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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)

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service	<ul> <li>▶ Do not enter social security numbers on</li> <li>▶ Information about Form 990 and its instruction</li> </ul>
A For the 2015 calendar	vear or tax year beginning

A	For	the 2015	calenda	ar year,	or tax yea	r beginn	ng	, 2015, a	nd ending				
В	Check	k if applicable	e 1	C Name o	of organization	ANCIE	NT FREE & ACCEPT			LODGE	D Employe	r Identif	ication number
		Address char	nge		ousiness as		IC LODGE NO.		AND A.M	1.	42-6	0662	292
	$\Box$	Name change	je	Number	r and street (c	rPO box if	mail is not delivered to street	address)	Room/suit	e [	E Telephor	ne numbe	er — — — — — — — — — — — — — — — — — — —
	ıПı	Initial return	13	13 <u>5</u> 5 🛭	WEST TH	IIRD S	TREET			l	(563	3) 58	33-0460
	П	Fınal retum/term	minated	City or t	town, state or	province, co	untry, and ZIP or foreign posta	al code					
	$\Box$	Amended ret	turn [	DUBUQU	UE			IA	52001-6	445	<b>G</b> Gross re	ceipts \$	86,791.
	П	Application p	pending	F Name a	and address o	f principal of	icer		H(	a) Isthis a g	roup return	for subor	dinates? Yes X No
	_		E	BRIAN P.	CARROLL 1	355 WEST	THIRD STREET DUBUQ	UE IA	52001-6445 H(	b) Are all su If 'No,' at	ibordinates i	ncluded?	Yes No
ī	Ta	x-exempt st		501(c)(		01(c) ( 1		4947(a)(1) or	527	ii No, ati	iach a list (s	ee insuu	cuons)
J	W	ebsite: >	WWW	I.MOSA	ICLODO				н(	(c) Group ex	emption nur	nber 🕨	0495
K	For	rm of organiz		Corpora				FRATERNAL <b>L</b> Ye	ar of formation	1858	M s	tate of le	gal domicile IA
Pa	art I	## Sun	nmary	,									
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ģ.	.												ONAL DIFFERENCES
Activities & Governance	ì						P, COMPASSION	AND CONCE	RN TO F	IND W	AYS IN	MHI	CH TO
Ë							Y, AND SELF_				<b></b> -		
Š	2						iscontinued its operati						
- ত প্ৰ	3						g body (Part VI, line 1a					3	68
es	1 2						the governing body (F lendar year 2015 (Part					5	65
Ϋ́	6						essary)					6	0
Ç	7						VIII, column (C), line					7a	0.
_							m Form 990-T, line 34					7b	0.
·	+										ior Year		Current Year
CLESTE WORK Revenue	8	Contrib	outions a	and grant	ts (Part VII	1, line 1h)				<u> </u>		68.	4,027.
<b>≥</b> ₹	9			_	•		) <i>.</i>						
નાંગાહ્યું (જુ Revenue	10						nes 3, 4, and 7d)				84,6	81.	25,781.
<u> </u>	11	Other r	revenue	(Part VII	II, column	(A), lines	5, 6d, 8c, 9c, 10c, and	11e)			<u>-</u> -	89.	1,951.
J	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)						) . <i></i>		88,6	38.	31,759.		
<u>,</u> —	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									24,4	50.	31,048.	
₩dγ	14	Benefit	enefits paid to or for members (Part IX, column (A), line 4)										
	15	Salarie	es, other	compen	isation, em	iployee b	enefits (Part IX, columi	n (A), lines 5-10)					
Expenses	16	a Profes	Professional fundraising fees (Part IX, column (A), line 11e)										
		b Total fu	undraisu	na exper	ses (Part	IX. colum	n (D), line 25) ► 💍	·		3	ر الإسلامين الأسلامين	, ,	
33188 Expe	17						11a-11d, 11f-24e).	<del>;  APR () /</del>	2018		21,0		10 261
97	18						ual Part IX, column (A)	4		انيا			19,361
	19		-				rom line 12	200000000000000000000000000000000000000	/ u	<b> </b>	45,5		50,409
-		Keven	iue iess	expense	S. Subirac	time to i	Offiline 12			Darinnin	43,0		-18,650 End of Year
Assets or	20	) Total a	accate /F	Part X Ju	ne 16)					Beginnin	g of Curre 844,	ni Year	802,709
486	21 21		•	-	•						044,	142.	802,709
3	빔			•	•		21 from line 20				044	422	000 700
<u> </u>	22					Mact inte	21 110111 111110 20	· · · · · · · · · · · ·		<u> </u>	844,	422.	802,709
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CO	ider pei mplete	naities of per Declaration	nury, raeci of prepare	er (other tha	ave examined an officer) is b	ased on all ir	ncluding accompanying sched formation of which preparer h	as any knowledge	, and to the best	or my knowi	leage and be	eller, it is	true, correct, and
			E-1	A	5. Blin	2	<del></del>				Mass	h 21	2016
S	ian		Signatur	re of officer	·					Da	nte		
	Sign Here EDWIN D BLINKS TREASURER												
- •	Type or print name and title												
_		Pr	rint/Type p	reparer's na	ame		Preparer's signature	······································	Date	-	Check	ıf	PTIN
P	aid	  T.	ames	Kirch	ner		James Kirchen	•	03/21/	16	self-employ	ш	P01057802
	aid repa	— —	im's name			CHER 4	ASSOCIATES,		100/21/		1	·	1-0100/002
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J	•	ام رست	a auure		UBUQUE		<u> </u>	IA 5200	2-3700		Phone no		
<u> </u>													
_	May the IRS discuss this return with the preparer shown above? (see instructions)												
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Part	Y `Checklist of Required Schedules			1900
			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	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	$\neg \neg$	<del>'</del>
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		<u>•</u>
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		<u> </u>
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		<b></b> -
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		<u> </u>
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		<u>·</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>√</u>
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		<u> </u>
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		<b>-</b>
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	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		<u> </u>
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		<u>·</u>
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		1
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		<b>√</b>
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	-	
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		\ \ \
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	1
14 a		14a	<del>                                     </del>	1
þ	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		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		\ \ \
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

