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form, 990

OMB No 1545-0047 2016

Open to Public

Department of the Treasury

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.

		enue Service		<u> </u>							74.55	This pection of the state of
				year, or tax year				nd ending	VOD	D Emple	r Idonti	fication number
В		f applicable	۳			NT FREE & ACCEPT						fication number
	∐ Ac	Idress change	$\vdash$	Doing business as		IC LODGE NO.				42-6		<del></del>
	Na Na	ime change		-		mail is not delivered to street	address)	Room/sur	te	E Telephor		
	In	tial return	13	355 WEST TH						(563	) 58	33-0460
	Fin	al returr/terminated		City or town, state or p	rovince, co	ountry, and ZIP or foreign post	al code					
	∐ A₁	nended return	DU	JBUQUE			AI	52001-6	445	G Gross re	ceipts S	441,799.
	∐ Ap	plication pending	F	Name and address of	principa! of	ficer				group return		□,*** <u>□</u> ,***
			BR	IAN E. KELLEY 13	55 WEST	THIRD STREET DUBUQ	UE IA	52001-6445 H	(b) Are all:	subordinates i attach a list (s	ncluded?	Yes No
ī	Tax-	exempt status		501(c)(3) 501	1(c) ( 1	0 ) <b>▼</b> (insert no )	4947(a)(1) or	527	11 110,	andorra not (a	00 111500	icuoria)
J	We	bsite: ► W	w.	MOSAICLODGE	125.	COM		н	(c) Group	exemption nur	nber ►	0495
ĸ	Form	of organization		Corporation Tru			FRATERNAL L Ye	ar of formation	1858	3 <b>M</b> s	ate of le	gal domicile IA
Pa	rt/l/	Summa	rv	<del></del>			· · · · · · · · · · · · · · · · · · ·					
1-2-	1			he organization's r	nission	or most significant activ	vities TO F	PROMOTE A	WAY OF	LIFE THA	T BIN	IDS LIKE-MINDED MEN
اہ		IN A BROT	HER	HOOD THAT TRA	NSCENI	OS ALL RELIGIOUS.						IONAL DIFFERENCES
낕						P, COMPASSION						
Activities & Governance						Y, AND SELF						
, Ke	2					discontinued its operati	ions or disposed	of more that	an 25% d	of its net as	sets	
_ິິ	3					g body (Part VI, line 1a					3	67
78	4					the governing body (F					4	64
ຣ∷ີຢ	5					lendar year 2016 (Part					5	0
₹∰∣	6					essary)				1	6	0
إ≯ :						t VIII, column (C), line					7a	0.
:	b	Net unrelate	d bus	siness taxable inc	ome from	n Form 990-T, line 34	· · · · · · · ·	····			7b	0.
`	_								P	rior Year		Current Year
e e	8			-	-	)			ļ	4,0	<u>27.  </u>	4,461.
Revenue	9					)			<u> </u>			
ev.	10					ines 3, 4, and 7d)			<u> </u>	25,7		-4,348.
_	11					5, 6d, 8c, 9c, 10c, and			<u> </u>	1,9		1,549.
	12					usi equal Part VIII, col			<del> </del> -	31,7	$\overline{}$	1,662.
	13					column (A), lines 1-3)			ļ	31,0	48.	25,500.
	14					olumn (🚱 Ine 4)			<u> </u>			
S	15	Salaries, oth	er co	onngerisation, emp	ologee, b	enefits (Part IX, columi	n (A), lines 5-10)					
Expenses	16 a	Professional	fund	draising fees (Part	JX, colu	mn (A) Ine 11e)						
g	t	Total fundra	ısıng	expenses (Pan P	( colum	n (D), line 25) ►						
ய	17					11a-11d, 11f-24e).	· · · · · · · · ·	<del></del> _		19,3	61.	20,019.
	18	· · ·		•		ual Part IX, column (A)				50,4		45,519.
	19	•				rom line 12				-18,6	_	-43,857.
₹ 8				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Reginni	ng of Currer		End of Year
are or	20	Total assets	(Pa	rt X, line 16)				. <b></b>	Degiiiii	802,7	-	810,431.
88	21		•	Part X, line 26)						0027	<del>,,</del> ,	010/1011
Net Assets or Fund Balances	22		•	•	ract line	21 from line 20				802,7	00	010 431
		Signatu			act inte	2111011111110 20 1111			<del></del>	002,	09.	810,431.
					hin satiran		dulas and statements					
com	er pena plete  C	Declaration of prep	arer (	other than officer) is bas	ed on all u	including accompanying sche information of which preparer h	uules and statements, nas any knowledge	, and to the bes	st of my kno	wiedge and bi	ellet, it is	true, correct, and
		<b>A</b>	3~1	· ~ B0 · 8					T	March	21	, 2017
e:	~~	Signa	ture c	of officer					<u>_</u>	ate	31	7017
Sig	gn ere	ED.	MT N	ים אור דער פ					ע בו כו ש	משמוזים		
110	,,,,	I		D BLINKS nt name and title		<del></del>			IKLA	SURER		
_				arer's name		Preparer's signature		Date		Chart	1.	PTIN
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Pa				ircher	ure :	James Kircher		03/27/	<u> </u>	self-employ	ea	P01057802
	epa			JIM KIRC		ASSOCIATES,	P.C					
US	se O	niy Firm's ad	dress	815 CENT	UKY I	DR.				Firm's EIN		2-1162310
_				DUBUQUE				<u>2-3788</u>		Phone no	(56	
Ma	v the	IRS discuss f	his r	eturn with the prei	parer sh	own above? (see instri	uctions)					. X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/16/16

