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Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

A	For the 2	2014 calen	dar year, or tax	<u></u>			and ending				
В	Check if app	olicable	C Name of organiz	zation ANCI	ENT FREE & ACCEPT	ED MASONS 1	25 MOSAIC	LODGE	D Employ	er Identifi	cation number
	Addres	s change	Doing business		AIC LODGE NO.					60662	<del></del>
	Name	change	Number and stre	eet (or PO box i	if mail is not delivered to street	address)	Room/su	ite	E Telepho	ne numbe	Г
	Initial r	eturn	1355 WEST	THIRD S	STREET				(56	3) <u>5</u> 8	3-0460
	Final ret	um/terminaled	City or town, sta	ite or province, c	ountry, and ZIP or foreign post	al code					
	Amend	ded return	DUBUQUE			IA	52001-6	5445	<b>G</b> Gross r	eceipts \$	766,782.
	Applica	ation pending	F Name and addr	ess of principal o	fficer				group return		□ '** □ ''*
			CHRISTOPHER W. STECHM	AN 1355 WEST	THIRD STREET DUBUQ		1 52001-6445	1(b) Are all s If 'No,' a	subordinates attach a list (	included? see instruc	tions) Yes No
1	Tax-exe	mpt status	501(c)(3)	501(c) ( 1	0 ) <b>◄</b> (insert no )	4947(a)(1) or	527		•		•
J	Websi	te:► WW	W.MOSAICLO	DGE125.	COM		H	(c) Group e	exemption nu	mber ►	0495
K	Form of c	organization	Corporation	Trust	Association X Other	FRATERNAL L	ear of formation	1858	3 <b>M</b> s	state of leg	al domicile IA
Pa		Summar									
					or most significant activities						DS LIKE-MINDED MEN
9					DS_ALL_RELIGIOUS,						
Governance					P, COMPASSION	AND CONC	ERN TO	TND M	WAZZ TE	A MH T	CH TO
Veri					Y, AND SELF discontinued its operation	one or dispose	d of more th		fits net as		
Ĝ					ng body (Part VI, line 1a					3	64
<b>ಿ</b> ಶ	A No				f the governing body (F					4	61
<u>fi</u>	5 To				alendar year 2014 (Part					5	0
Activities	<b>6</b> To		•		cessary)					6	0
¥					rt VIII, column (C), line					7a	0.
	b Ne	t unrelated	business taxabl	e income fro	m Form 990-T, line 34	· · · · · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>			7b	0.
			and meanly (Davi	: V/III   las 45	`			P	rior Year		Current Year
Ë					)					04.	3,868.
Revenue		-	,		lines 3, 4, and 7d)			<del> </del>	51,7	730	84,681.
He.					5, 6d, 8c, 9c, 10c, and				<u> </u>	4.	89.
	1		•		nust equal Part VIII, col				55,2		88,638.
	<del></del>				column (A), lines 1-3)				27,		24,450.
	14 Be	nefits paid	to or for membe	rs (Part IX, c	column (A), line 🗘	DECE	<u>.</u>				
40	15 Sa	laries, othe	r compensation,	employee b	enefits (Part IX, 60 um	to line str	FD	7			
ises	16a Pr				ımn (A), line 1 👸		<u>- U</u>				
Expenses	b To	tal fundrais	ına expenses (P	art IX. colum	nn (D), line 25)	MAR 27 20					
ŭ	17 Ot				11a-11d, 11f-24e)	<del>~ 1 20</del>	15   <del>0</del>		17,4	171	21,091.
	l l	-	•		ual Part IX, columb	16 23A	181	<del></del>	45,2		45,541.
		•			from line 12	DEN. I	17			68.	43,097.
7 8	· · · · · · · · · · · · · · · · · · ·							Beginnin	ng of Curre	$\overline{}$	End of Year
ets o	<b>20</b> To	tal assets (	Part X, line 16)					3	848,0		844,422.
A B	<b>21</b> To	tal liabilities	(Part X, line 26	)							
2 E	22 Ne	et assets or	fund balances	Subtract line	21 from line 20			<u> </u>	848,0	095.	844,422.
,Pa	art II .	Signatui	e Block								
Und	er penalties	of perjury, I dec	clare that I have exam	ined this return, i	including accompanying sched	ules and statements	s, and to the best	t of my know	ledge and be	elief, it is tri	ue, correct, and
	complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge										
ς.		Signati	re of officer	links				l	ate	<u>n 14</u>	, 2015
Sig	gn ere	1.		IKC				יים מיים	CIICD		
Here EDWIN D. BLINKS TREASUER  Type or print name and title											
	<del></del>	Print/Type p	reparer's name		Preparer's signature		Date		Check	ıf	PTIN
Pa	id	James	Kırcher		James Kircher		03/12/	15	self-employ	<u> </u>	P01057802
	eparer	Firm's name		IRCHER 8	ASSOCIATES,		100/12/		1		
	e Only	1		ENTURY D		<u> </u>			Firm s EIN	► 42-	-1162310
-			DUBUQI			IA 5200	2-3788		Phone no	(563	
Ma	y the IRS	discuss thi	<del></del>		own above? (see instru			<del></del>	<del></del>		. X Yes No
	May the IRS discuss this return with the preparer shown above? (see instructions)										