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓_
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	<u>·</u> ✓	
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		<b>√</b>
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>√</b>
b c	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		
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		1
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		1
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		1
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	29		<b>V</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	-	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<b>√</b>
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.	32	-	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, Iine 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
ь	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.	35t	,	
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, Part VI			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37		+

isali.				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	<del></del>	_ <u></u> _
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No.
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	:	ļ	•
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	. ]		į
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
20				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			$\overline{}$
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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).	( !		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓_	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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	1		
	and services provided to the payor?	7a	<del> </del>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Ļ	↓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
_	required to file Form 8282?	7c	↓	<del> </del>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del>-</del>		
e	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 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	┼	+-
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	┼	┼
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0	Sponsoring organization have excess business holdings at any time during the year?	8	┼	┼-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	.	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	+-	+
10	Section 501(c)(7) organizations. Enter:	100	+-	+-
a	Initiation fees and capital contributions included on Part VIII, line 12	-		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	7		
11	Section 501(c)(12) organizations. Enter:	7	1	
а		-	1	İ
b	Gross income from other sources (Do not net amounts due or paid to other sources	٦		
	against amounts due or received from them.)			}
12a		12	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	$\top$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13	а	
	Note. See the instructions for additional information the organization must report on Schedule O.		7	$\top$
b				
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	$\bot$		$\perp$
148	, , , , , , , , , , , , , , , , , , ,	14	a	<b>√</b>
	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schodule O	144	L [	

Unin 550	· · · · · · · · · · · · · · · · · · ·			age <b>U</b>
Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e insti	ructio	ns.
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>	<u>· · · </u>	
Section	on A. Governing Body and Management	—т	V .	<del></del>
4-	Catantha analysis of voting morphoro of the government body at the and of the tarrians.	-+	Yes	No
ıa	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.	-		1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 65	- 1	- [	1
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		<del>-</del> 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	Did the organization have members or stockholders?	6	✓	
7a	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?	7a		✓
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	<b>√</b>	
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.,	
			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 filing the form?	10b		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		<del>                                     </del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
,o	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		+
c	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	Did the organization have a written whistleblower policy?	13	-	1
14 15	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	
a	The organization's CEO, Executive Director, or top management official	15a	+-	1
b	Other officers or key employees of the organization	15b	-	1
16a		1		ا ا
b			+-	1
	organization's exempt status with respect to such arrangements?	16b	-	1
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed  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.	on 501	l (c)(3	)s only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nteres	t poli	cy, and
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and i		·	
	Edwin D. Blinks. 10602 Cedar Point Court. Dubuque. IA 52003-8102 (563) 583-0460	55010		