Form 990 (2016)

(Code:	) (Expenses \$	including g	rants of \$	) (Revenue \$	)
			***		
Other progra	am services (Describe in Sch	nedule O.)			
(Expenses \$		rants of \$	) (Revenue \$	)	
Total prograi	m service expenses >				
			<del></del>		Form <b>990</b> (20

art	Checklist of Required Schedules			
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	Yes	No ✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		
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		_	<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	5 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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	14 2 5 m		7
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>
	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		✓
	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		✓
	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
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>
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	✓
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		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

Part	Checklist of Required Schedules (continued)			
20 -	Did the examination energia are or more hospital facilities? If "Vee " consolete Coheck in II	00	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 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	<u>,                                    </u>	
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		✓
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		✓
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):	大海湖		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
c	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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
32	Part I	31		1
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		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.	38	1	

Form **990** (2016)

ZiT.					_
	Check if Schedule O contains a response or note to any line in this Part V			• -	
	,	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a <u>0</u>	7 77		16.
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1-7-5	1 2.5	
C	Did the organization comply with backup withholding rules for reportable payments to	o vendors and		175	** 7 7 - **
	reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. 3.47 £	¥.5	ā::::
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		- 10 Tala	
b	If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns? .	2b		تحتبد فتنف
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr		135	J. Jan. 1	7.12.2
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year'		3a		<u>~~~~</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sci		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of		<u> </u>		
44	over, a financial account in a foreign country (such as a bank account, securities account, o			-	
	account)?	other intancial	4-		1
	,		4a	-529%	· 25 ·
b	If "Yes," enter the name of the foreign country: ▶		* 2 ·	3 3	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts			* C 23
_	(FBAR).			ما المانية	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00			_	
	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			
	gifts were not tax deductible?		6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	or which it was			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	473 1475	ا منظر المنظم المنظ المنظم المنظم	2
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	fit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	3899 as required?	<b>7</b> g		
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 ma		100	1. 3. 1. 2.	75. A.
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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 pers	on?	9b		
10	Section 501(c)(7) organizations. Enter:			1. 188	遊遊
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		100	200
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			4617.3
11	Section 501(c)(12) organizations. Enter:				25.00
а	Gross income from members or shareholders	11a			-
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b		7337	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	2.55.5	1.4-2.3
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	7	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	199
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	3	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	· About w	
a	Note. See the instructions for additional information the organization must report on Schedule		2357	75 F	
b	Enter the amount of reserves the organization is required to maintain by the states in which	<i>5</i> <b>.</b> .	1	1	1.3
U	the organization is licensed to issue qualified health plans	13b	و ا	100 mg	
^	Enter the amount of reserves on hand	13b		1 4 mg	
140	Did the organization receive any payments for indoor tanning services during the tax year?	130	4.4-		1
14a	If "Ves" has it filed a Form 720 to report these payments? If "No" provide an explanation in S	 Schedule O	14a		-

