(Rev January, 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

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

| | artment of t rnai Revenu | he Treasury e Service | | ov/Form990 for instructions and the | - | | • | Inspection |
|--------------------------------|--|--------------------------|---------------------------------------|--|--------------------|-----------------------|-------------------|--------------------------------------|
| A | | | dar year, or tax year beginning | | | <u>-</u> . | | , 20 |
| В | Check if a | 1 | | FREE & ACCEPTED MASONS 12 | | ATC LODGE | D Employe | er identification number |
| \mathbf{X} | Address cl | • | | LODGE NO. 125, A.F. AND | | 110 10001 | 42-606 | |
| \Box | Name cha | • | Number and street (or P O box if | | m/suite | E Telephone number | | |
| \Box | Initial retur | • | 2127 GOLD STREET | , | | | | 85-0147 |
| \exists | | /terminated | | ountry, and ZIP or foreign postal code | | | · | · · · |
| \exists | Amended | | DUBUQUE, IA 52001- | | | | G Gross re | eceipts \$ 165,785. |
| Ħ | Application | 7 | F Name and address of principal offi | | | H(a) is this a gr | • | ubordinates? Yes X No |
| _ | | , policing | | 7 GOLD STREET, DUBUQUE, IA 520 | 01-324 | | | _ |
| $\overline{\mathbf{i}}$ | Tax-exem | pt status | | ()) ◀ (insert no) | | | | (see instructions) |
| J | Website: | ► WWW . M | OSAICLODGE125.COM | 1 | () | H(c) Group e | xemption nu | ımber ▶ 0495 |
| ĸ | | | | tion ☑ Other ► FRATERNAL L Year | f formatio | n 1858 | M State of | legal domicile IA |
| P | art I | Summai | ry | T T | | | | |
| | 1 E | Briefly desc | cribe the organization's missi | on or most significant activities. 10 | PROYOTE A #A | Y OF WIFE THAT BIND | S DEKE-MENDED NO | ON THE A BROTHER- CONTACT TRANSCENDS |
| ě | 1 | - | | , SOCIAL, AND EDUCATIONAL D | | | | |
| jan | | | | IND WAYS IN WHICH TO SER | | | | |
| Governance | 2 | Check this | box ► ☐ If the organization | discontinued its operations or disp | osed o | f more than | 25% of its | s net assets. |
| ő | 3 1 | Number of | voting members of the gover | rning body (Part VI, line 1a) | | | 3 | 62 |
| જ | 4 1 | Number of | independent voting member | s of the governing body (Part VI, III | ne 1b) | | 4 | 59 |
| ţĘ | 1 | | · · · · · · · · · · · · · · · · · · · | n calendar year 2019 (Part V, line 2 | a) . | | 5 | 0 |
| Activities & | 1 | | | necessary) | | | 6 | 0 |
| ¥ | | | ated business revenue from F | | - | | 7a | 0, |
| | b N | let unrelat | ed business taxable income | from form 9轮岳(JE) VED | | · · · · | 7b | 0. |
| | | | | | ပ္ကု 📙 | Prior Yea | - | Current Year |
| <u>o</u> | | | ons and grants (Part VIII, line | 1h) | ŏ _ | 4 | ,505. | 4,300. |
| en | | | ervice revenue (Part VIII, line : | 2g) m | RS-OSC | | | |
| Revenue | | | t income (Part VIII, column (A) | /, III.04 0,, and ra/ | ┶ } | 33 | ,093. | 19,949. |
| | 1 | | | es 5, 6 b, 8c, QGDEN,1b)T. | ↲⇂ | | 130. | 68. |
| | • | | | nust equal Part VIII, column (A), line | | | ,728. | 24,317. |
| | 1 | | | X, column (A), lines 1–3) | · | 21 | ,462. | 28,616. |
| | 1 | • | aid to or for members (Part IX | | 10) | . | | |
| ses | | | | oenefits (Part IX, column (A), lines 5- olumn (A), line 11e) | _ | | | |
| Expenses | 1 | | aising expenses (Part IX, colu | | | The state of the same | | - as as |
| Ä | | | enses (Part IX, column (A), line | | ····· | | ,267. | 18,824. |
| | | | | equal Part IX, column (A), line 25) | . – | | ,729. | 47,440. |
| | 1 | • | ess expenses. Subtract line 1 | • | | | ,001. | -23, 123. |
| - Sa | | 10101100 10 | CO Experiede. Capitalet iii e | <u> </u> | Ве | ginning of Cur | | End of Year |
| ets (| 20 T | Total asset | ts (Part X, line 16) | | | 841 | ,149. | 923,290. |
| Ass J Ba | 21 T | | ties (Part X, line 26) | | $ abla$ | | | · |
| Net Assets or Fund Balances | 22 1 | | or fund balances. Subtract li | ne 21 from line 20 | 🗀 | 841 | ,149. | 923,290. |
| | art II | | re Block | | • | | | |
| | | | | eturn, including accompanying schedules ai | | | | knowledge and belief, it is |
| tru | e, correct, | and complete | Declaration of preparer (other than | officer) is based on all information of which | preparer i | nas any knowle | dge | |
| | | Son | ly Wyry | | | | | |
| Si | - 1 | ∕ Signate | are of officer | | | Date | マク | 7/2023 |
| He | ere | | | CASURER | | | 2/6 | 3/2020 |
| | | ' | r pr:nt name and title | | | | | |
| Pa | id | 1 | preparer's name | Preparer's signature | Date | | Check | * . |
| | eparer | Michae | el Kircher | Michael Kircher | 03 | /16/2020 | | |
| | e Only | , Firm's nan | | | | | | 2-1162310 |
| | | Firm's add | ress ► 815 CENTURY DR. | | 38 | Phon | e no (56 | 3) 556-3392 |
| _ | | | | shown above? (see instructions) . | • • | <u></u> | | . Yes No |
| F | Danamur | ark Dadwati | ion Act Notice, see the senarat | to instructions DAA | REV | 02/25/20 PRO | | Form 990 (2019) |