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
,	Briefly describe the organization's mission:  To promote a way of life that binds like-minded men in a brotherhood that transcends all religious, ethinic, cultural, social, and
	educational differences; by teaching the great principles of brotherly love, relief, and truth; and by the outward expression of these,
	through its fellowship, compassion, and concern, to find ways in which to serve God, family, country, and self.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
<b>4</b> a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Fraternal Education and Activities: To present the principles and teachings of Freemasonry to members in order to make them
	better individuals within society and to provide meaningful activities to promote Masonic fellowship
	The principles and teachings of Freemasonry are first presented to those joining Mosaic Lodge through the three degrees of
	Symbolic Masonry and thereafter by educational programs, numerous self-study resources, and by witnessing how other Masons
	practice them in their daily lives. The sixty-four members of the Lodge were provided with a variety of opportunities for Masonic
	fellowship and growth. Members were informed about Lodge meetings, degree work, and various activities and were encouraged
	to participate whenever possible. Some of the activities included family members.
45	(Oada
<b>4</b> b	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$ )  Charitable Assistance: To provide funds and other assistance to individuals and/or organizations for religious, charitable,
	scientific, literary, and educational purposes
	Solomino, increi 7/ and Saladatoria, purposes
	Charity is one of the fundamental principles of Freemasonry and is evidenced through its financial support of a variety of worthwhile
	causes. In 2014 Mosaic Lodge awarded grants totaling \$13,950 to ten qualified non-profit organizations and awarded \$2,000
	scholarships to five outstanding high school seniors in order to assist them in pursuing a post-secondary education. The Lodge
	also awarded a \$500 grant to a young handicapped individual to help make it possible to purchase a lift device enabling him to be
	lifted into and out of his bed. Masonic charity, however, goes beyond that of financial assistance and is evident through its members acts of kindness and service to those in need of assistance whether they be Masons or not.
	acts of kindriess and service to mose in need of assistance whether they be masons of not.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<del>4e</del> _	Total program service expenses ▶

Form **990** (2014)

art	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," complete Schedule A			,
^	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
2	Did the organization required to complete schedule b, schedule or communities (see instructions):		-	<u> </u>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del>-</del>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	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		<b>√</b>
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		<b>√</b>
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a		<b>✓</b>
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		1
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		<b>✓</b>
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	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.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	ļ 	1
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		1
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
	If "Vas" to line 20% did the organization attach a copy of its audited financial statements to this return?	20h	†	† <u> </u>

Part	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>√</b>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		✓
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 "Yes," complete Schedule L, Part II	26		<b>✓</b>
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		<b>√</b>
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)	7 . 48 7	, , , , , , , , , , , , , , , , , , ,	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		<b>✓</b>
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		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
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		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		<b>√</b>
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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 For	_ <u>aan</u>	(2014)
		rofi	:: フフし	· (CU14)

4				- 3
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · ·                                  </u>	· ·	
		<del>चित्रका का</del>	Yes	No
1a				
b		2		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		4	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		学家	1 200
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	J. 300	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		***	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	250	1
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	<del>  -</del>	<del>  `</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-05	<del> </del>	<del>                                     </del>
<b>4</b> a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}		]
	account)?	140	1	1
	·	4a	1.53,495	- SHARE
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)		1.52	28
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<b>├</b>	V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	<b>✓</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	}		ļ
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<b>_</b>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	6b	<b>V</b>	
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3		
	and services provided to the payor?	7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Π
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	)	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year		25	<b>7.7</b>
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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			188
-	sponsoring organization have excess business holdings at any time during the year?	8	معنوتنداء	i i i i i i i i i i i i i i i i i i i
9	Sponsoring organizations maintaining donor advised funds.		30	1000
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		- Larres
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	+
	Section 501(c)(7) organizations. Enter:	733	1000	7.55
10	1 1		4	
a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			<b>发现</b>
b				
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	A STATE OF		
	against amounts due or received from them.)		202	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	e la company	L 0000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		2	
b	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			學
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	+	

