Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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A For the 2025 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): **ONE MASONIC DRIVE**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: **ELIZABETHTOWN PA 17022**

D Employer identification number: **23-0846955**

E Telephone number: **717-367-1121**

G Gross receipts $: **276,796,273**

F Name and address of principal officer:
ROBERT D. BRINK, R.W.G.M.
ONE MASONIC DRIVE
ELIZABETHTOWN PA 17022

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.MASONICVILLAGES.ORG**

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1871**

M State of legal domicile: **PA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	3023
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,118,141
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,249,859	11,516,405
9	Program service revenue (Part VIII, line 2g)	182,208,778	179,985,865
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,723,229	63,200,226
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,177,447	4,947,212
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	263,359,313	259,649,708
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	437,015	647,621
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	120,341,636	124,434,009
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 1,141,752		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	110,127,362	112,425,502
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	230,906,013	237,507,132
19	Revenue less expenses. Subtract line 18 from line 12	32,453,300	22,142,576

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1374872360	1443140311
21	Total liabilities (Part X, line 26)	423,153,224	416,129,591
22	Net assets or fund balances. Subtract line 21 from line 20	951,719,136	1027010720

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

WILLIAM L. KINGSBURY CHIEF EXECUTIVE OFFI

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GREGORY P. HALL, CPA	GREGORY P. HALL, CPA	10/19/26		P00156653

Firm's name: **SMITH ELLIOTT KEARNS & COMPANY, LLC** Firm's EIN: **52-0783935**

Firm's address: **19 BROOKWOOD AVE, STE 101 CARLISLE, PA 17015** Phone no. **717-243-9104**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 205,641,851 including grants of $ 266,621) (Revenue $ 179,945,268)

SEE SCHEDULE O

4b (Code:) (Expenses $ 2,622,021 including grants of $) (Revenue $)

MASONIC CHILDREN'S HOME

THE MASONIC CHILDREN'S HOME PROVIDES A STABLE HOME, EDUCATIONAL SERVICES, OPPORTUNITIES FOR PERSONAL GROWTH AND ENCOURAGEMENT FOR UP TO 40 CHILDREN FROM CHALLENGING PERSONAL ENVIRONMENTS; CULTIVATES IN THEM FUNDAMENTAL LIFE SKILLS, MORAL VALUES, COMPASSION AND CONFIDENCE; NURTURES THEM IN THEIR FORMATIVE YEARS TO HELP THEM ACHIEVE THEIR FULL POTENTIAL AND FIND SUCCESS AND HAPPINESS IN LIFE; AND FINANCIALLY SUPPORTS THEIR CONTINUING EDUCATION AFTER HIGH SCHOOL GRADUATION. IN 2025, TWO STUDENTS GRADUATED FROM HIGH SCHOOL, NINE ALUMNI RECEIVED SUPPORT IN COLLEGE AND TWO ALUMNI GRADUATED FROM COLLEGE.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses $ 381,000 including grants of $ 381,000) (Revenue $ 40,597)

4e Total program service expenses 208,644,872

Part IV Checklist of Required Schedules

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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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		X
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
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	X	
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
c	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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		X

Part IV Checklist of Required Schedules *(continued)*

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			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	X	
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	X	
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	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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	X	
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	X	
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	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	354		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

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				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**	**3023**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
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).**				
a	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**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
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 sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	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**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	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? If "Yes," see the instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

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				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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		X	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] 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 interest policy, and 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 records.