	24 (2010)			age <b>U</b>
Part				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Si			
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · · </u>	<u> </u>	<u>√</u>
Secu	on A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year   1a 67	- 1 (2	7.7	
10	If there are material differences in voting rights among members of the governing body, or	البوشد الم		100 de 1
	if the governing body delegated broad authority to an executive committee or similar	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	4	Shacei
	committee, explain in Schedule O.	10 to 10 to		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 64	1: 57	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2	ندئب 'سطت	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		✓
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,	(		Ì _
_	stockholders, or persons other than the governing body?	7b		<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		15	- 4
	the year by the following:		Sure in	- L. J.
a	The governing body?	8a	<b>V</b>	<del> </del>
ь 9	Each committee with authority to act on behalf of the governing body?	8b		1
9	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 i	
0000	on bit choice (this economic requests information about policies net required by the informationer		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2 1 1 2		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		-
	describe in Schedule O how this was done	12c	<u> </u>	ļ
13	Did the organization have a written whistleblower policy?	13		<b>√</b>
14 15	Did the organization have a written document retention and destruction policy?	14	1 1-2	<b>√</b>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a		1
a b	Other officers or key employees of the organization	15b		1
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			14754
16a		· ""	1	
	with a taxable entity during the year?	16a	,	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	4 46.72		5-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	- 140 - 140 - 140	1,5	The Section
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)	s only
	available for public inspection. Indicate how you made these available. Check all that apply			
	☐ 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	cy, and
00	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords:	5. 🚩	

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

# 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	aniz	atic	n c	ompe	nsa	ted any curren	it officer, director	r, or trustee.
				- (0	C)					
(A)	(B)	(do n	ot ct		ition	than o	nne	(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	ıs both	an	Reportable compensation	Reportable compensation from	Estimated
	week (list any	·				or/trus		from	related	amount of other
	hours for related	Individual trustee or director	nstiti	Officer	Key employee	ighe	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dual	l tion	¥	쀨	st co	<u> </u>	(W-2/1099-MISC)		organization
	below dotted line)	rus	al tri		оуее	ompe				and related organizations
		tee	Institutional trustee			Highest compensated employee				
(A)										
(1) Brian P. Carroll				١,						
Master	.75			✓				0	0	75
(2) Brian E. Kelley Senior Warden	.50			1				0	0	0
(3) Shawn P. Evarts				Ť						
Junior Warden	.50			1			1	0	0	0
(4) Edwin D. Blinks	- <del> </del>									
Treasurer	1.00			✓				0	o	150
(5) D. Keith Robertson		ļ								
Secretary	1.50	<u> </u>	<u> </u>	✓				0	0	300
(6)										
(7)									-	
(8)				-	<u> </u>		-			
	<del> </del>			-	$\vdash$				<u> </u>	
(9)	+	1								
(10)				<del>                                     </del>						
(11)		-		$\vdash$			-			
<u> </u>	<u> </u>									
(12)										
(13)		-								
(14)	<u> </u>	<u> </u>	1				-			