| | 990 (2019) | | | Page 2 |
|-----|--|--|---|-----------------|
| Par | Statement of Program Servi | • | | |
| = | | a response or note to any line in this Pa | <u>rt III </u> | · · · □ |
| | Briefly describe the organization's m | | de all called and alled a called | |
| | | e-minded men in a brotherhood that transcend | | |
| | | e great principles of brotherly love, relief, and ad concern to find ways in which to serve Goo | - · · · · · · · · · · · · · · · · · · · | sion of these |
| | through its renowship, compassion, an | id concern to find ways in which to serve God | , ramily, country, and Self | |
| | Did the organization undertake any s | significant program services during the yea | r which were not listed on the | |
| - | prior Form 990 or 990-EZ? | · · · · · · · · · · · · · · · · · · · | _ | ☐Yes ☑No |
| | If "Yes," describe these new services | | | |
| 3 | | ting, or make significant changes in ho | w it conducts, any program | |
| | services? | | _ |]Yes ☑No |
| | if "Yes," describe these changes on S | Schedule O. | | |
| 4 | Describe the organization's program | service accomplishments for each of its t | hree largest program services. | as measured by |
| | expenses. Section 501(c)(3) and 501 | (c)(4) organizations are required to report | the amount of grants and alloca | tions to others |
| | the total expenses, and revenue, if an | y, for each program service reported. | | |
| | (0) | | | |
| 4a | | including grants of \$ |) (Revenue \$ |) |
| | | present the principles and teachings of Freer | = | ake them |
| | better individuals within society and to | provide meaningful activities to promote Mas | sonic fellowship | |
| | The principles and teachings of Freema | asonry are first presented to those joining Mo | saic Lodge through the three dea | reas of |
| | | ucational programs, numerous self-study res | | |
| | | ixty-two members of the Lodge were provide | | |
| | | informed about Lodge meetings, degree work | | |
| | | e of the activities included family members | , | |
| | | • | | |
| | | | | |
| | | | | |
| | | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | scientific, literary, and educational purp | s and assistance to individuals and/or organ | izations for religious, charitable, | |
| | scientific, itterary, and educational purp | USES . | | |
| | Charity is one of the fundamental princi | ples of Freemasonry and is evidenced through | th its support of a variety of worth | while |
| | | grants totaling \$14,616 to eleven qualified no | • | |
| | | school seniors to asist them in pursuing a p | | • |
| | | I assistance and is evidenced through its me | · · | • |
| | need of assistance whether they be Mas | sons or not | | |
| | | | | |
| | | | | |
| | | | | |
| | 10 | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | • | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | • | |
| | | • | | |
| | | | | |
| | | | • | |
| 4d | Other program services (Describe on S | Schedule O.) | | _ |
| | · · | grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ | | | |



