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Form **990**

Department of the Treasury Internal Revenue Service

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Openito Public Inspection

| A | For th | ne 2013 calend | dar year, or tax year begir | nning | , 2013, | and endi | ng | | 1 | | |
|------------------------------|------------|----------------------|---|---|-----------------------|----------------|---------------------------------------|-----------------|--------------------|-----------------|---------------|
| В | Check if | applicable | C Name of organization ANC | IENT FREE & ACCEP | TED MASONS 1 | 25 MOSA | C LODGE | D Employ | yer identifi | cation Number | |
| | Ad | dress change | Doing Business As MOS | SAIC LODGE NO. | 125, A.F. | AND A | .M. | 42- | 60662 | 92 | |
| | Na | me change | Number and street (or P.O. bo | x If mail is not delivered to stre | et address) | Room | /suite | E Telepho | one number | , | |
| | Inst | tial return | 1355 WEST THIRD | STREET | | | | (56 | 3) 58 | 3-0460 | |
| | Tei | rminated | | country, and ZIP or foreign po | stal code | | | | | | |
| | Am | nended return | DUBUOUE | | IA | 52001 | -6445 | G Gross r | eceipts \$ | 324,508 | 3. |
| | Api | plication pending | F Name and address of principal | officer | | | H(a) is this a | group return | for subord | nates? Yes | X No |
| | | | BRIAN E. KELLEY 1355 WES | T THIRD STREET DUBU | OUE IA | 52001-6445 | H(b) Are all | subordinates | Included? | Yes | i No |
| ī | Tax-e | exempt status | 501(c)(3) 501(c) (| | 4947(a)(1) or | 527 | " ''' | attach a list (| see msnuci | aons) | |
| J | Web | osite: ► WW | W.MOSAICLODGE125 | | | | H(c) Group | exemption nu | mber - | 0495 | |
| ĸ | Form | of organization | Corporation Trust | | FRATERNAL L | ear of formati | on 1858 | 8 M s | State of lega | al domicile I A | <u></u> |
| Pa | | Summar | · · · · · · · · · · · · · · · · · · · | | | | | | | ~ | |
| 143 /44 | | | e the organization's mission | n or most significant ac | tivities TO | PROMOTE | A WAY OF | LIFE TH | AT BIND | S LIKE-MIN | DED MEN |
| G) | | | ERHOOD THAT TRANSCE | | | | | | | | |
| Ž | | | UGH ITS FELLOWSH | | | | | | | | |
| Ž,E | | SERVE GO | D, FAMILY, COUNT | RY, AND SELF | | | | | | | |
| 6 59 | 2 | Check this box | if the organization | n discontinued its opera | tions or disposed | d of more t | han 25% o | f its net as | | | |
| - S | 3 ! | | ing members of the govern | | | | | | 3 | | 66 |
| Se | 4 ! | | ependent voting members | | | | | | 5 | | 63 |
| T. | 5 6 | | of individuals employed in c of volunteers (estimate if ne | • | | | | | 6 | | 0 |
| Ę | 7a | | d business revenue from Pa | | | | | | 7a | •• | 0. |
| \triangleright | b 1 | | business taxable income from | | | | | | 7b | | 0. |
| A HV Activities & Governance | | | | | | | | rior Year | | Current Y | |
| | | Contributions a | and grants (Part VIII, line 1 | h) | | | | 3,2 | 03. | 3 | ,504. |
| ∜jRevenue® | | | ce revenue (Part VIII, line 2 | | | | | | | | |
| £8- | 10 I | Investment inc | come (Part VIII, column (A), | lines 3, 4, and 7d) | | | | 28,8 | 72. | 51 | ,730. |
| E | 11 (| Other revenue | (Part VIII, column (A), lines | s 5, 6d, 8c, 9c, 10c, and | d 11e) | | | | | | 4. |
| | | | add lines 8 through 11 (r | | | | | 32,0 | | 55 | ,238. |
| | 13 (| Grants and sin | nılar amounts paid (Part IX, | column (A), lines 1-3) | | | ٠ [| 20,6 | 25. | 27 | <u>,799.</u> |
| | | | o or for members (Part IX, o | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| S | 15 5 | Salaries, other | compensation, employee t | benefits (Part IX, colum | n (A), lines 5-10) |) | · | | | | |
| Expenses | 16a F | Professional fu | indraising fees (Part IX, col | umn (A), line 11e) | | | | | | | |
| xbe | b 7 | Total fundraisir | ng expenses (Part IX, colur | nn (D), line 25) ► | | | 4, 4, | | و الماعتو | | if a state of |
| ш | 17 (| Other expense | es (Part IX, column (A), lines | s [4] a-1,4d [4-1](24e) | | | | 16,9 | 16,921. 37,546. | | ,471. |
| | 18 7 | Total expenses | s. Add lines 13-17 (must eg | ual Part IX, column (A) | , line 25) · · · | | | 37,5 | | | ,270. |
| _ | 19 F | Revenue less e | expenses Subtract line 18 | from line 12 | | | | -5,4 | 71. | 9 | ,968. |
| 0 0 | | | 8 | MAR S I ZUIA | P | - | Beginnın | g of Curren | | End of Ye | ∍ar |
| 3ala | 20 7 | Total assets (P | Part X, line 16) | <i> </i> | . 8 | | | 813,9 | 27. | 848 | ,095. |
| Net Assets Fund Baland | 21 7 | Total liabilities | (Part X, line 26) | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | | | |
| 호리 | 22 N | Net assets or fo | und balances Subtract line | 21 from line 20 1 | <u></u> | | . | 813,9 | 27. | 848 | ,095. |
| Pa | rt(II) | Signature | Block | | | | | | | | |
| Unde | r penaltie | s of религу, I decla | are that I have examined this return, | including accompanying sched | lules and statements, | and to the bes | st of my knowle | edge and beli | ef, it is true, | correct, and | |
| comp | lete Deci | laration of preparer | (other than officer) is based on all ii | niormation of which preparer to | as any knowledge | | | | | | |
| | | Signature | win D. Blinks | <u>, </u> | | | Date | <u>March</u> | 24, | 2014 | |
| Sig | | Signature | or onicer | | | | | | | | |
| Hei | e | I | N D. BLINKS | | | | TREAS | URER | | | |
| | | | orint name and title | To | | Date | | | l. PT | IN . | |
| | | Print/Type pre | | Preparer's signature | | | | Check | J" | | |
| Pai | | | Kircher | James Kircher | | 03/17/ | 14 | self-employed | 1 I I I | 01057802 | |
| | parer | | JIM KIRCHER & | | P.C. | | | r = 1.1 = | 40 - | 1.60212 | |
| US | Only | Firm's address | | DR. | | | | Firm's EIN | | 162310 | |
| | | <u></u> | DUBUQUE | | | 2-3788 | | Phone no | (563) | 556-339 | |
| May | the IR: | S discuss this | return with the preparer she | own above? (see instru | ctions) | | | | | X Yes | No |