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees (cor	ntinued)	
					_ (0	•						
	(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)	(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated	
		hours per week (list any		er and		1	or/trust	,	compensation from	compensation from related	om amount of other	
		hours for	Individual trustee or director	Inst	Officer	Fey	eng High	Former	the	organizations	compensation	n
		related	lred.	tut	cer	em	ologi	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC	C) from the organization	
		organizations below dotted	g E	ona		employee	# <sup>6</sup> 전		(44-27 1099-141130)		and related	
		line)	rust	ŧ		/ee	n pe				organizations	3
			6	Institutional trustee			Highest compensated employee					
							8					
(15)		<u> </u>									1	
(16)					İ					j		
(17)												
			<u>L</u>									
(18)												
								<u> </u>				
(19)			j		1							
(20)								Ì				
(21)						1						
			]									
(22)												
		1	]		ļ							
(23)												
J			1						}			
(24)												
3=.:7		†	1		1			}				
(25)												
3		<b>†</b>	1	Ì								
1b	Sub-total				•			<b>&gt;</b>	C		0	525
С	Total from continuation sheets to Part	VII, Section	n A					$\blacktriangleright$	C		0	o
d	Total (add lines 1b and 1c)							<b>•</b>	C	· · · · · · · · · · · · · · · · · · ·	0	525
2	Total number of individuals (including bu							e) v	vho received m	ore than \$100	0.000 of	
_	reportable compensation from the organ							-, -	0		,	
											Yes	No
3	Did the organization list any former of	fficer, direc	ctor,	or t	rust	ee,	key	em	ployee, or high	hest compens		12.
	employee on line 1a? If "Yes," complete										. 3	1
4	For any individual listed on line 1a, is the							on a	and other com	pensation from	n the Association	1
•	organization and related organizations											
	individual					,					. 4	/ Land
5	Did any person listed on line 1a receive	or accrue c	omne	ensa	Itior	r n fro	m an	v u	nrelated organi	ization or indiv		
3	for services rendered to the organization	? If "Yes " i	como	lete	Sc	hed	ule J	for	such person		. 5	( <u></u>
Conti	on B. Independent Contractors											
	Complete this table for your five highest	oomponee.	tod in	don		1001	cont	rac	tore that receiv	od more than	\$100,000 of	
1	compensation from the organization. Re											tav
	year.	port compe	5113ati	OI1 I	01 1		Calcin	uai	year ending w	itti Oi withiin th	o organization s t	·un
								т-				
	(A) Name and business ad	dress							(B) Description of	services	(C) Compensation	
		<u>-</u>						+				
None								+	<del></del>	<del></del>	<del></del>	<del></del>
								+	<del></del>			
		-						-				
								+			<del></del>	
		,				<del></del> .			<del> </del>		<del>ara, ara ara</del>	-र्मा
2	Total number of independent contract							to t	inose listed al	oove) who [_:		
	received more than \$100,000 of compen	sation from	tne c	rga	nıza	itior	۱ 🟲		0	-	公司 经汇票 医多二性	

Part	VII	Statement of Rev	enue						<del></del>
		Check if Schedule O co	ontains a r	espons	se or note to any line	e in this Part VIII			🔲
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1 a	Federated campaigns .	[	1 a					
<u>g</u> <u>a</u>	b	Membership dues	[	1 b	4,160.				- 15
S .	C	Fundraising events	[	1 c					
Sift ar	đ	Related organizations .	[	1 d					
S, E	е	Government grants (contribution	ns) L	1 e					
ri S	f	All other contributions, gifts, gra	ants, and	ļ					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included a	L	1 f	301.				
털	_	Noncash contributions included		· —					
<u>8</u>	h	Total. Add lines 1a-1f	<del></del>	· · · ·		4,461.			
Program Service Revenue	2 a b c d			·	Business Code				
a	е								
rogi		All other program service					and the state of t	a mind decl. a Pite Tim are defined the clay deposit on a	All the test can be a day of
٩		Total. Add lines 2a-2f							
	3	Investment income (incluother similar amounts).	ding divide	ends, II	nterest and	22,117.	22,117.	0.	0.
	4	Income from investment			, i		22,117.		
	5	Royalties		-	· · · · · · · · · · · · · · · · · · ·				<del></del>
			(ı) Re		(II) Personal				
	6 a	Gross rents							
	b	Less rental expenses							/#
		Rental income or (loss)				<b>建筑的企业的企业</b>			1.0
	d	Net rental income or (los				ALVER AND A STREET AND ADDRESS OF THE PARTY			
	7 a	Gross amount from sales of	(ı) Secur		(ii) Other				
		assets other than inventory	413,	<u>672.</u>					
	b	Less cost or other basis and sales expenses	440	1 27	ļ				
		Gain or (loss)	440, -26,		<del> </del>				
		Net gain or (loss)				-26 465	-26 465		0
Λ		Gross income from fundi				-20,403.	20,405.		
Other Revenue	0 0	(not including. \$ of contributions reported							
æ		See Part IV, line 18		a	a				
Je.	t	Less: direct expenses .		t					
₹	0	Net income or (loss) from	n fundraisi	ng eve	n <u>ts ▶</u>				
	9 a	Gross income from gam See Part IV, line 19	ng activitie	es a	a				
	l t	Less direct expenses .		I	ol				1.1
	(	Net income or (loss) from	n gamıng a	ictivitie	s				
		a Gross sales of inventory and allowances			a				
		b Less cost of goods sold			b				
	<b>L</b>	Net income or (loss) from		invento		CARGOS & CARLES & BASE	A STATE OF THE PARTY OF THE PAR	Language Separate Company	(A) Hamale day of the
	44	Miscellaneous Reven			Business Code		-i		
		LITIGATION SET			900099	79.	79.	0.	0.
		<b>b</b> <u>GRAND LODGE RE</u>	CERTIO	,	900099	1,190.		0.	0.
		C LODGE PINS			900099	280.	280.	0.	0.
		e Total. Add lines 11a-11				1,549.			The second second
	12					<del></del>			0.