Form 95	0 (2014)			age o
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	····	V
Secu	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year   1a64			
ıa	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 61			,
2	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		1
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? .	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6	1	✓_
6 7a	Did the organization have members or stockholders?	6	<b>V</b>	<del></del>
7 4	one or more members of the governing body?	7a		1
b	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:			
а	The governing body?	8a	✓_	<u></u>
ь	Each committee with authority to act on behalf of the governing body?	8b		<b>✓</b>
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode l	_
00011	on bit oncide (Time occurrent Broqueste information about periode for required by the information		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	<b>✓</b>
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<b>✓</b>
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	-	╁──
·	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by		_	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			أحيا
a	The organization's CEO, Executive Director, or top management official	15a		<del>                                     </del>
b	Other officers or key employees of the organization	15b	-	<del>                                     </del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.		'
.00	with a taxable entity during the year?	16a		1
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			,
	organization's exempt status with respect to such arrangements?	16b	i	<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►		/ <u>-</u> \/0\	
18	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.	n 501	(C)(3)	s only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	v. and
	financial statements available to the public during the tax year.		۳٠٠٠	,, <u></u>
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	s: <b>&gt;</b>	

Edwin D. Blinks, 10602 Cedar Point Court, Dubuque, IA 52003-8102 (563) 583-0460

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Page	7

Form 990 (2014)

Form 90	n (2	014)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
	(C)									
(A)	(B)	(do n	Position (do not check more than one				ne	(D)	(E)	(F)
Name and Title	Average	box, unless person is both an					an	Reportable	Reportable compensation from	Estimated amount of
	hours per week (list any		_			or/trust	<del>, ´</del>	compensation from	related	other
	hours for related	nd v	nstit	Officer	ey	g de	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecto	utio	еq	Key employee	est c	₫	(W-2/1099-MISC)		organization
	below dotted line)	¥ <u>7</u>	nal t		loye	l mag				and related organizations
		Individual trustee or director	Institutional trustee		е	Highest compensated employee				0/ ga//122110/10
			Ψ			E.	ļ			
(1) Brian E. Kelley										
Master	.75			✓				0	0	75
(2) Christopher W Stechman										
Senior Warden	.50			✓		ļ		0	0	0
(3) Brian P. Carroll						1		1		
Junior Warden	.50			✓		<u> </u>		0	0	0
(4) Edwin D. Blinks				_						
Treasurer	1.00			✓	<u> </u>	ļ	<u> </u>	0	0	150
(5) D Keith Robertson				,						•
Secretary	1.50			✓			_	0	0	300
_(6)	<b></b>									
_(7)		-								
(8)					-					
			_	_	<u> </u>		<u> </u>			
_(9)	<del> </del>									
(10)										
(11)										
(12)					-					
					_					
(13)	<b></b>									
(14)				Ì	ļ -					
			1		L	L		1		t