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|------|--|---|
| Part | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u> </u> |
| 1 | Briefly describe the organization's mission: To promote a way of life that binds like-minded men in a brotherhood that transcends all religious, ethnic, cultural, so educational differences; by teaching the great principles of brotherly love, relief, and truth; and by the outward express through its fellowship, compassion, and concern, to find ways in which to serve God, family, country, and self | sion of these, |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | ☐Yes ☑No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ☐Yes ☑ No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported. | as measured by tions to others, |
| 4a | (Code:) (Expenses \$including grants of \$) (Revenue \$ |) |
| | Fraternal Education and Activities: To present the principles and teachings of Freemasonry to members in order to m better individuals within society and to provide meaningful activities to promote Masonic fellowship | ake them |
| | The principles and teachings of Freemasonry are first presented to those joining Mosaic Lodge through the three degriful Symbolic Masonry and thereafter by educational programs, numerous self-study resources, and by witnessing how of practice them in their daily lives. The sixty-six members of the Lodge were provided with a variety of opportunities for fellowship and growth. Members were informed about Lodge meetings, degree work, and various activities and were to participate whenever possible. Some of the activities included family members. | her Masons Masonic encouraged |
| | | |
| | (Code:) (Expenses \$including grants of \$) (Revenue \$ Charitable Assistance: To provide funds and other assistance to individuals and/or organizations for religious, charita scientific, literary, and educational purposes | ble, |
| | Charity is one of the fundamental principles of Freemasonry and is evidenced though its financial support of a variety causes. In 2013 Mosaic Lodge awarded grants totaling \$17,599 to fourteen qualified non-profit organizations and awar scholarships to five outstanding high school seniors in order to assist them in pursuing a post-secondary education. also awarded a \$200 grant to a young handicapped individual to make it possible for that person to attend a summer cafor handicapped persons. Masonic charity, however, goes beyond that of financial assistance and is evident through it | ded \$2,000 The Lodge amp designed is members' |
| - | acts of kindness and service to those in need of assistance whether they be Masons or not. | |
| 4c | (Code:) (Expenses \$ |) |
| - | | |
| - | | |
| - | | |
| - | | |
| | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| 40 7 | T-1-1 | |