# Form 990 (2016) ANCIENT FREE & ACCEPTED MASONS 125 MOSAIC LODGE Part IX \*\* Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res	mplete all columns. All o	ther organizations must	complete column (A)	
	Official Schedule O contains a fe				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,500.			
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 5	Benefits paid to or for members			<b>A</b>	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
Ł	Legal.				
c	Accounting	330.			
	Lobbying				<del></del>
	Professional fundraising services See Part IV, line 17 .		MARKE CENTRAL		
	Investment management fees	7,074.			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1/014.			
12	Advertising and promotion				
13	Office expenses	1,575.		<u></u>	
14	Information technology	325.			
15	Royalties				
16	Occupancy	4,600.			
17	Travel	59.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	ļ <u></u>		<u> </u>	
20	Interest				
21	Payments to affiliates	1,840.			
22	Depreciation, depletion, and amortization				
23	Insurance	M. M. S. Sellings and A. C.	The second state of the second		- Charles - Char
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	1,142.			
	b OFFICER HONORARIUMS	525.			
	c FOREIGN TAXES	167.			
	d MISCELLANEOUS EXPENSES				
	e All other expenses	L			
	Total functional expenses Add lines 1 through 24e	45,519.			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Infollowing SOP 98-2 (ASC 958-720)	,			

Part X 編 Balance Sheet (A) (B) End of year Beginning of year 1 2 2 104,957 102,812. 3 4 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 7 8 9 10 a 10 c 11 697.752 11 707.619 12 Investments — other securities See Part IV. line 11 . . . . . . . . 12 Investments - program-related See Part IV, line 11 . . . . . . . . 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 16 802.709 810,431 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . . . . . . . . . . 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.......... 26 0 Organizations that follow SFAS 117 (ASC 958), check here ► x and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets....... 27 802,709 27 810,431 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds...... 32 33 33 802,709 <u>810,431</u>

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34

810,431 Form 990 (2016)

802,709

-orn	990 (2016) ANCIENT FREE & ACCEPTED MASONS 125 MOSAIC LODGE 42	<u>-606</u>	6292		Pag	e 12
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>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,6	62.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		4	5,5	19.
3	Revenue less expenses Subtract line 2 from line 1	. 3		4	3,85	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		8.0	2,70	39.
5	Net unrealized gains (losses) on investments	5		5	1,5	79.
6	Donated services and use of facilities	. 6				
7	Investment expenses					
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		Ω 1	0,4	31
Pai	t XII Financial Statements and Reporting				. O , 4	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII					$\nabla$
	Check it contends to response of note to any line in this fat All All All All All All All All All Al	· · · ·	<del></del>		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		[		6.00	23301
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 :	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 o	n a	Ì			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					**********
1	Were the organization's financial statements audited by an independent accountant?		<u>.</u>	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		l			
	Separate basis Consolidated basis Both consolidated and separate basis			0.77		
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain					
2	in Schedule O. a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	alo.				ACCOUNT.
3	As a result of a receral award, was the organization required to dindergo an addit of addits as set forth in the Sin Audit Act and OMB Circular A-133?			3 a		Χ
	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require				ĺ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3 b		
BAA			_	Form	990 (2	2016)

