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Extended to November 15, 2016  
Short Form

Form 990-EZ

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2015

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

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	FREE & ACCEPTED MASONS OF NEBRASKA		23-7539209
<input type="checkbox"/> Name change	39 PAPILLION LODGE		E Telephone number
<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address)		(402) 339-3205
<input type="checkbox"/> Final return/terminated	PO BOX 460951		F Group Exemption Number ►
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<input type="checkbox"/> Application pending	PAPILLION, NE 68046-0951		(Form 990, 990-EZ, or 990-PF).
G Accounting Method:	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website:	► <a href="http://www.papillion39.com">www.papillion39.com</a>		
J 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
K Form of organization:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Chartered by the Grand Lodge
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		► \$ 95787.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1 Contributions, gifts, grants, and similar amounts received	1 4000.
2 Program service revenue including government fees and contracts	2 350.
3 Membership dues and assessments	3 22973.
4 Investment income	4 7913.
5a Gross amount from sale of assets other than inventory	5a 39697.
b Less: cost or other basis and sales expenses	5b 23729.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 15968.
6 Gaming and fundraising events	See Schedule O
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a of contributions
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 20854.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 72058.
10 Grants and similar amounts paid (list in Schedule O)	See Schedule O 10 10711.
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 33361.
15 Printing, publications, postage, and shipping	15 3317.
16 Other expenses (describe in Schedule O)	16 15308.
17 Total expenses. Add lines 10 through 16	17 62697.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 9361.
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 493070.
20 Other changes in net assets or fund balances (explain in Schedule O)	20 -42090.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 460341.

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

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## FREE &amp; ACCEPTED MASONS OF NEBRASKA

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## 39 PAPILLION LODGE

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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 X

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

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

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

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

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 X

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

b Did the organization file Form 1120-POL for this year?  37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38a X

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

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

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

b Gross receipts, included on line 9, for public use of club facilities  40a 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

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  41 N/A

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  42 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  43 N/A

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 X

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).

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►  42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 N/A

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

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

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

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

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

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** ► *A. C. Hightman*  
Signature of officer  
► *A. C. Hightman, SECRETARY*  
Type or print name and title

11/14/2016  
Date

<b>Paid Preparer Use Only</b>	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

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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).

OMB No. 1545-0047

**2015**

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

Employer identification number  
**23-7539209**

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

**Chartered by the Grand Lodge of Nebraska**

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

<b>Description of Property:</b>	<b>Amount:</b>
<b>DIVIDENDS &amp; INTEREST</b>	<b>7913.</b>

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

<b>Description of Other Revenue:</b>	<b>Amount:</b>
<b>CHECKING ACCOUNT INTEREST</b>	<b>13.</b>
<b>SHARED EXPENSE REIMBURSEMENT</b>	<b>17266.</b>
<b>VOLUNTARY MEMBER CONTRIBUTIONS</b>	<b>2084.</b>
<b>OTHER</b>	<b>1491.</b>
<b>Total to Form 990-EZ, line 8</b>	<b>20854.</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:** **5526.**

**Affiliate Name: GRAND LODGE OF NEBRASKA**

**Affiliate Address: 301 NORTH COTNER BLVD LINCOLN, NE 68505**

**Purpose of Payment: SUPPLIES & INSURANCE**

**Amount of Payment:** **444.**

**Total included on Form 990-EZ, line 10** **5970.**

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Schedule O (Form 990 or 990-EZ) (2015)

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

#### 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: 1866.

Total included on Form 990-EZ, line 10 4741.

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

Description of Other Expenses: Amount:

FACILITY INSURANCE 5442.

OFFICE AND MISCELLANEOUS 5087.

PROGRAM FUNCTIONS 4779.

Total to Form 990-EZ, line 16 15308.

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

Changes in Net Assets or Fund Balances: Amount:

ACCOUNT FEES -3875.

DEPRECIATION ON BUILDING AND KITCHEN EQUIPMENT -13475.

CHANGE IN MARKET VALUE OF INVESTMENTS -8772.

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

**REALIZED GAIN INCLUDED IN MARKET VALUE CHANGE** **-15968.**

**Total to Form 990-EZ, line 20** **-42090.**

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

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>LONG TERM INVESTMENTS</u>	<u>317159.</u>	<u>299779.</u>
<u>Other Depreciable Assets</u>	<u>20136.</u>	<u>15661.</u>
<u>Total to Form 990-EZ, line 24</u>	<u>337295.</u>	<u>315440.</u>

**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,

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

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Schedule O (Form 990 or 990-EZ) (2015)

**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.**

► Attach to Form 990 or 990-EZ.

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

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or indirectly, on a personal benefit contract.