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)

2019

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

_		Revenue Service	- Go to www.iis.gov/ offiissol2 for instructions and the latest link		10				
_			ar year, or tax year beginning , 2019, and end			, 20			
	Check	Check if applicable C Name of organization D Em				dentification number			
إ	Addre	ess change	ROYAL ORDER OF JESTERS COURT #118	23-	71515	569			
Ļ		e change	Number and street (or PO box if mail is not delivered to street address)RECEIRoms	uite DE Tele	elephone number				
L	-	return/terminated	700 LOCUST ST	14402	-532-6263				
Č	=	nded return	City or town, state or province, country, and ZIP or foreign postal code JUL 3 0 202	U F Gr	oup Exemption				
Ũ	_	cation pending	Z Nu	mber	▶0512				
(Acco	ounting Method	▶ X	if the organization is not					
1	Web	site:► N/A	ed to at	tach Schedule B					
, .	Website: ► N/A J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (10) ◀ (insert nd) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF)								
		n of organization	☐ Corporation ☐ Trust ☐ Association ☒ Other						
٧ ر			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	f total assets	3				
	Part II,	column (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ 9	87,836.00			
<u> </u>	Part	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ction				
AUG		Check If	the organization used Schedule O to respond to any question in this F	Part I.		. X			
∢ ⁻	1	1 Contributio	ns, gifts, grants, and similar amounts received		1				
\Box	2		ervice revenue including government fees and contracts	•	2	46,311.00			
¥	3		p dues and assessments		3	41,485.00			
SCANNED	4	4 Investment	•		4	40.00			
<u>₹</u>	5	5a Gross amo	unt from sale of assets other than inventory						
$\mathcal{C}_{\mathcal{C}}$			or other basis and sales expenses	-	7				
•			ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0.00			
	Ι 6	_							
		_	ome from gaming (attach Schedule G if greater than		1	•			
	9	\$15,000)							
	Kevenue	· ·	me from fundraising events (not including \$ of contrib	utions	┥ !				
	<u>§</u>								
,	-		aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) . 6b						
			t expenses from gaming and fundraising events 6c		1				
			e or (loss) from gaming and fundraising events (add lines 6a and 6b an	d subtract	┥ .				
		line 6c)			6d	0.00			
	7	•	s of inventory, less returns and allowances		 	0.00			
] ′		of goods sold		┪				
	Ì		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0.00			
	8	•	nue (describe in Schedule O)		8				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	87,836.00			
-	10		similar amounts paid (list in Schedule O)		10	555.00			
	11		id to or for members		11	333.00			
		•	her compensation, and employee benefits	•	12				
	12 13 14 15		al fees and other payments to independent contractors		13	945.00			
				•	14	943.00			
	ă 14 XI 45		r, rent, utilities, and maintenance		15	2 244 00			
•	١.٠		blications, postage, and shipping	•		3,344.00			
	16	•	nses (describe in Schedule O)		16	64,993.00			
-	17		nses. Add lines 10 through 16	<u> ▶</u>	17	69,837.00			
	<u>s</u> 18		deficit) for the year (subtract line 17 from line 9)		18	17,999.00			
	ig 19		or fund balances at beginning of year (from line 27, column (A)) (must a			22 222 22			
•	š	•	figure reported on prior year's return)		19	77,389.00			
	19 20 4		ges in net assets or fund balances (explain in Schedule O)		20				
_	21		or fund balances at end of year. Combine lines 18 through 20	<u> </u>	21	95,388.00			
F	or Pap	perwork Reducti	on Act Notice, see the separate instructions.			Form 990-EZ (2019)			