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (	contin	ued)
					•	C)					i	
	(A)	(B)	(do n	at ch		ition	e than o	000	(D)	(E)		(F)
	Name and title	Average					ıs both		Reportable	Reportab		Estimated
		hours per week (list any	office	rand		irect	or/trus	tee)	compensation	compensation related	from	amount of other
		hours for	유급	Ins	읓	õ	en H	Ę,	the	organizatio	ons	compensation
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-N		from the
		organizations below dotted	ctal	inot		nplc	Pe co	`	(W-2/1099-MISC)		-	organization and related
		line)	trus	e tr		yee	de					organizations
			ee	ste			nsa					
				•			ted					
(15)											1	-
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(16)												
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(17)											T	
(18)												
(19)												
									1		- 1	
(20)												
(21)												
(22)												
											1	
(23)												
(24)												
(25)												
1b	Sub-total							<b>•</b>	0		0	52
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>	0		0	
d	Total (add lines 1b and 1c)							<b>&gt;</b>	0		0	52
2	Total number of individuals (including but							e) w	ho received m	ore than \$1	00,00	
	reportable compensation from the organi							,		•	,	
												Yes No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	е,	key e	emp	oloyee, or high	est compe	nsate	
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	vidu	ual					3 ✓
4	For any individual listed on line 1a, is the	sum of rep	oortal	ole d	com	per	nsatio	n a	nd other comp	ensation fr	om th	e ka a
	organization and related organizations	greater that	an \$1	50,	000	? //	f "Ye	s, "	complete Sch	edule J fo	r suc	h Salas Sa
	ındividual											4 1
5	Did any person listed on line 1a receive o											al de la
	for services rendered to the organization?	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	such person			5 🗸
Section	n B. Independent Contractors											
1	Complete this table for your five highest of	compensate	ed inc	lepe	end	ent	contr	acto	ors that receive	ed more tha	ın \$10	0,000 of
	compensation from the organization. Rep											
	year.											
	(A)								(B)		-	(C)
	Name and business add	ress							Description of s	ervices		Compensation
None		-										
							•					
									_			
				-								<del></del>
2	Total number of independent contracto	rs (includir	ng bu	t n	ot l	ımıt	ed to	th	nose listed ab	ove) who	12.7	
	received more than \$100,000 of compens								0			

Form 990 (2014) Page 9 ANCIENT FREE & ACCEPTED MASONS 125 MOSAIC LODGE 42-6066292 Rart VIII: Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . 1 b **b** Membership dues . . . . 2,449 1 c c Fundraising events . . . 1 d d Related organizations . . . . . e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above. 419 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f . . . . . 3,868 Program Service Revenue **Business Code** f All other program service revenue g Total. Add lines 2a-2f . Investment income (including dividends, interest and 23,388 23,388 Income from investment of tax-exempt bond proceeds . 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) . . d Net rental income or (loss) . (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) 61,293 d Net gain or (loss).... 8 a Gross income from fundraising events Other Revenue (not including .\$ of contributions reported on line 1c) See Part IV, line 18. . . . . . . . . **b** Less direct expenses . . . . . . . c Net income or (loss) from fundraising events . . . . . . . 9 a Gross income from gaming activities See Part IV, line 19. . . . . . . . . b Less direct expenses . . . . . . . c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns b Less cost of goods sold . . . c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a CLASS ACTION SETTLEMENT-SCHENCK ESTATE 89 89 0 900099

BAA

d All other revenue . . . . . e Total. Add lines 11a-11d . .

Total revenue. See instructions

TEEA0109 11/13/14

88

89

84,770

638

Form 990 (2014)

0

Page 10

# Form 990 (2014) ANCIENT FREE & ACCEPTED MASONS 125 MOSAIC LODGE

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

Do not include amounts reported on time  7 Total expenses Program service Program service expenses Program service Program service expenses Program service Program ser	Check if Schedule O contains a response or note to any line in this Part IX										
See Part IV, line 21.  Grants and other assistance to domestic individuals See Part IV, line 22.  Grants and other assistance to foreign organizations, foreign governments, and for against and other assistance to foreign organizations, foreign governments, and for against and against a see that the second of content officers of directors, foreign and organizations of content officers of directors, foreign and organization of directors			(A) Total expenses	Program service	Management and general expenses	Fundraising					
3 Grants and other assistance to foreign organizations, foreign overments, and foreign individuals. See Part IV, lines 15 and 16.  8 Benetis paid to r for members 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to section 4958(c)(3)(8) 7 Other salantes and wages 8 Pension plan accrusis and contributions (include section 4018) and 403(b) employer contributions) (include section 4018) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management. b Legal. c Accounting. d Lobbying. e Polessional fundasing services See Part IV, line 17 f. Investment management fees 9 Other (Time 15 gain exceeds 10% of line 25 courne) (Amount list line 19 generics on Schedule 0) 12 Advertising and promotion 13 Office expenses 15 Occupancy. 14 Africanation technology. 17. 17 Travel. 18 Payments of fravel or enfartamment expenses for any federal, state, or local public officials 20 Interest. 21 Payments to affitiates. 22 Depreciation, depletion, and amortization expenses for any federal, state, or local public officials 25 OFFICER HONORARIUMS 5 CERTIFICATION, and meetings in the 24e If I me 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 23 Insurance 24 Other expenses itemize expenses not schedule O) 24 Insurance 25 Depreciation, depletion, and amortization 26 Insight Expenses on Schedule O) 27 Insurance 28 Insurance 29 Depreciation, depletion, and amortization list line 24e are amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 25 Total functional expenses 8 falins to though 26 Justice 24 Systems 11 List 44 Systems 11 List 44 Systems 12	1	organizations and domestic governments See Part IV, line 21	13,950.	1							
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation on included above, to section 4958(IV,19) and persons described in section 4958(I	2		10,500.	F 1							
4 Benefits paid to of for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under in section 495(c)(3)(8).  7 Other salaries and wages Penson plan accruale and contributions (include section 40 (t)) and 425(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management. b Legal. c Accounting. d Lobbying. d Lobbying. Pollosional fundation genices See Pat IV, line 17 f investment management fees 9 Other (file in 15) and exceeds 10% of line 25, column (a), amount, list line 19 sepenses on Schedule 0) 13 Office expenses 13 Office expenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy. 4 (4,480, 1) 17 Travel 18 Payments of travel or enterfariment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest. 19 Payments to affiliates 1	3	organizations, foreign governments, and for-									
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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		·									
the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		•	43,341.								
SOP 98-2 (ASC 958-720)	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here									