| Part IV | Checklist of Require | <u> </u> | Sahadulaa |
|----------|----------------------|----------|-------------|
| G CILLIV | Unecklist of negulie | ;u | oci iedules |

| | • | | 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 | $\dagger -$ | 1 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | ~ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | ~ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ~ |
| 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 | | ~ |
| 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 | | v |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | v |
| 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 | | 1 |
| 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 | | ۷ |
| 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 | | ٧ |
| ď | 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 | | ٧ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ~ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | V |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | V |
| 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 | | V |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ~ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| Ь | 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 | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | ~ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | ~ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | |
| 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 | | ~ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | V |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 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 | ~ | |

| Par | Checklist of Required Schedules (continued) | | | |
|-------------|--|-------------|---------------|----|
| | Did the appropriate was at grown them 65 000 of appropriate at the second secon | | Yes | No |
| 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 | ~ | |
| 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 | | |
| 2 4a | | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | - |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | 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 | 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | V |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | _ |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | ~ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | , |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ~ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | , |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ٧ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ~ |
| 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 | | V |
| 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 | | 35a | | ~ |
| | | 35b | | |
| | 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 | | |
| | 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 | 37 | | ~ |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | - | |
| Part \ | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | . | |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | Yes | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 望来: | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | • | | Yes | No |
|------------|---|--|-------------|--------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | ##/s |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | ************************************** | 200 | AL. |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | V |
| þ | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 1 | | |
| _ | 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 ► | 整 | | 3.4 |
| - - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | عنتنا | منتد |
| 5a b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a | | 7 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c | | - |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 50 | | |
| Va | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | ~ | |
| ь | 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). | 47 | <u> </u> (2 | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | ا مَدُانِي | No. | |
| | 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 which it was | 1_ 1 | ĺ | |
| | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | النَّافَةُ اللَّهُ اللَّاللَّا اللَّهُ الللَّا اللَّهُ اللَّهُ اللَّهُ اللَّهُ الللَّهُ اللَّهُ اللَّهُ اللَّا | | ۔ استعدد |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e 7f | _ | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 45 | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 1 1 Z | يزتيب | . بدقتُ ان |
| 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 person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 4 | 1 | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 2.3 | · " | 430. |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] | | | |
| 1 a | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | 44 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| U | against amounts due or received from them.) | | 墾 | 3 |
| 2 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | 45.91 | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | ī. | 47 57 |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 4 | 囊 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which | 4,4 | | , š |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | A. Carrie | 254 | 開始 |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u> </u> |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | |
| | | | | Sin |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | SPOUGH A | ₩. |
| | If "Yes," complete Form 4720, Schedule O. | : 16 | 200 | a livi |
| | | | | |

| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See i | nstru | ctions. |
|-------|--|------------------------|-------------|------------|
| Sec | tion A. Governing Body and Management | | <u> </u> | <u>· Ľ</u> |
| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 6 | 2 7.5 | 1. | 11 |
| | 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 on Schedule O. | , C | * | |
| b | Enter the number of voting members included on line 1a, above, who are independent . 1b 5 |) | 1:4 | 1 4 |
| 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 | 1970 | 1 1 1 1 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 | | ~ |
| 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: | میرس میرس میرسده | :- | |
| a | | 8a | 1 | L. |
| b | , | 8b | | ~ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | ~ |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | ode.) | |
| | | | Yes | No |
| 10a | | 10a | | ~ |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | | 11a | | ~ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ~ |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12b | | |
| 13 | Did the organization have a written whistleblower policy? | 12c | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 7 |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | £ 3. | - 4. | 7 77 |
| а | The organization's CEO, Executive Director, or top management official | 15a | احتلم | |
| b | Other officers or key employees of the organization | 15b | | <u></u> |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | 2. 1 | <u> </u> |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 | T . | | * |
| coti | organization's exempt status with respect to such arrangements? | 16b | | |
| 17 | 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 (1024 or 1024-A, if applicable), 990, and 990- | · /0 | .ia | 04/=\ |
| 18 | (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 on Schedule O) | • | | , , |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | | • | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and received a Street, Dubuque, IA 52001-6441 (402) 469-1997 | ords l | > | |

| [≠] orm 990 (2019) | [‡] orm | 990 | (2019) |
|-----------------------------|------------------|-----|--------|
|-----------------------------|------------------|-----|--------|