	(2015)	

Page 7

# 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	atıo	n cc	mpe	nsa	ted any curren	t officer, director,	or trustee.
(A) Name and Title	(B) Average hours per week (list any		ot ch unles er and	s pe	tion more rson irecto	than o	an ee)	(D) Reportable compensation from	(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	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Christopher W. Stechman  Master	.75			1				0	0	75
(2) Brian P. Carroll Senior Warden	.50			1					0	
(3) Brian E. Kelley	.50			/	-	_				0
Junior Warden (4) Edwin D. Blinks Treasurer	1.00	-		\ \ \						150
(5) D. Keith Robertson Secretary	1.50			1						300
(6)										
(7)										
(8)		-								
(9)		-								
(10)										
(11)										
(12)										
(13)										
(14)										

Part \	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	t C	ompensated E	mployees (con	tinued)
•	(A) Name and title	(B) Average hours per week (list any	box,	ot ch unles	Pos eck s pe	more rson	than c is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	other compensation from the organization and related organizations
(15)											
(16)								<del> </del>			+
(17)					-			-			
(18)											
(19)					<u></u>					}	
(20)					-						<del></del>
(21)				-		-					
(22)					-						
(23)		ļ		1		-					
(24)			-					-			
(25)			-					+			
1b c d	Sub-total			•	•			<b>→</b> → →		0	0 52 0 0 0 52
2	Total number of individuals (including bureportable compensation from the organ	ıt not limite	d to t				abov	e) v			
3	Did the organization list any former of employee on line 1a? If "Yes," complete							em	ployee, or hig	hest compen	sated Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										m the
5	Did any person listed on line 1a receive for services rendered to the organization									nization or indi	vidual
Secti	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Reyear.										
	(A) Name and business ad	ddress							(B) Description o	f services	(C) Compensation
None								$\mp$			
								#			
								+			
	Total number of independent contract	tors (includ	ding	but	no	t lin	nited	to	those listed a	above) who	
	received more than \$100,000 of comper	nsation from	n the	orga	anız	atio	n ►		0		

فنتيت		Check if Schedule O co		respon	se or note to any lin	e in this Part VIII	<u></u>	<u></u>	
, , , , , , , , , , , , , , , , , , ,	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns	]	1 a					·
ig at		Membership dues	,	1 b	3,520.				
\$.₽		Fundraising events		1 c					}
ar ig		Related organizations		1 d					
in.	е	Government grants (contribution	ns)	1 e				,	
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grasimilar amounts not included ab	ints, and pove	1f	507.		}		
d d	_	Noncash contributions included		· -			Ì		
<u>a</u> <u>S</u>	h	Total. Add lines 1a-1f	· · · · ·			4,027.			
Program Service Revenue				L	Business Code				
\$	2 a								
ě	b								
<u>Ş</u>	C							<del></del>	
8	d			-					
E S	е			}					<u> </u>
8		All other program service		L.					
_6_	g	Total. Add lines 2a-2f .							
	3	Investment income (include other similar amounts).				18,865.	18,865.	0.	0.
	4	Income from investment of		-	•				<u> </u>
	5	Royalties							<del> ,</del>
			(i) Re	ear -	(II) Personal				
		Gross rents			<del></del>				
	1	Less: rental expenses							
		Rental income or (loss) [							.
		Net rental income or (loss	(ı) Secu		(II) Other	<u> </u>		<del></del>	ļ <u>.</u>
	7 a	a Gross amount from sales of assets other than inventory 61,948.							1
		· 1	PT	, 948	•				
	b	Less cost or other basis and sales expenses		022					
	, ا	Gain or (loss)		,032 ,916					
	l	Net gain or (loss)				6,916.	6,916.	0.	
	ı	- · · · · ·				0,910.	0,910.		0.
Other Revenue	8 8	Gross income from fundra (not including \$	aising ev	ents					
ē		of contributions reported	on line 1	<del>5)</del>	Į.				
E e	1	See Part IV, line 18			a				
ĕ	l t	Less: direct expenses .			b	1			
र्ह	(	: Net income or (loss) from	n fundrais	ing eve	ents				
_	9 8	Gross income from gamin	ng activit	es.	a				
	1	Less: direct expenses			ь	1		İ	
	1	Net income or (loss) from	n gaming	activiti	es				
	10	Gross sales of inventory,	. less retu	ırns					
	'	and allowances			a		·		
		Less. cost of goods sold			b			<b></b>	
	L	Net income or (loss) from		invent	<del></del>				
		Miscellaneous Revenu			Business Code	<u> </u>			
	111	LITIGATION SETTLEMEN	N <u>T-FANNI</u>	E_MAE	900099	9.	9.	0	. 0.
		DINNER RECEIPTS			900099	200.	200.	0	. 0.
		C PARTIAL RETURN OF PA			900099	1,742.	1,742.	0	. 0.
		d All other revenue			L	<u> </u>		ļ. <u>.</u>	
	1	e Total. Add lines 11a-11d					ļ <u>-</u>		
	12	Total revenue. See instr	ructions_		<u></u> •	31,759.	27,732.	1 0	. 0.

