amount Given:

1219.

Total included on Form 990-EZ, line 10

4094.

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

Description of Other Expenses:

Amount:

FACILITY INSURANCE

516.

OFFICE AND MISCELLANEOUS

5013.

PROGRAM FUNCTIONS

3345.

Total to Form 990-EZ, line 16

8874.

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

Changes in Net Assets or Fund Balances:

Amount:

ACCOUNT FEES

-3127.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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► Attach to Form 990 or 990-EZ.

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FREE & ACCEPTED MASONS OF NEBRASKA
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23-7539209

DEPRECIATION ON BUILDING AND KITCHEN EQUIPMENT

-13475.

CHANGE IN MARKET VALUE OF INVESTMENTS

54378.

Total to Form 990-EZ, line 20

37776.

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

Description	Beg. of Year	End of Year
LONG TERM INVESTMENTS	198792.	278379.
Other Depreciable Assets	29086.	24611.
Total to Form 990-EZ, line 24	227878.	302990.

**Form 990-EZ, Part III, Primary Exempt Purpose - The Masons were cited in
the committee reports when section 501(c)(10) was enacted in
1969. "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.**

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.**

SCHEDULE O
(Form 990 or 990-EZ)

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.

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2013

Open to Public Inspection

Department of the Treasury
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FREE & ACCEPTED MASONS OF NEBRASKA

Name of the organization

FREE & ACCEPTED MASONS OF NEBRASKA
39 PAPILLION LODGE

Employer identification number
23-7539209

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