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

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

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

Ta 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. See instructions for the order in which to list the persons above.

| Check this box if Heither the organization no | r arry relate | d org | ariiz | zauk | אוו כ | ompe | 31188 | ted any current | officer, director, | or trustee. |
|---|---|---|-----------------------|----------|--------------|------------------------------|--------------|----------------------------------|--------------------------------------|--|
| | | | | (| C) | | | | | |
| (A) | (B) | | | | sition | | | (D) | (E) | (F) |
| Name and title | Average hours per week | (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | h an tee) | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organizations and related organizations |
| (1) Brian P Carroll | | | | | ł | | | | | |
| Master | 75 | | | ~ | L. | | | 0 | 0 | 75 |
| (2) Gregory J Stechman | | İ | | ŀ | | | Ì | | | |
| Senior Warden | 50 | | | ~ | | | | 0 | 0 | |
| (3) John L Wissing | | | ľ | | | | | | | |
| Junior Warden | .50 | | | ~ | | | | 0 | 0 | |
| (4) Edwin D Blinks | | | | | | | | | | |
| Treasurer | 1 00 | | | 1 | | | | 0 | 0 | 150 |
| (5) D Keith Robertson | | | | | | | | | | |
| Secretary | 1 50 | | | ~ | | | _ | 0 | 0 | 300 |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | <u> </u> |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | _ | \dashv | | | | | | |
| (14) | | | | _ | | | | | | |

| Par | t VII Section A. Officers, Directors, | Trustees, | Key | Em | plo | yee | s, ar | nd F | lighest Compe | ensated | Emplo | yees (continued |
|--------------|---|---|--------------------------------|-----------------------|-------------|--------------|------------------------------|---|---|----------------------------|-------------------|---|
| | (A) Name and title | (B) Average hours | box, | unles | Pos heck | rson | e than is both or/trus | h an Reportable Repo tee) compensation compe | | | rtable nsation | (F) Estimated amount of other |
| | | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from roorganiz (W-2/109 | ations | compensation from the organization and related organizations |
| (15) | | | | | | | | | | | <u> </u> | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | • | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b c d | Subtotal | VII, Section | | | | | . 1 | A A | 0 | - | 0 0 0 | 525 0 525 |
| 2 | Total number of individuals (including but reportable compensation from the organization from the organization) | not limited | | ose | liste | ed a | bove |) wh | no received more | than \$1 | 00,000 | |
| 3 | Did the organization list any former o employee on line 1a? <i>If "Yes," complete S</i> | | | | | | | - | oyee, or highes | t compe | ensated | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations undividual | | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? | | | | | | | | | ion or ind | dividual | 5 2 |
| Section | on B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five higher compensation from the organization. Repo | | | | | | | | | | | |
| | (A) Name and business addre | ess | | | | | | | (B) Description of servi | ces | | (C) compensation |
| None | | | | | | | - | | | | | |
| | | | _ | | | | 1 | | | | | |
| | | | - | | | | | | · - · · · · · · · · · · · · · · · · · · | | | |
| | Total number of independent contractors received more than \$100,000 of compensa | | | | | | | tho | se listed above 0 | e) who | | |

