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Extended to November 16, 2015

## Short Form

Form 990-EZ

## Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2014

Department of the Treasury  
Internal Revenue Service

- 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](http://www.irs.gov/form990).

Open to Public  
Inspection

A For the 2014 calendar year, or tax year beginning

and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

FREE & ACCEPTED MASONS OF NEBRASKA  
39 PAPILLION LODGE

D Employer identification number

23-7539209

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

Room/suite

PO BOX 460951

City or town, state or province, country, and ZIP or foreign postal code

PAPILLION, NE 68046-0951

E Telephone number

(402) 339-3205

F Group Exemption

Number ►

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [www.papillion39.com](http://www.papillion39.com)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(10) (insert no.)  4947(a)(1) or  527K 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

► \$ 68559.

## 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 

Revenue Nov 2015	1 Contributions, gifts, grants, and similar amounts received	1 4000.
	2 Program service revenue including government fees and contracts	2 900.
	3 Membership dues and assessments	3 22535.
	4 Investment income	4 7321.
	5a Gross amount from sale of assets other than inventory	5a 13692.
	b Less: cost or other basis and sales expenses	5b 16957.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c -3265.
	6 Gaming and fundraising events	6d
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	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 20111.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 51602.
	10 Grants and similar amounts paid (list in Schedule O)	10 11077.
Net Assets	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 33370.
	15 Printing, publications, postage, and shipping	15 961.
	16 Other expenses (describe in Schedule O)	16 15368.
	17 Total expenses. Add lines 10 through 16	17 60776.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -9174.
	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 474832.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 27412.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 493070.

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

Form 990-EZ (2014)

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# FREE & ACCEPTED MASONS OF NEBRASKA

**Form 990-EZ (2014)**

## 39 PAPILLION LODGE

23-7539209

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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 III**

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22842.22	15775.
23	Land and buildings	149000.23	140000.
24	Other assets (describe in Schedule O)	302990.24	337295.
25	<b>Total assets</b>	<b>474832.25</b>	<b>493070.</b>
26	Total liabilities (describe in Schedule O)	0.26	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>474832.27</b>	<b>493070.</b>

**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  X

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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 10482.
29	<u>Three High School Scholarships - Papillion-Lavista, Papillion-Lavista South.</u>		
(Grants \$	2875. ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30	<u>Masonic Charities - Masonic Home, Masonic Band, Support of US Troops.</u>		
(Grants \$	2415. ) 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	<u>Total program service expenses (add lines 28a through 31a)</u>		► 32 10482.

**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.

1

## FREE &amp; ACCEPTED MASONS OF NEBRASKA

Form 990-EZ (2014)

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.  37b

b Did the organization file Form 1120-POL for this year?  38a

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?  38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved  39a N/A

39 Section 501(c)(7) organizations. Enter:  39b N/A

a Initiation fees and capital contributions included on line 9  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

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40d

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 ► None

42a 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)?  42b

If "Yes," enter the name of the foreign country: ►   
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42c

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/A

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

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

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

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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

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 ►

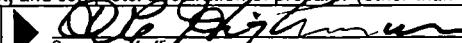
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(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 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	►  Signature of officer	►  Date 11/6/15
	►  Type or print name and title A.C. 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 ►			Phone no.
	Firm's address ►				

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

## 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](http://www.irs.gov/form990).

Name of the organization

FREE & ACCEPTED MASONS OF NEBRASKA  
39 PAPILLION LODGE

Employer identification number  
23-7539209

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

Description of Property:	Amount:
DIVIDENDS & INTEREST	7321.

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

Description of Other Revenue:	Amount:
CHECKING ACCOUNT INTEREST	14.
SHARED EXPENSE REIMBURSEMENT	16750.
VOLUNTARY MEMBER CONTRIBUTIONS	2700.
OTHER	647.
<b>Total to Form 990-EZ, line 8</b>	<b>20111.</b>

### 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:	5772.

Affiliate Name: GRAND LODGE OF NEBRASKA	
Affiliate Address: 301 NORTH COTNER BLVD LINCOLN, NE 68505	
Purpose of Payment: SUPPLIES & INSURANCE	
Amount of Payment:	15.
<b>Total included on Form 990-EZ, line 10</b>	<b>5787.</b>

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

**Supplemental Information to Form 990 or 990-EZ**

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Name of the organization

FREE & ACCEPTED MASONS OF NEBRASKA  
39 PAPILLION LODGE

Employer identification number  
23-7539209

Activity Classification: COLLEGE SCHOLARSHIPS

Grantee Name: PAPILLION HIGH SCHOOL, PAPILLION SOUTH HIGH SCHOOL

Property Description: CASH

Amount Given:

2875.

Activity Classification: CHARITABLE CONTRIBUTIONS

Grantee Name: MASONIC CHARITIES

Property Description: CASH

Amount Given:

2415.

Total included on Form 990-EZ, line 10

5290.

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

<u>Description of Other Expenses:</u>	<u>Amount:</u>
FACILITY INSURANCE	4949.
OFFICE AND MISCELLANEOUS	5959.
PROGRAM FUNCTIONS	4460.
<u>Total to Form 990-EZ, line 16</u>	<u>15368.</u>

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

<u>Changes in Net Assets or Fund Balances:</u>	<u>Amount:</u>
ACCOUNT FEES	-3713.
DEPRECIATION ON BUILDING AND KITCHEN EQUIPMENT	-13475.
CHANGE IN MARKET VALUE OF INVESTMENTS	41333.
ADD BACK REALIZED LOSS INCLUDED IN MARKET VALUE CHANGE	3267.
<u>Total to Form 990-EZ, line 20</u>	<u>27412.</u>

## Supplemental Information to Form 990 or 990-EZ

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Name of the organization	FREE & ACCEPTED MASONS OF NEBRASKA 39 PAPILLION LODGE	Employer identification number 23-7539209
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### Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
LONG TERM INVESTMENTS	278379.	317159.
Other Depreciable Assets	24611.	20136.
Total to Form 990-EZ, line 24	302990.	337295.

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.

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