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									
Do not include amounts reported on lines	(A)	(B)	(C)						

Do n 6b, 7	ot include amounts reported on lines b, 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 domestic organizations and domestic governments. See Part IV, line 21	21,048.		,	
2	Grants and other assistance to domestic individuals See Part IV, line 22	10,000.		*	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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):				
	Management				
	Legal				
	Accounting	325.			
	Lobbying				
	Professional fundraising services See Part IV, line 17			<u> </u>	
	Investment management fees	7,370.		<u> </u>	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	529.			
14	Information technology	2,636.			<u> </u>
15	Royalties				
16	Occupancy	4,680.			
17	Travel				<u></u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings				
20	Interest			<del> </del>	<del> </del>
21	Payments to affiliates	1,646.		<del> </del>	<del> </del>
22	Depreciation, depletion, and amortization		····	<del> </del>	<del> </del>
23	Insurance		<del></del>	<del></del>	<del> </del>
24	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)		,		
	a DINNERS/REFRESHMENTS	904.			
	b OFFICER HONORARIUMS	1			
	c FOREIGN TAXES				
	d MISCELLANEOUS EXPENSES	7			
	e All other expenses	109.			<u> </u>
25	Total functional expenses. Add lines 1 through 24e.	50,409.			<u> </u>
26					

Part X | Balance Sheet

	,	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	
Assets	2	Savings and temporary cash investments	112,110.	2	104,957.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			1
	•	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		<b> </b>		5	<del></del> ,
	6	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	·
	10 a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	5.		_
	b	Less accumulated depreciation 10b		10 c	-
	11	Investments — publicly traded securities	732,312.	11	697,752.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
Ì	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
ł	15	Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	844,422.	16	802,709.
	17	Accounts payable and accrued expenses	<u> </u>	17	<u> </u>
1	18	Grants payable		18	
Liabilities	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	0.	26	0.
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			, '
	27	Unrestricted net assets	844,422.	27	802,709.
	28	Temporarily restricted net assets	037,322.	28	502,709.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	, -	,	
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
	33	Total net assets or fund balances	844,422.	33	802,709.
	34	Total liabilities and net assets/fund balances	077/722.	34	802,709.
			, 077,746.	1	1 002,107.

BAA

Form 990 (2015)

Forn		<u> 6066292</u>		Pag	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			$\cdot \sqcap$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,7	59.
2	Total expenses (must equal Part IX, column (A), line 25)	2		50,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,4	
5	Net unrealized gains (losses) on investments	5		23,0	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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,				
r <del></del>	column (B))	10	8	02,7	<u>09.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			. X
				Yes	No
1	Accounting method used to prepare the Form 990' X Cash Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		-		
	ın Schedule O			-	
2	a Were the organization's financial statements compiled 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 reviewed on a				
	separate basis, consolidated basis, or both				اـــا
	Separate basis Consolidated basis Both consolidated and separate basis				ŀ
	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		١, ١		
					<u> </u>
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	it,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain				<del>                                     </del>
	ın Schedule O.			****	
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 a		x
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit	<u></u>		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь		
BA				990 (	2015)

# **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

Complete if the organization answered "Yes" on 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.

