



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 Tax

OMB No 1545-1150

2013

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
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 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
 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 province, country, and ZIP or foreign postal code
PAPILLION, NE 68046-0951

D Employer identification number
23-7539209

E Telephone number
(402) 339-3205

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.papillion39.com**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (10) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, 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 ☒

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1 Contributions, gifts, grants, and similar amounts received																						
	2 Program service revenue including government fees and contracts																						
	3 Membership dues and assessments																						
	4 Investment income																						
	5a Gross amount from sale of assets other than inventory																						
	b Less: cost or other basis and sales expenses																						
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																						
	6 Gaming and fundraising events																						
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																						
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																						
c Less: direct expenses from gaming and fundraising events																							
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																							
7a Gross sales of inventory, less returns and allowances																							
b Less: cost of goods sold																							
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																							
8 Other revenue (describe in Schedule O)																							
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																							
Expenses	10 Grants and similar amounts paid (list in Schedule O)																						
	11 Benefits paid to or for members																						
	12 Salaries, other compensation, and employee benefits																						
	13 Professional fees and other payments to independent contractors																						
	14 Occupancy, rent, utilities, and maintenance																						
	15 Printing, publications, postage, and shipping																						
	16 Other expenses (describe in Schedule O)																						
	17 Total expenses. Add lines 10 through 16																						
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																						
	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)																						
	20 Other changes in net assets or fund balances (explain in Schedule O)																						
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																						

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

Form 990-EZ (2013) 6

Part II

X

22 Cash, savings, and investments

23	Land and buildings ..	158000.	23	149000.
----	-----------------------	---------	----	---------

24	Other assets (describe in Schedule O)	See Schedule O	227878.	24	302990.
----	---	--------------------------	---------	----	---------

25	Total assets	425056.	25	474832.
----	--------------	---------	----	---------

26	Total liabilities (describe in Schedule 0)	0.	26	0.
----	--	----	----	----

27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	425056.	27	474832.
----	---	---------	----	---------

Part III

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

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.

(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 ☐

30 Masonic Charities - Masonic Home, Masonic Band, Support of
US Troops.

(Grants \$ **1219.**) If this amount includes foreign grants, check here ☐

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

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

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

Part IV

11

(a) Name and title	per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	amount of other compensation
--------------------	------------------------------	---	--	------------------------------

PAUL KENYON				
MASTER	20.00	0.	0.	0.

PATRICK BERRY				
SENIOR WARDEN	10.00	0.	0.	0.

WILLIAM YOUNG				
JUNIOR WARDEN	10.00	0.	0.	0.

CARL HIGHMAN				
SECRETARY	30.00	0.	0.	0.

JAMES AVANT				
TREASURER	10.00	0.	0.	0.

			3	

FREE & ACCEPTED MASONS OF NEBRASKA

Form 990-EZ (2013)

39 PAPILLION LODGE

23-7539209 Page 3

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 ☒

		Yes	No
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:			
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 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>			
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		N/A	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		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 <u>Secretary, Papillion Lodge N</u> Telephone no. <u>(402) 339-3205</u> Located at <u>84th Street & Centennial Road, Papillion, NE</u> ZIP + 4 <u>68046</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	42b		X
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A	
		Yes	No
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		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 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 47 Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If "Yes," was the related organization a section 527 organization? 49b

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	(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
N/A				

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 Yes No

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 Date 11/13/14
 Signature of officer A. Carl Highman
 Type or print name and title A. Carl Highman, SECRETARY

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

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:

Description of Property:

Amount:

DIVIDENDS & INTEREST

6798.

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

Description of Other Revenue:

Amount:

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

Amount of Payment:

5766.

Affiliate Name: GRAND LODGE OF NEBRASKA

Affiliate Address: 301 NORTH COTNER BLVD LINCOLN, NE 68505

Purpose of Payment: SUPPLIES & INSURANCE

Amount of Payment:

339.

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

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 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

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	Beq. 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)

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

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