# SCHEDULE I (Form 990)

(Form 990)
Department of the Treasury Internal Revanue 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.

9	
201	

OMB No 1545-0047

Open to Public Inspection Employer identification number

	ance, and	swered "Yes" on Form d.	(h) Purpose of grant or assistance													<b>A A</b>	Schedule I (Form 990) (201
	or the grants or assista	f the organization an onal space is neede	(g) Description of noncash assistance														
	grantees' eligibility for the states.	nents. Complete il Iuplicated if additi	(f) Method of valuation (book, FMV, appraisal, other)								,						Cat No 50055P
	or assistance, the gunds in the United	mestic Governm ). Part II can be d	(e) Amount of non- cash assistance													line 1 table	Ö
	unt of the grants c	zations and Dor lore than \$5,000	(d) Amount of cash grant													ations listed in the	
Assistance	ostantiate the amo or assistance? res for monitoring	omestic Organization of the control	(c) IRC section (if applicable)													vernment organizat d in the line 1 table	ns for Form 990.
25 Mosaic Lodge 1 on Grants and	ain records to sub award the grants ization's procedu	ssistance to Do	(b) EiN													501(c)(3) and governance instead	see the Instruction
Ancient Free and Accepted Masons 125 Mosaic Lodge Part General Information on Grants and Assistance	Does the s	Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government	(1)	(2)	(6)	(4)	(9)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	Рар

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

	I all lil call be deplicated if additional space is freeded	space is liceuer	٨٠.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Colleg	1 College Scholarships to High School Graduates	c.	10,000			
2						
ဗ						
4						
ಬ						
9						
7						
Part IV	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.

Mosaic Lodge has developed a comprehensive application process to be followed by non-profit organizations applying for grants and by students applying for scholarships to be awarded by the Lodge. Firsthand knowledge is required of members or other individuals needing charitable assistance and must be supported by bills or other documents. If approved by the Lodge, checks are issued directly to non-profit organizations awarded grants, to institutions of higher learning for students awarded scholarships, and to those businesses which are write to the Lodge expressing their appreciation and occasionally write follow-up letters indicating how the scholarships helped them during their first year at the institution of higher owed funds by a member or other individual needed charitable assistance. Since most of the non-profit organizations awarded grants are local, the Lodge has the ability to monitor 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 often their implementation. A number of non-profit organizations have presented, prior to Lodge meetings, programs describing how funds granted were used. Most grants awarded learning they are attending.

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2016

Open to Public

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization 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 Subordinate Lodges, specifies how subordinate 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-seven 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 constituting the governing body. Upon request, any member of the Lodge or any member of the general public 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.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  Ancient Free and Accepted Masons 125 Mosaic Lodge	Employer identification number 42-6066292
Part VI, Section C, Line 19: The governing documents of Mosaic Lodge consist of the C	onstitution and Laws for Subordinate Lodges of the
Grand Lodge of Iowa and the By-Laws of Mosaic Lodge which may not be inconsistent of	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 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 summer	marizing the financial activities of the Lodge for the
preceding year. As required by the Laws for Subordinate Lodges of the Grand Lodge of	lowa, the financial records of the Lodge, including
the Treasurer's annual report, are examined annually by the Finance Committee of the L	odge. The Finance Committee reports its findings at
a regular meeting of the Lodge and recommends whether the annual report compiled by	the Treasurer should 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	e Grand Lodge of Iowa.
<u></u>	·
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