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of vear 1 2 2 Savings and temporary cash investments 117,043 112,110. 3 3 Pledges and grants receivable, net . 4 Accounts receivable, net . . Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 . . . . 6 Notes and loans receivable, net . . . . . . . . . . . . 7 Inventories for sale or use . . . . . 8 9 Prepaid expenses and deferred charges . . . . . Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation . . . 10 c 10 b Investments - publicly traded securities . . 11 731,052 11 732,312 Investments - other securities See Part IV, line 11 . 12 12 Investments - program-related. See Part IV, line 11 . . 13 13 14 Intangible assets. 14 15 15 Other assets See Part IV, line 11 . . . . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 848,095 16 844,422 17 17 18 18 19 Deferred revenue . . 19 Tax-exempt bond liabilities . . 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 334 Loans and other payables to current and former officers, directors, trustees. 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 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Balance 27 848,095 844,422 Temporarily restricted net assets . . . . . . 28 28 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here

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Assets

Net.

30

31 32

33

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . .

Retained earnings, endowment, accumulated income, or other funds

844.422 Form 990 (2014)

844,422

30

31

32

33

34

848,095

848,095

Form 990 (2014) ANCIENT FREE & ACCEPTED	MASONS 125 MOSAIC LODGE	42-60662	92 Page <b>12</b>
Rart XI Reconciliation of Net Assets			
Check if Schedule O contains a response o	r note to any line in this Part XI	<i></i>	<u> </u>
	ne 12)		88,638.
2 Total expenses (must equal Part IX, column (A), lii	ne 25)	2	45,541.
·	1		43,097.
4 Net assets or fund balances at beginning of year (	must equal Part X, line 33, column (A))	4	848,095.
5 Net unrealized gains (losses) on investments		5	-46,770.
6 Donated services and use of facilities		6	
•		7	
8 Prior period adjustments		8	
9 Other changes in net assets or fund balances (exp	olain in Schedule O)	9	
10 Net assets or fund balances at end of year Combi			
		10	844,422.
Part XII Financial Statements and Repor	ting		
Check if Schedule O contains a response o	r note to any line in this Part XII		X
			Yes No
1 Accounting method used to prepare the Form 990	X Cash Accrual Other		
If the organization changed its method of accounting	ng from a prior year or checked 'Other' explain		
in Schedule O	ing from a prior your or oncorred carer, explain		373 151
2 a Were the organization's financial statements comp	oiled or reviewed by an independent accountant?		2 a X
If 'Yes,' check a box below to indicate whether the	financial statements for the year were compiled or reviewe	ed on a	<b>建筑工作的</b>
separate basis, consolidated basis, or both			
Separate basis Consolidated basis	Both consolidated and separate basis		
b Were the organization's financial statements audite	ed by an independent accountant?		. 2b X
	financial statements for the year were audited on a separa	ite	
basis, consolidated basis, or both	Dath assaultdeted and assaulte have		
Separate basis Consolidated basis	Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have review, or compilation of its financial statements a	e a committee that assumes responsibility for oversight of the selection of an independent accountant?	ne audit,	2 c
If the organization changed either its oversight pro in Schedule O	cess or selection process during the tax year, explain		ا الله الله الله الله الله الله الله ال
3 a As a result of a federal award, was the organizatio	n required to undergo an audit or audits as set forth in the	Single	
			. 3a X
	audit or audits? If the organization did not undergo the requ		
or audits, explain why in Schedule O and describe	any steps taken to undergo such audits		. ІЗЫ І

Form 990 (2014)

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# SCHEDULE (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,

201

Open to Public Inspection

**Employer identification number** 

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.

