

2017

Open to Public
Inspection

990-EZ

Short Form

Return of Organization Exempt From Income Tax

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.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

, 2017, and ending

, 20

B Check if applicable		C Name of organization FREE & ACCEPTED MASONS OF NEBRASKA		D Employer identification number 23-7539209	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Number and street (or P O. box, if mail is not delivered to street address) PO BOX 460951		Room/suite 10	
		City or town, state or province, country, and ZIP or foreign postal code PAPILLION, NE 68046-0951		E Telephone number (402) 339-3205	
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		F Group Exemption Number ►	
I Website:		► N/A		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
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 checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ► \$ 117,927.	

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	1	1
1 Contributions, gifts, grants, and similar amounts received	. . . . .	4,000.
2 Program service revenue including government fees and contracts	. . . . .	930.
3 Membership dues and assessments	. . . . .	21,585.
4 Investment income	. . . . .	7,461.
5a Gross amount from sale of assets other than inventory	5a	21,773.
b Less: cost or other basis and sales expenses	5b	18,492.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	3,281.
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	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	62,178.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99,435.
RECEIVED NOV 19 2018 OGDEN, UT		
Expenses	10	10
10 Grants and similar amounts paid (list in Schedule O)	. . . . .	3,425.
11 Benefits paid to or for members	. . . . .	0.
12 Salaries, other compensation, and employee benefits	. . . . .	0.
13 Professional fees and other payments to independent contractors	. . . . .	0.
14 Occupancy, rent, utilities, and maintenance	. . . . .	30,444.
15 Printing, publications, postage, and shipping	. . . . .	3,516.
16 Other expenses (describe in Schedule O)	. . . . .	17,667.
17 Total expenses. Add lines 10 through 16	. . . . .	55,052.
Net Assets	18	18
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	. . . . .	44,383.
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)	. . . . .	446,663.
20 Other changes in net assets or fund balances (explain in Schedule O)	. . . . .	-148,375.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	. . . . .	342,671.

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	16,157.	22 58,026.
23	Land and buildings	122,000.	23 113,000.
24	Other assets (describe in Schedule O)	308,506.	24 171,645.
25	Total assets	446,663.	25 342,671.
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	446,663.	27 342,671.

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 Part III Stmt.

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 "Making Good Men Better" Promotion of high moral character leadership, brotherhood, and citizenship. Expenses include administrative, publications, ritual, and function expenses.		
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29 High School scholarships - Papillion LaVista and Papillion LaVista South		
(Grants \$	3,425.) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30 Masonic Charities - Masonic Home for Children, Omaha Home for Boys, Masonic Home, and support for US Troops.		
(Grants \$	667.) 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)		32

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.

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 Schedule O to respond to any question in this Part V <input type="checkbox"/>		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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
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	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations. Enter:	39b	
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 ► _____ ; section 4912 ► _____ ; section 4955 ► _____
b	Gross receipts, included on line 9, for public use of club facilities	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
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	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
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
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	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
41	List the states with which a copy of this return is filed ►	42a	The organization's books are in care of ► Secretary, Papillion Lodge #39 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	<input checked="" type="checkbox"/>
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	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

46	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 Schedule C, Part II

47	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49b	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	(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"

(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 CARL HIGHMAN, SECRETARY	Date <u>11/13/18</u>	
		Type or print name and title	

Paid Preparer Use Only	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	

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.**
- **Go to www.irs.gov/Form990 for the latest information.**

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Name of the organization

FREE & ACCEPTED MASONS OF NEBRASKA

Employer identification number

23-7539209

Pt I, Line 8:

Description: CHECKING ACCOUNT INTEREST \$22

Description: SHARED EXPENSE REIMBURSEMENT \$17,770

Description: VOLUNTARY MEMBER CONTRIBUTIONS \$3,820

Description: INSURANCE PROCEEDS \$40,566

Pt I, Line 10:

Description: PROMOTE COMMUNITY INVOLVEMENT

Class of activity: SCHOLARSHIPS

Grantee's name: PAPILLION LAVISTA SCHOOLS

Grantee's address: CENTENNIAL ROAD PAPILLION NE 68046

Grantee's relationship: NONE

Amount given: \$3,425

Pt I, Line 16:

Description: FACILITY INSURANCE \$6,294

Description: OFFICE AND MISCELLANEOUS \$3,542

Description: CHARITABLE CONTRIBUTIONS \$708

Description: PROGRAM FUNCTIONS \$1,080

Description: GRAND LODGE OF NEBRASKA ASSESSMENT \$6,043

Pt I, Line 20:

Description: INVESTMENT ACCOUNT FEES -\$4,047

Description: DEPRECIATION ON BUILDINGS AND KITCHEN EQUIPMENT -\$13,475

Description: CHANGE IN UNREALIZED GAINS ON INVESTMENTS-SEE BELOW \$50,526

Description: CORRECT ACCOUNTING OF INVESTMENTS TO COST BASIS -\$181,379

Pt II, Line 24:

Description: LONG TERM INVESTMENTS Beginning of Year: \$297,320 End of Year: \$346,313

Name of the organization

FREE & ACCEPTED MASONS OF NEBRASKA

Employer identification number

23-7539209

Description: OTHER DEPRECIABLE ASSETS Beginning of Year: \$11,186 End of Year: \$6,711

Description: UNREALIZED GAIN ON LONG TERM INVESTMENTS Beginning of Year: 0 End of Year: -\$181,379