Form **990** (2013)

| Par | t IV Checklist of Required Schedules | | , | , |
|------------|---|-----|-----|---------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | 1. | , | 1 |
| | complete Schedule A | 1 | | \ <u>\</u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 1 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | complete Schedule D, Part VI | 11a | | ✓ |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | ✓ |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | ✓ |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | ✓ |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | <u>▼</u> ✓ |
| b | Schedule D, Parts XI and XII | 12a | | √ |
| 40 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | | √ |
| 13 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | - |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 1 | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | √ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | √ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | √ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u>·</u> ✓ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | <u>·</u> ✓ |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ` |
| | If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | Checklist of Required Schedules (continued) | | | |
|----------|---|------------|----------|---------------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 1 | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 1 | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ✓ |
| b c | | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part'l | 24d 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | ١ | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | - |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | √ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | <u>·</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u>·</u> ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | <u>·</u> ✓ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | <u></u> |
| b | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| 38 | Part VI | 37 | | ✓ |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | √ | 100:12 |
| | | Form | 990 | (2013) |

| Par | | | | |
|----------|--|------|--------------|--|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | - L |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Tes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| Ŭ | reportable gaming (gambling) winnings to prize winners? | 1c | 21122 | TI MICES |
| 2a | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | , management | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 3b | | |
| 4a | 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 | | | ١. |
| | account)? | 4a | an estimate | / |
| þ | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | 3 44 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | - |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | ₩ |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | ✓ | |
| b | organization solicit any contributions that were not tax deductible as charitable contributions? | - Oa | _ | - |
| | gifts were not tax deductible? | 6b | 1 | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| 'а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | GGWGAU. | I SOME SUBTRA |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | <u> </u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | AZZEMSTREE | Bune |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| _ | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | |
| a b | Did the organization make any taxable distributions under section 4966? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 200 |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | 40 |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | (新西語 | 機能 | MARIE . |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | 1 | |

| Par | | and | for a | "No" | | | | |
|-------------------|--|--------------|----------|---------------|--|--|--|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | | | | | | | |
| <u> </u> | Check if Schedule O contains a response or note to any line in this Part VI | <u>· · ·</u> | · · | . 🔽 | | | | |
| Sect | tion A. Governing Body and Management | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | ✓ | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 4 5 6 | ✓ | ✓ | | | | |
| þ | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | ✓ | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | |
| a b | The governing body? | 8a 8b | - | √ | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | √ | | | | |
| ecti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | | ode.) | | | | | |
| | on b. I onoics (Time occurred requests information about pointies from equinos b) are information | | Yes | No | | | | |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | √ | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | | ✓ | | | | |
| þ | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | |
| 12a b | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a 12b | | <u>√</u> | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | - | | | | |
| 13 14 15 | Did the organization have a written whistleblower policy? | 13 | | <u>√</u> | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| a b | The organization's CEO, Executive Director, or top management official | 15a 15b | } | <u>v</u> | | | | |
| 16a | if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | | | |
| b | with a taxable entity during the year? | 16a 16b | | | | | | |
| ectio | on C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | 501(c | s(S)(3 | only) | | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | aract - | alıa: : | 224 | | | | |
| | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year. | | olicy, | , and | | | | |
| | State the name, physical address, and telephone number of the person who possesses the books and records | of the | | | | | | |
| | organization: ► Edwin D. Blinks, 10602 Cedar Point Court, Dubuque, IA 52003-8102 (563) 583-0460 | | | | | | | |

| | ~~- | 7 |
|---|-----|---|
| т | aye | |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an |
|----------|---|
| | Independent Contractors |

Check if Schedule O contains a response or note to any line in this Part VII.