Ancie	t Free	Mosaic Lodge						42-6066292
rar,		on Grants and	Assistance	nt of the grants or	oseistance the	reptees' eligibility for	r the grants or assistance	D 90 0
-	Does the organization maintain records to substantiate title arrount of title granted wile granteds engineers and the grants or assistance?	records to sub: vard the grants o	stantiate tile annot or assistance?		assistance, une g	jiaiitees eiigioiiity io		c, and · · · / Yes □ No
8	Describe in Part IV the organization's procedures for monitoring	ation's procedur	b	the use of grant funds in the United States.	nds in the United	States.		
Part		istance to Do	mestic Organiz	ations and Dom	nestic Governm	nents. Complete if	the organization answ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,
1 (a)	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)								
(3)								
<b>æ</b>								
(2)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
0 6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and governizations listec	vernment organize	ations listed in the l	ine 1 table			<b>A A</b>
For Pe	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instruction	is for Form 990.		O	Cat No 50055P		Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. 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

	at ill call be dapleated il additional space is record.	open of coads					
	(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 Collec	1 College Scholarships to High School Graduates	5	10,000				
2 Lifting	2 Lifting Device for Handicapped Person	-	200				
က							
4							
2							
9							
7							
Part IV	Supplemental Information. Provide the information	the information re	equired in Part I, line	e 2, Part III, column	required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.	

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 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 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 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 charitable 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.

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.

r.irs.gov/torm990. 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, specifies how subordi-
nate lodges are to operate including their form of governance. Any man, who has received the three d	egrees of Symbolic Masonry in a
particular lodge or any Mason who has affiliated with it, is classified as a member of that lodge with the	e right to vote on all matters which
may come before it. The Grand Lodge specifies that all members of a lodge present at a regular meeti	ng of that lodge, provided that a
quorum of seven is present, are entitled to vote and thus make governance decisions on behalf of the	lodge. The Grand Lodge does not
authorize delegating this authority to a smaller body. Thus the sixty-four members of Mosaic Lodge for	orm its governing body.
Part VI, Section A, Line 8: As required by the Grand Lodge, the secretary of a lodge records the minute	es of every regular and special
meeting of the lodge in a minutes book which is kept for an indefinite period with most being kept from	n the time that the lodge was
chartered by the Grand Lodge. During a regular meeting of Mosaic Lodge, various committees will give	re a verbal report of their activities, if
any. These reports are entered into the minutes of that meeting. Any recommendations made by a co	mmittee 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 Lodo	ge and then given to a C.P.A. firm for
review and preparation. The Treasurer reviews the completed Form 990 at a regular meeting of the Lo	dge the members present consti-
tuting the governing body Upon request, any member of the Lodge may examine Form 990 in detail.	
Part VI, Section B, Line 15 & Part VII, Section A, Column F: As a small token of appreciation for their s	ervice, Mosaic Lodge provides for the
annual payment of honorariums to three of its officers the Master, Treasurer, and Secretary. These	honorariums; \$75, \$150, and \$300
respectively; are determined by tradition and the Lodge's By-Laws. An amendment to the By-Laws wo	ould be required to change
the amounts specified therein. The current amounts have been in effect since 2001.	

Page 2
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Schedule O (Form 990 or 990-EZ) (2014)	Page <b>2</b>
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 La	ws 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 t	hose 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 finance	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	l records of the Lodge, including
the Treasurer's annual report, are examined annually by the Finance Committee of the Lodge. The Finance	e Committee reports its findings at
a regular meeting of the Lodge and recommends whether the annual report compiled by the Treasurer sho	ould be accepted. If accepted, this
report becomes a part of the minutes of the Lodge, and a copy of the report is sent to the Grand Lodge of	lowa

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
GRAND LODGE RECEPTION EXPENSES	1,891.			