Part VIII Statement of Revenue
Check if Schedule O cont

| | | Check if Schedule O | contains a res | ponse or note to a | ny line in this Pa | ırt VIII . , , , | | · · · . П |
|--|-----|----------------------------|------------------|--------------------|--|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| its its | 1a | Federated campaigns | | 1a ' | | | | では、 |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues . | | 1b 4,008. | | | | |
| 2 E | С | Fundraising events . | [| 1c | | | | |
| Gifts, ilar An | d | Related organizations | [| 1d (| | | | |
| Ω E | е | Government grants (co | ontributions) | 1e | | | | |
| Contributions, and Other Sim | f | All other contributions, | gifts, grants, | | | | | |
| # P | | and similar amounts not in | ncluded above | 1f 292. | | | | |
| 듈 | g | Nonçash contributions | s included in | | | | | A |
| id is | | lines 1a-1f | | <u>1g</u> \$. | | | | |
| <u>ة ن</u> | h | Total. Add lines 1a-1f | . | | 4,300. | | | |
| | | | | Business Codo | NEW PROPERTY. | 网络红斑网络红 | CHRONOUN | 然到你就会 。 |
| S | 2a | | | , | 1 | | , | |
| ē Š | b | | | | | | | |
| yram Ser Revenue | С | | | | | | | |
| eve | d | | | | | | - | |
| Program Service Revenue | е | | | | | | - | |
| <u> </u> | f | All other program servi | ice revenue . | | | | - | |
| | g | Total. Add lines 2a-2f | <u> </u> | <u></u> ▶ | | る音楽はは | 強性智慧發展 | 建筑 |
| | 3 | Investment income (in | | | - | | | |
| | | other similar amounts) | | | 22,021. | 22,021. | 0. | 0. |
| 1 | 4 | Income from investmen | nt of tax-exemp | t bond proceeds ► | | • | | |
| | 5 | Royalties | <u> </u> | <u></u> ▶ | | | | |
| | | | (ı) Real | (ii) Personal | | | | AND THE STATE OF T |
| | 6a | Gross rents 6 | н | | | | | |
| | b | Less rental expenses 61 | h | | | | | |
| | С | Rental income or (loss) 6 | | | 建筑设施产业的 | | | |
| | d | Net rental income or (lo | oss) | <u> </u> | | | | |
| | 7a | Gross amount from | (i) Securities | (II) Other | | | | |
| | | sales of assets | | | | | | |
| | | other than inventory 7 | a 139,39 | 6. | | | | |
| Revenue | b | Less, cost or other basis | | • | | | | |
| en. | | and sales expenses . 71 | | | | | | |
| è, | . С | Gain or (loss) 70 | c -2,07 | 2. | | anament ochasi | | THE PROPERTY OF THE |
| | d | Net gain or (loss) . ' | `· · · · - | <u>.</u> ▶ | -2,072. | -2,072. | 0. | 0. |
| Othe | 8a | Gross income from | fundraising | | | | | |
| U | | events (not including \$ | | | | | | |
| | | of contributions report | | _ | | | | |
| | | 1c). See Part IV, line 18 | | Ba | | | | |
| | b | Less. direct expenses | | 3b | 严调的包括股份 | | | |
| | С | Net income or (loss) fro | | events > | September 1990 Septem | | St. on add with 1800 to 1800. In 1800, when the | 25 70 mm2n + 1 - 1 d. 1 - 1 |
| | 9а | Gross income from | | | | | | |
| | _ | activities. See Part IV, I | | D a | | | | A CHARLEN |
| • | b | Loos: direct expenses | | 9և | | NAME OF THE OWNER, WHITE | "女工" | の意思を表現して |
| | С | Net income or (loss) fro | | vities ▶ | (Contemporaries and a substitution of the contemporaries and a substitution of | NAMES OF THE PERSON OF THE PERSON OF | (P) . the CANTENDE TO PHI I'VE . W TATE | Salara Avaluates |
| | 10a | Gross sales of inver | | , | | | | |
| | _ | returns and allowances | <u> </u> | 0a | | | | |
| ļ | þ | Less: cost of goods sol | _ | 0b | The second | NEWSTRANS | 医型性影響 | 经基础的 "这一 |
| | С | Net income or (loss) fro | om sales of inve | | State Consideration of the State Constant | Manager and State Control | Marie and the organization and appropriate | IL SPECIAL PROPERTY OF THE SPE |
| sn | | | | Business Code | No. of the last of | | | 新建筑 |
| | | LODGE PINS | , | 900099 | 25. | 25. | 0. | 0. |
| <u>a</u> | | DINNER RECEIPTS | | 900099 | 26. | 26. | 0. | 0. |
| scellaned Revenue | _ | NON-DIVIDEND DIS | STRIBUTION | s 900099 | 17. | 17. | 0. | 0. |
| Miscellaneous Revenue | đ | All other revenue . | | · | | ARLEY YOU TO THE TOTAL THE TANK | M COOPE ALL INFO COME | 247479 M. 82 - 22 |
| | | Total. Add lines 11a-11 | | | 68. | | 发发的作品变形的 | Marie Contraction |
| | 12 | Total revenue. See ins | structions . | 🕨 | 24,317. | 20,017. | 0. | 0. |