₩

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| Check this box if heither the organization no | ally relate | l | <u>ai 112</u> | | C) | ompe | 1136 | l day dane | | , or tradition |
|---|---|------------------------|---|---------|--------------|------------------------------|-----------|--|---|--|
| (4) | (m) | | | - | sition | | | (D) | (E) | (F) |
| (A) Name and Title | (B) Average | | (do not check more than one | | Reportable | Reportable | Estimated | | | |
| raine and the | hours per | | box, unless person is both an officer and a director/trustee) | | compensation | compensation from | amount of | | | |
| | week (list any hours for related organizations below dotted | ndividua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related |
| | line) | ıstee | trustee | | ď | pensated | | | | organizations |
| (1) James B. Kendell | .75 | | | | | | | | | |
| Master | ļ | | _ | ✓ | _ | | | 0 | 0 | 75 |
| (2) Brian E. Kelley Senior Warden | .50 | | | 1 | | | | 0 | 0 | 0 |
| (3) Christopher W. Stechman Junior Warden | .50 | | | ✓ | | | i | 0 | 0 | 0 |
| (4) Edwin D. Blinks | 1.00 | | | | | | _ | | | |
| Treasurer | | | | ✓ | | | | 0 | 0 | 150 |
| (5) D. Keith Robertson | 1.50 | | | | | | | | | |
| Secretary | | | | ✓ | | | | 0 | 0 | 300 |
| (6) | | | | | | | | | | |
| (7) | | | | | | } | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | - | | | | | | | |
| (12) | | | | | | | - | | | |
| (13) | | | 1 | - | - | | | | | |
| (14) | | | 1 | | | | - | | | |

| Pa | rt VII Section A. Officers, Directors, Trus | tees, Key E | mplo | yee | s, a | nd F | lighe | st C | ompensated E | mployees (cont | inued) |
|---------|--|--|--|-----------------------|--------------|--------------------|---|---------------|-------------------------------------|--|--|
| | (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than box, unless person is bot officer and a director/trus | | | | than on the state of the state | n an tee) | Reportable compensation | (E) Reportable compensation from related | (F) Estimated amount of other |
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | | | | | |
| (16) | | | | | _ | | | | | | |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | _ | | - | | | | | |
| (21) | | | | 1 | | - | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | _ | | | | <u></u> | |
| (24) | | | | | | | | | | | |
| (25) | | | | | - | | | | | | |
| 1b c | Sub-total | VII, Section | n A | | | | | > | 0 | 0 | |
| 2 | Total number of individuals (including but reportable compensation from the organization) | not limited | | | | | bove |) wh | | | |
| 3 | Did the organization list any former off employee on line 1a? If "Yes," complete S | icer, direct | | | | | | mpl | oyee, or highe | est compensate | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations undividual | sum of rep greater tha | ortab n \$1! | le c 50,0 | om 0001 | pen ? <i>If</i> | satioi "Yes | n ar ;," (| nd other compe complete Sche | ensation from the dule J for suc | ne ch |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? | | | | | | | | | ation or individu | al 5 🗸 |
| Section | on B. Independent Contractors | | | | | | | | | | |
| . 1 | Complete this table for your five highest c compensation from the organization. Repoyear | ompensate ort compen | d indessation | epe n for | nde r the | nt c e ca | ontra lenda | icto ar ye | rs that received ear ending with | d more than \$10 or within the or | oganization's tax |
| | (A) Name and business addre | ess | | | | | | | (B) Description of se | rvices | (C) Compensation |
| None | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compensations. | | | | | | | tho | se listed abov | /e) who | |
| | | | | | | | | | | | Form 990 (2013) |

Form **990** (2013)