_. Par		Balance Sheets (see the instruction	s for Part II)				
		Check if the organization used Schedu	le O to respond to a	ny question in this		<u></u>	<u>.</u> 🛘
					(A) Beginning of year		(B) End of year
22		n, savings, and investments .			77,389.00		<u>95,388.00</u>
23		l and buildings		[23	
24		r assets (describe in Schedule O)				24	
25		l assets	•		77,389.00		95,388.00
26		I liabilities (describe in Schedule O)			22 222 22	26	
27 Part		assets or fund balances (line 27 of colur			77,389.00	27	95,388.00
rart	Ш	Statement of Program Service Acco	•		•		Expenses
\A/hat	ıc tho	Check if the organization used Schedu organization's primary exempt purpose?			raitiii	(Req	uired for section
							(c)(3) and 501(c)(4)
as me perso	easure	e organization's program service accom d by expenses in a clear and concise nefited, and other relevant information for	manner, describe the			othe	inizations, optional for
28	·						
-							
-							
-	Grants	s \$) If this amou	nt includes foreign gra	ants, check here .	🕨 📙	28a	
29							
-							1
-	Conto	C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		nto chook horo		29a	
30	Grants					25 a	
-							
-							
-	Grants	s \$) If this amou	nt includes foreign gra	ents check here	▶ □	30a	
-		program services (describe in Schedule C					
	Grants	• •	, nt includes foreign gra	ints, check here	▶ □	31a	
- 2							+
32	fotal p	program service expenses (add lines 28	a through 31a)		•	32	
32 Part		List of Officers, Directors, Trustees, and K		one even if not com			tions for Part IV)
	IV		ey Employees (list each	one even if not com	pensated—see the in		tions for Part IV)
	IV	List of Officers, Directors, Trustees, and K	ey Employees (list each	one even if not com	pensated—see the ir Part IV (d) Health benefits, contributions to employs benefit plans, and	ee (e)	
Part	IV	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title	ey Employees (list each le O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISO	pensated—see the ir Part IV (d) Health benefits, contributions to employs benefit plans, and	ee (e)	Estimated amount of
Part	SIBI	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title	ey Employees (list each le O to respond to an (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of
Part GENE IMPR	SIBI	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title LEY	ey Employees (list each le O to respond to an (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISO	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Part GENE IMPR DOUG	SIBI	List of Officers, Directors, Trustees, and M Check if the organization used Schedu (a) Name and title LEY RIO GMAN	ey Employees (list each le O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
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,	Page	7
•	rage	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
22	Did the appropriation appropriate any simplicant activity, not provide to the IDC2 If "Vee " provide a		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		х
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			
25	change on Schedule O See instructions	34		Х
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		Х
ь	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		
С	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		х
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		Х
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	<u> </u>		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	4		
39	Section 501(c)(7) organizations Enter	•		•
a	Initiation fees and capital contributions included on line 9	ļ·	•	
40a	Gross receipts, included on line 9, for public use of club facilities	ρ		٠,
40a	section 4911 ► ; section 4912 ► , section 4955 ►	٠,	٠.	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	٠		
U	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		
С	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	i .	'. i	-
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization		,	
е	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		L	
42a	The organization's books are in care of ▶ DOUG KROGMAN Telephone no ▶ 402-	-532	-626	3
	Located at ▶ 700 LOCUST ST., PANAMA, NE ZIP+4 ▶ 6841			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country ▶		1	۲
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	[.,]		:1
	Financial Accounts (FBAR)			لنـ
С	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		<u> </u>
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	 7	1	
44-	Did the appropriate accustom and dense addiced funds during the year? If "Vee " Form 000 must be		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
	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	_	l
	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			1
. –	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>
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	- 1	Х

Form 990-E	Z (2019)							Page 4
46 Di	ıd the organizatıon engage, directly or ır	adirectly in political	ramnaidh activities	on hehalf of o	r in appasit	ion —	Yes	No
	candidates for public office? If "Yes," of					46	 -	X
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only s must answer que	estions 47–49b ar		mplete the		for lin	<u> </u>
	Check if the organization used Sc	hedule O to respon	d to any question i	n this Part VI	- : - : - : - : - : - : - : - : - : - :	· · · · · ·		
47 Di	the organization engage in lobbying activities or have a section 501(h) election in effect during the tax r? If "Yes," complete Schedule C, Part II			tax 47	Yes	No		
48 Is	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	id the organization make any transfers t	•		nization? .		49a	-	
	"Yes," was the related organization a se					49b		<u> </u>
	omplete this table for the organization's mployees) who each received more thar							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions	benefits, to employee and deferred	(e) Estimate other cor	ed amo	unt of
		-						
,								
						·—		
51 Co	otal number of other employees paid over omplete this table for the organization' 100,000 of compensation from the orgation of the organization from the organization from the organization of each independent of the organization of each independent of the organization of each independent of the organization of the organizatio	s five highest comp inization. If there is n				received		than
			-					
			-					
52 Did	otal number of other independent contra d the organization complete Schedu ompleted Schedule A	_		. ▶ganizations m	ust attach	a ▶∐ Yes	⊠ ı	<u></u>
	Ities of perjury I declare that I have examined this r							
Sign						<u> </u>		
Here	Type or print name and title	, IMPRESARI	0					
Paid Propare	Print/Type preparer's name REGINALD S KUHN	Preparer's signature		Date Check if Self-employed P01207				 2
Prepare	51							

Use Only Firm's name ► MATTSON RICKETTS LAW FIRM

Firm's address ▶ 134 S 13TH ST, STE 1200, LINCOLN, NE 68508 May the IRS discuss this return with the preparer shown above? See instructions

► X Yes No

Firm's EIN ▶ 47-6083491

Phone no 402-475-8433

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.

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

OMB No 1545-0047

201

Employer identification number

Open to Public Inspection

ROYAL ORDER OF JESTERS COURT #118		23-7151569
PART I, LINE 10 - GRANTS & SIMILAR AMOUNTS E	PAID:	
SESOSTRIS SHRINE TRANSPORTATION FUND	\$ 175.00	
SHRINE BOWL OF NEBRASKA	\$ 380.00	
	, 	
TOTAL PART I, LINE 10	\$ 555.00	
PART I, LINE 16 - OTHER EXPENSES:		
OFFICE	\$ 945.00	
CONFERENCES/MEETINGS	\$ 19,436.00	•
INSURANCE	\$ 265.00	
PROGRAM/MEETING EXP	\$ 38,994.00	
NATIONAL PER CAPITA/DUES	\$ 3,618.00	
SUPPLIES	\$ 1,735.00	
TOTAL PART I, LINE 16	\$ 64,993.00	
	·	
	·	

Schedule O (Form 990 or 990-EZ) (2019)	
Name of the organization	Employer Identification number
ROYAL ORDER OF JESTERS COURT #118	23-7151569
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