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

| 00000 | Trop (c)(b) and so (c)(4) organizations must com | | | | |
|--------|--|--|---|--|--|
| | . Check if Schedule O contains a respons | e or note to any line | e in this Part IX . | <u> </u> | <u></u> |
| | ot include amounts reported on lines 6b, 7b, o, 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 | 14,616. | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 14,000. | | | |
| 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 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 (nonemployees): | | | | |
| а | Management | | | | |
| _ | - | | | | |
| b | Legal | | | | |
| С | Accounting | 360. | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | 2000年6月2000年 | | |
| f | Investment management fees | 7,783. | | • | |
| g | 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 | 711. | | | |
| 14 | Information technology | 816. | | | í |
| 15 | Royalties | | • | | |
| 16 | Occupancy | 4,640. | | | |
| 17 | Travel | 1,0101 | | | - |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 2,455. | | | |
| 22 | Depreciation, depletion, and amortization . | -, | | | |
| 23 | Insurance | | | | |
| | | | NOTE OF THE PARTY | A CONTRACTOR OF THE CONTRACTOR | ###################################### |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24o amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| _ | , | PARTICIPATE TO COLUMN TO C | はないなる人からのできる。 | 计算的程序系统的人的主义 | ALBERTA STATE OF THE STATE OF T |
| a | DINNERS/REFRESHMENTS | 1,325. | | | |
| b | OFFICER HONORARIUMS | 525. | | | |
| C | FOREIGN TAXES | 16. | | | |
| d | OFFICER INSTALLATION EXPENSES | 68. | | | |
| е | All other expenses | 125. | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 47,440. | | | |
| 26 | Joint costs. Complete this line only if the | - | , | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | 1 | | | |
| | fundraising solicitation. Check here ▶ ☐ if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

.Part X · Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | ırt X | | |
|-----------------------------|------|---|--------------------------|-----|--|
| _ | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | 1 | |
| ĺ | 2 | Savings and temporary cash investments | 114,039. | 2 | 110,402. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | | 6 | 理論を表現の |
| 2 | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less. accumulated depreciation [10b] | | 10c | |
| | 11 | Investments—publicly traded securities | 727,110. | 11 | 812,888. |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 841,149. | 16 | 923,290. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | The state of the s |
| □ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 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 | | 26 | |
| nces | | Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | 841,149. | 27 | 923,290. |
| 8 | 28 | Net assets with donor restrictions | | 28 | |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33. | | | |
| 00 | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ě | 30 . | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et | 32 | Total net assets or fund balances | 841,149. | 32 | 923,290. |
| z | 33 | Total liabilities and net assets/fund balances | 841,149. | 33 | 923,290. |

| Form | 990 | (2019) | |
|------|-----|--------|--|
| | | | |

Page 12

| Par | Reconciliation of Net Assets | | | | ige 12 |
|------|--|----------|---------|------------------|---|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| · 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | • • • • | | 217 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 24,3 | |
| з. | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 47,4 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 23,1 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 05,2 | |
| 6 | Donated services and use of facilities | 6 | 1 | <u>. U.S., Z</u> | .04. |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | _ | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | _ |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | c | 23,2 | 90 |
| Part | XII Financial Statements and Reporting | | | | <u>. 50 . </u> |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in Si | اد مي ا | |
| | Schedule O. | | | | • |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled | or 📑 | 71 Ta | • |
| | reviewed on a separate basis, consolidated basis, or both: | | 1. | • | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | ., | :: ' | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted or | ı a 📗 | | |
| | separate basis, consolidated basis, or both | | 1:3 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounts | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | cplain | on in | (2.71 | |
| | Schedule O. | | 3.4 | 1 | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in t | | | |
| | Single Audit Act and OMB Circular A-133? , | | 3a | | × |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | uaits . | 3b | | |