| - ترتـــنـا | • | Check if Schedule O o | contains a re | sponse or note to ar | y line in this Part VIII | | <i>.</i> | 📙 |
|---|----------|--|------------------|----------------------|--|---|--|--|
| | | | the same | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| TS S | 1 a | Federated campaigns . | | 1 a | | | The state of the state of | 1 |
| S IN | b | Membership dues | | 1b 2,84 | 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 1 1 - Sty | | The service of |
| 200 | c | Fundraising events | | 1 c | | State of the state | | |
| FIS | d | Related organizations . | | 1 d | 医脑内侧的方面 | | | |
| , G | | Government grants (contributi | <u> </u> | 1 e | | 33 Take 32 th regards at 1 th ar 21 th ar 22 th | 1 3 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 | the state of the s |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | | All other contributions, gifts, gi similar amounts not included a | rants, and | 1f 66 | o. | | | |
| E C | g | Noncash contributions include | d in lines 1a-1f | \$ | | | 林沙 | 多一种 |
| S E | h | Total. Add lines 1a-1f | <u></u> | <u> </u> | | | | 31.3 |
| OE O | | - | | Business Code | 7 7 7 7 7 | 15.65 | 1 | تمسستعست |
| Ē | 2 a | · | | | | <u> </u> | | |
| 22 | b | , | | | | | | |
| 25 | c | | | | | <u> </u> | | |
| Œ | d | | | | | | | |
| S | e | | | | | | | |
| X. | f | All other program service | revenue . | | | | | |
| ဋ | | Total. Add lines 2a-2f | | | . ▶ | 1.5 | 1 | 企 。 |
| _ | <u>-</u> | | | | · | | 1 | |
| | 3 | investment income (incluother similar amounts). | laing aiviaen | as, interest and | . 20,936 | . 20,936. | 0. | 0. |
| | 4 | Income from investment | | | | 20/330. | | |
| | 5 | Royalties | | • | | | | |
| | J | Noyamesi | (i) Real | (ii) Personal | 16.78m, 1 181-152 5 1 - 4,00 | / t.dr /) | the state of the s | A STATE OF STATE |
| | 6 - | Gross rents | (1) 1.00 | - (.,, | | | | 题的"海" Y · 查 |
| | | | | | - the state of the | 銀管 (2) (2) (2) | | |
| | | Less. rental expenses | | | | | | Lim. |
| | | Rental income or (loss) | | | | 1 | | |
| | d | Net rental income or (los | | | · - | | | |
| | 7 a | Gross amount from sales of | (ı) Secuntie | s (II) Other | / ' ' | , ,,, | 1 - 1 - 1 | |
| | | assets other than inventory | 300,0 | 64. | | | * | |
| | b | Less cost or other basis | | | | The second | mile in the same | the street which he |
| | | and sales expenses | 269,2 | 70 | | , | | |
| | С | Gain or (loss) | 30,7 | 94. | | | والمستدان والمناسب | |
| | d | Net gain or (loss) | | <u></u> | .▶ 30,794. | 30,794. | 0. | 0. |
| | 8 a | Gross income from fundr | aising event | s | 1 1 | | 4' 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11 11 11 11 |
| ₹. | | (not including: \$ | | | | | , | |
| 器 | | of contributions reported | on line 1c) | | | - , | | |
| OTHER REVENU | | See Part IV, line 18 | | . a | | The state of the state of | J. 1997 | July Barrier |
| 뿔 | b | Less direct expenses . | | . b | | | | H A LANGE OF |
| 5 | | Net income or (loss) from | | | . ▶ | | | |
| | | Gross income from gamin See Part IV, line 19 | _ | | 1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | 1 () () () () () () () () () (|
| | | Less direct expenses | | | | | | |
| | | Net income or (loss) from | | | . ▶ | | | |
| | | | | | | | 1 . 5 | , , , , , , , , , , , , , , , , , , , |
| | | Gross sales of inventory, and allowances Less cost of goods sold | | | | ······································ | | |
| Ì | | Net income or (loss) from | | | | | | Security designation of the second security of the second |
| } | <u></u> | Miscellaneous Revenu | | Business Code | | 1 | | 12.5 |
| ŀ | 11 - | | | | | 4. | 0. | 0. |
| 1 | | CLASS ACTION SETTLEMENT- | PCHENCK FZLY | 115 300033 | 4. | | J. | - |
| | b | | | - | | | - | |
| | С | | | | | + | | |
| | | All other revenue | | | | 0. | 0. | 0. |
| | е | Total. Add lines 11a-11d | | | · • <u>4</u> . | | | |
| | 42 | Total revenue Securetr | uetione | | . ►I 55 220 | 51 73/ | i 0 | Ι |

Part X Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | |
|---|---|-----------------------|------------------------------|--|--|--|--|--|--|--|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 17,599. | | | | | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 10,200. | | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | AND THE PARTY OF T | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | |
| а | Management | | | | | | | | | |
| b | Legal | - | | | | | | | | |
| | Accounting | 310. | | <u> </u> | ,, - | | | | | |
| | Lobbying | | | | | | | | | |
| | Professional fundraising services See Part IV, line 17 | | Charles Berling | THE STREET STREET | | | | | | |
| | Investment management fees | 7,310. | | , | | | | | | |
| g | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | 7,310. | | | | | | | | |
| 12 | Advertising and promotion | 60. | | | | | | | | |
| 13 | Office expenses | 1,191. | | | | | | | | |
| 14 | Information technology | | | | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | 4,620. | | | | | | | | |
| 17 | Travel | 142. | | | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | |
| 20 | Interest | | | | | | | | | |
| 21 | Payments to affiliates | 1,632. | | <u> </u> | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | | | | |
| 23 | Insurance | | | | | | | | | |
| | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | The state of the s | | | | | | |
| а | DINNERS/REFRESHMENTS | 1,399. | | | | | | | | |
| | OFFICER HONORARIUMS | 525. | | | | | | | | |
| | FOREIGN TAXES | 49. | | | - <u></u> | | | | | |
| | MISCELLANEOUS EXPENSES | 233. | | | | | | | | |
| | All other expenses | | | | | | | | | |
| | Total functional expenses Add lines 1 through 24e | 45,270. | | | | | | | | |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | | • | | | | | | | |