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

Ancient F	Ancient Free and Accepted Masons 125 Mosaic Lodge	S Mosaic Lodge	Assistance	1				42-6066292
<b>-</b>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	award the grants of	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistanc	e, and
2 D Part II	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ansity on Dart IV line 21 for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed.	ization's proceduresistance to Doi	es for monitoring in mestic Organization of the tenented me	monitoring the use of grant funds in the United States, ic Organizations and Domestic Governments. Pereved more than \$5,000. Part II can be duplicated.	nds in the United lestic Governm Part II can be d	states. Ients. Complete If uplicated if addition	monitoring the use of grant funds in the United States.  ic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form perented more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form
1 (a) Na	(a) Name and address of organization or government	(a) 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
<u>(1</u>								
(2)								
(3)								
(4)								
(2)								
(9)								
(3)								
(8)								
(6)								
(10)								
(11)								
(12)					! !			
2 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 governance listed	ernment organizat in the line 1 table	ions listed in the lii	ne 1 table			<b>A A</b> .
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (201

Schedule I (Fo	Schedule I (Form 990) (2015)					Page 2
Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	nestic Individual space is needed.	s. Complete if the	organization answe	ndividuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s needed.	Part IV, line 22.
	(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 Colleg	1 College Scholarships to High School Graduates	ĸ	10,000			
2						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  Mosair I adda has developed a commensive application process to be followed by non-profit organizations applying for scholarships to be awarded	he information re-	mation required in Part I, line	e 2, Part III, column anizations applying fo	<ol> <li>Part III, column (b), and any other additional information.</li> <li>nizations applying for grants and by students applying for scholarshi</li> </ol>	onal information.  lying for scholarships to be awarded
by the Lod	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	rs or other individu	als needing charitable	assistance and must	be supported by bills or othe	r documents. If approved by the
Lodge, che	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	ons awarded grants,	to institutions of high	er learning for student	s awarded scholarships, and	to those businesses which are
owed funds	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	itable assistance. S	ince most of the non-	profit organizations aw	arded grants are local, the L	odge has the ability to monitor
their impler	their implementation. A number of non-profit organizations have presented, prior to Lodge meetings, programs describing how funds granted were used. Most grants awarded	s have presented, p	rior to Lodge meeting	s, programs describin	g how funds granted were us	ed. Most grants awarded
outside the	outside the local area were for Masonic organizations for which the		ery familiar with how	the funds granted wer	e used. Students selected to	Lodge is very familiar with how the funds granted were used. Students selected to receive scholarships generally
write to the	write to the Lodge expressing their appreciation and occasionally write follow-up letters indicating how the scholarhips helped them during their first year at the institution of higher	sionally write follow	-up letters indicating b	now the scholarhips he	lped them during their first y	ear at the institution of higher
learning the	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.

20**15** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization

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 Subordinate, Lodges, specifies how subordi-
nate lodges are to operate including their form of government. Any man, who has received the three degrees 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 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 meeting of that lodge, provided that a
quorum of seven is present, are entitled to vote and thus make governance decisions on behalf of that lodge. The Grand Lodge does not
authorize delegating this authority to a smaller body. Thus the sixty-eight members of Mosaic Lodge form its governing body.
Part VI, Section A, Line 8 As required by the Grand Lodge, the secretary of a lodge records the minutes 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 the time that the lodge was
chartered by the Grand Lodge. During a regular meeting of Mosaic Lodge, various committees will give a verbal report of their activities, if
any. These reports are entered into the minutes of that meeting. Any recommendations made by a committee 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 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 Lodge 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 service, 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 would be required to change the amounts
specified therein. The current amounts have been in effect since 2001.
·
<i>,</i>

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Ancient Free and Accepted Masons 125 Mosaic Lodge	426066292
Part VI, Section C, Line 19 The governing documents of Mosaic Lodge consist of the Constitution and La	aws for Subordinae 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 financi	al records of the Lodge, including
the Treasurer's annual report, are examined annually by the Finance Committee of the Lodge. The Finance	ce Committee reports its findings at
a regular meeting of the Lodge and recommends whether the annual report compiled by the Treasurer sh	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.