SCHEDULEI (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.

| • _ | | Ö |
|----------|----------|----------------|
| 545-0047 | 0 | ildi. |
| 1545 | T | o Pu |
| Ne S | 0 | n tc spe |
| 瀾 | 1891 | <u>ા</u> In |
| Щ | ЩЩ | ري) |
| | | |

Employer identification number

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

| Ancie | Ancient Free and Accounted Masons 125 Massis Louis | surpose identification number | iner |
|-------|---|---------------------------------------|--------|
| | and recepted masons, 120 Miosale Louge | 43 4044303 | |
| 7 | Part General Information on Courts and Assista | 747-0000737 | |
| | Concera information on drams and Assistance | | |
| • | | | |
| - | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance. | Pag 000040100 | |
| | the celection criteria used to among the great of a contract of the celection criteria | issistance, and | |
| | and describing the deal to award the grants of assistance? | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ב ב |
| 0 | Describe in Day IV the accountation's accompanies of the Companies of the | | 2] |
| • | COOKING III MILLY LITE OLIGINIZATION S PIOCEDURES TO MONITORING THE USE OF CRAIN THINGS IN THE MILLY CHAPES | | |

| Part II | Grants and Other As Part IV, line 21, for an | ssistance to Do | mestic Organiza | ations and Dom | lestic Governm | ents. Complete | if the organization answe | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be diminated if additional answered "Yes" on Form 990, |
|------------|--|-----------------|---------------------------------|--------------------|--------------------|---|---------------------------|---|
| 1 (a) Name | 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation (book, FMV, appraisal, | (g) Description of | (h) Purpose of grant |
| (1) | | | | | | lano | | or assistance |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
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| (11) | | | | | | | | |
| (12) | | | | | | | | |

Schedule I (Form 990) (2019)

Cat No. 50055P

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

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

| | ו מני ווו כמון כב מתחובמיפת וו מתחווטומו שלמכב וש וופכתכת | space is incoded | | | | |
|----------|---|-------------------|------------------------|-----------------------|---|---------------------------------------|
| | (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, | (f) Description of noncach assistance |
| | | recipients | כמאון שומווו | noncash assistance | Fiviv, appraisal, other) | |
| 1 Collec | 1 College Scholarships to High School Graduates | 7 | 14,000 | | | |
| 2 | | | | | | |
| ო | | | | | | |
| 4 | | | | | | |
| 2 | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Supplemental Information. Provide the information | the information r | equired in Part I, lin | e 2; Part III, columi | required in Part I, line 2; Part III, column (b); and any other additional information. | ional 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 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 owed funds by a member or other individuals needing charitable assistance. Since most of the non-profit organizations awarded grants are local, the Lodge has the ability to monitor 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 by the Lodge. Firsthand knowledge is required of members or other individuals needing charitable assistnce and must be supported by bills or other documents. If approved by the outside the local area were for Masonic organizations for which the Lodge is very familiar with how the funds granted were used. Students selected to receive scholarships 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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Internal Revenue Service
Name of the organization

Ancient Free and Acceptd Masons, 125 Mosaic Lodge

Employer identification number 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 the lodge. The Grand Lodge does not authorize delegating this authority to a smaller body. Thus the sixty-two 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 and 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 by 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

Name of the organization

Ancient Free and Accepted Masons, 125 Mosaic Lodge

42-6066292

Part.VI, Section C, Line 19 The governing documents of Mosaic Lodge consist of the Constitution and Laws for Subordinate Lodges of the

Grand Lodge of Iowa and the By-Laws of Mosaic Lodge which may not be inconsistent or in conflict with those of the Grand Lodge.

Mosaic Lodge does not have a conflict of interest policy. The financial records of the Lodge are maintained by the 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 financial activities of the Lodge for the preceding year. As required by the Laws for Subordinate Lodges of the Grand Lodge of Iowa, the financial records of the Lodge, including the Treasurer's annual report, are examined annually by the Finance Committee of the Lodge. 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 Grand Lodge of Iowa.