Rant X & Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 2 Savings and temporary cash investments 122,622. 117,043. 3 3 Pledges and grants receivable, net Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10 a b Less: accumulated depreciation 10 c 10 b 11 11 691,305 731,052 Investments - other securities. See Part IV, line 11 . . 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV. line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 813,927 16 848,095 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. ASSETS 27 813,927 28 28 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. DZCH · Mi Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 BALAZOEG 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 813,927 848,095 813,927 34 848,095 Form 990 (2013) BAA

| l-or | m 990 (2013) ANCIENT FREE & ACCEPTED MASONS 125 MOSAIC LODGE 42- | <u>-6066</u> | 292 | | age 12 |
|------|--|-----------------|-------|----------------|--------------|
| Pa | Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 55, | 238, |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 45, | <u>270.</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 9, | 968, |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 813, | 927 <u>.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | 24, | 200. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | 10 | | 0.40 | 005 |
| 0.5 | column (B)) | 110 | | 848,0 | <u> 195.</u> |
| THE | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u>· · · · </u> | | <u></u> | <u>. [X]</u> |
| | | | WART | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | 76.13 | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | |
| 2: | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | а | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both | ı | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| | by the organization's financial statements audited by an independent accountant? | | 2 | | x |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate | | | | 100 |
| | basis, consolidated basis, or both | | | | Pring. |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| • | of Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditories of the succession of the succes | lit, | 2 | 3 | - |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | コニンテレーン |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 | | X |
| ł | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a | udıt | | | |
| • | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 31 | 5 | |
| BAA | | | Forr | n 990 (| 2013) |
| | | | | | |

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

20

Open to Publia Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

| Name of the organization | C T C C C C C C C C C C C C C C C C C C | | | | | Employ | Employer identification number |
|--|---|----------------------------------|--------------------------------------|--|---|--|---|
| Part General Information on Grants and Assistance | on Grants and | Assistance | | | | - | 42-6066292 |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | ain records to subs | stantiate the amou | unt of the grants or | r assistance, the g | grantees' eligibility fo | r the grants or assistance | e, and |
| | award the grants | or assistance? | | | | | · · · Ves □No |
| 2 Describe in Part IV the organization's procedures for monitoring th | ization's procedur | es for monitoring | the use of grant fu | e use of grant funds in the United States. | States. | | |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | ssistance to Go | vernments and received more the | l Organizations han \$5,000. Part | in the United S | itates. Complete if | the organization answ pace is needed. | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) | | | | | | | |
| (2) | | | | | | | , |
| (6) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (1) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | , |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizat | on 501(c)(3) and go | vernment organiz | ations listed in the line 1 table | line 1 table | | | |
| 3 Enter total number of other organizations listed in the line 1 table | organizations liste | d in the line 1 tab | | | | | |
| For Danamork Boduction Act Notice | con the inetriorie | a the Instructions for Form 990 | | | Cat No 50055P | | Schedule (Form 990) (2013) |

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

| | | | | | | • |
|-----------|---|--------------------------|--------------------------|--------------------------------------|---|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| 1 College | 1 College Scholarship to High School Graduates | S | 10,000 | | | |
| 2 Summ | 2 Summer Campership to Handicapped Person | 1 | 200 | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | the information r | equired in Part I, lin | e 2, Part III, columr | ı (b), and any other additi | onal information. |
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outside the local area were for Masonic organizations for which the Lodge is very familiar with how the funds granted were used. Students selected to receive scholarships generally Mosaic Lodge has developed a comprehensive application process to be followed by non-profit organizations applying for grants and by students applying for scholarships to be awarded by the Lodge. Firsthand knowledge is required of members or other individuals needing charitable assistance and must be supported by bills or other documents. If approved by the Lodge, checks are issued directly to non-profit organizations awarded grants, to institutions of higher learning for students awarded scholarships, and to those businesses which are write to the Lodge expressing their appreciation and occasionally write follow-up letters indicating how the scholarships helped them during their first year at the institution of higher owed funds by a member or other individual needing charitiable assistance. Since most of the non-profit organizations awarded grants are local, the Lodge has the ability to monitor their implementation. A number of non-profit organizations have presented, prior to Lodge meetings, programs describing how the funds granted were used. Most grants awarded learning they are attending.

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.

2013

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Publ form^{990.} Inspection

Employer identification number

| Ancient Free and Accepted Masons 125 Mosaic Lodge | 42-6066292 |
|--|---|
| Part VI, Section A, Lines 1, 6, & 7: Mosaic Lodge is classified as a subordinate organization operating | under a central organization, the |
| Grand Lodge of Iowa, A.F. and A.M. The Grand Lodge, through its Constitution and Laws for Subordin | |
| nate lodges are to operate including their form of governance. Any man, who has received the three d | |
| particular lodge or any Mason who has affiliated with it, is classified as a member of that lodge with the | |
| may come before it. The Grand Lodge specifies that all members of a lodge present at a regular meeting | |
| | |
| quorum of seven is present, are entitled to vote and thus make governance decisions on behalf of the | |
| authorize delegating this authority to a smaller body. Thus the sixty-six members of Mosaic Lodge for | m its governing body. |
| | |
| Part VI, Section A, Line 8: As required by the Grand Lodge, the secretary of a lodge records the minute | |
| meeting of the lodge in a minutes book which is kept for an indefinite period with most being kept from | the time that the lodge was |
| chartered by the Grand Lodge. During a regular meeting of Mosaic Lodge, various committees will give | e a verbal report of their activities, if |
| any. These reports are entered into the minutes of that meeting. Any recommendations made by a cor | nmittee must be voted upon by the |
| members of the lodge present at a regular meeting. | |
| | |
| Part VI, Section B, Line 11: The data for Form 990 is initially prepared by the Treasurer of Mosaic Lodge | e and then given to a C.P.A. firm for |
| eview and preparation. The Treasurer reviews the completed Form 990 at a regular meeting of the Lod | |
| uting the governing body. Upon request, any member of the Lodge may examine Form 990 in detail. | 4 |
| using the governing body. Opon request, any member of the Lodge may examine room see in detain. | |
| Dort VII. Speciar D. Lucy 45 S. Dort VIII. Speciar A. Column F. A. a government of appropriation for thou so | names Magain Lodge provides for the |
| Part VI, Section B, Line 15 & Part VII, Section A, Column F: As a small token of appreciation for their se | |
| nnual payment of honorariums to three of its officers the Master, Treasurer, and Secretary. These h | onorariums; \$75, \$150, and \$300 |
| espectively; are determined by tradition and the Lodge's By-Laws. An amendment to the By-Laws wou | uld be required to change |
| ne amounts specified therein. The current amounts have been in effect since 2001. | |
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| Schedule O (Form 990 or 990-EZ) (2013) | Page |
| Name of the organization | Employer identification number |
| Ancient Free and Accepted Masons 125 Mosaic Lodge | 42-6066292 |
| Part VI, Section C, Line 19: The governing documents of Mosaic Lodge consist of the Constitution and L | aws for Subordinate Lodges of the |
| Grand Lodge of Iowa and the By-Laws of Mosaic Lodge which may not be inconsistent or in conflict with | those of the Grand Lodge. Mosaic |
| Lodge does not have a conflict of interest policy. The financial records of the Lodge are maintained by the | e Treasurer. The above documents |
| are available for examination by any member of the Lodge or by members of the public upon request. | |
| Part XII, Line 2: The Treasurer of Mosaic Lodge annually compiles a written report summarizing the finan | cial activities of the Lodge for the |
| preceding year. As required by the Laws for Subordinate Lodges of the Grand Lodge of Iowa, the financia | |
| he Treasurer's annual report, are examined annually by the Finance Committee of the Lodge. The Finance | |
| regular meeting of the Lodge and recommends whether the annual report compiled by the Treasurer sh | ould be accepted. If accepted, this |
| eport becomes a part of the minutes of the Lodge, and a copy of the report is sent to the Grand Lodge of | lowa. |
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