PAMELA S. FORMICA, CFO ONE MASONIC DRIVE
ELIZABETHTOWN PA 17022 717-367-1121

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

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM L. KINGSBURY	40.00									
CHIEF EXECUTIVE OFFI	0.00			X				485,052	0	37,837
(2) PAMELA S. FORMICA	40.00									
CHIEF FINANCIAL OFFI	0.00			X				312,064	0	27,264
(3) ADRIENNE STAUDENMAYER	40.00									
CHIEF OPERATING OFFI	0.00			X				304,710	0	23,838
(4) DEBRA BROCKMAN	40.00									
CHIEF HUMAN RESOURCE	0.00			X				260,240	0	28,847
(5) PATRICK J. SAMPSELL	40.00									
CHIEF ENV. & FACILIT	0.00			X				249,226	0	32,755
(6) MARK A. HAINES,	R.W.G.S. 2.30									
DIRECTOR	40.00	X						0	208,557	42,075
(7) BEVERLY SWEIGART	40.00									
CHIEF ADMIN OFFICER	0.00			X				219,398	0	27,543
(8) JOSEPH FRANCO	40.00									
CHIEF INFORMATION OF	0.00			X				204,471	0	29,905
(9) MICHAEL KATZENMOYER	40.00									
EXECUTIVE DIRECTOR	0.00				X			216,057	0	18,310
(10) CARL TARBELL	40.00									
EXECUTIVE DIRECTOR	0.00				X			217,678	0	15,906
(11) JUSTIN E. WOLGEMUTH	40.00									
SENIOR VP OF OPERATI	0.00				X			202,312	0	26,128

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) NOAH P. DAVIS										
(12)	40.00									
EXECUTIVE DIRECTOR	0.00				X			200,369	0	25,906
(13) KATIE ROOF										
(13)	40.00									
CHIEF CLINICAL OFFIC	0.00				X			187,041	0	29,388
(14) MICHAEL D. MCKEE										
(14)	40.00									
EXECUTIVE DIRECTOR	0.00				X			186,282	0	29,657
(15) DONALD BRINDISI										
(15)	40.00									
PHARMACY MANAGER	0.00					X		180,015	0	28,907
(16) MATTHEW R. MAYO										
(16)	40.00									
ASSISTANT EXEC. DIRE	0.00					X		184,850	0	17,860
(17) TRACY LEJA-KREPPS										
(17)	40.00									
EXECUTIVE DIRECTOR	0.00				X			180,286	0	16,981
(18) BRANT GAHR										
(18)	40.00									
PHARMACIST	0.00					X		165,426	0	28,149
(19) KELLY SHRUM										
(19)	40.00									
EXECUTIVE DIRECTOR	0.00				X			163,902	0	28,124
1b Subtotal								4,119,379	208,557	515,380
c Total from continuation sheets to Part VII, Section A								496,357	250,000	58,144
d Total (add lines 1b and 1c)								4,615,736	458,557	573,524

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **143**

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WARFEL CONSTRUCTION COMPANY 1110 ENTERPRISE ROAD EAST PETERSBURG PA 17520	CONSTRUCTION	10,136,029
POWERBACK REHABILITATION 101 EAST STATE ST. KENNETH SQUARE PA 19348	MEDICAL REHAB	3,690,856
RLPS ARCHITECTS LLP 250 VALLEYBROOK DR LANCASTER PA 17601	ARCHITECTURE	1,112,855
JOHNSON CONTROLS FIRE PROTECTION LP 46700 EXCHANGE CT STE 300 BOCA RATON FL 33431	REP & MAINTENAN	1,063,621
SPADARO CONTRACTICNG LLC 537 MILLER RD ELIZABETHTOWN PA 17022	CONSTRUCTION	1,001,737

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization **80**

Part VIII Statement of Revenue

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

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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,000				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,514,405				
	g Noncash contributions included in lines 1a-1f	1g	$ 45,424				
	h **Total.** Add lines 1a–1f			11,516,405			
Program Service Revenue		Business Code					
	2a RESIDENT SERVICE REVENUE	623000		179,233,924	179,233,924		
	b RETIREMENT LIVING - OTHER SER	623000		670,021	670,021		
	c CLINICAL PROVIDER SUPPORT	623000		41,323	41,323		
	d YOUTH PROGRAM REVENUES	623000		40,597	40,597		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			179,985,865			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			16,689,956			16,689,956
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	1,433,881					
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c	1,433,881					
	d Net rental income or (loss)			1,433,881			1,433,881
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7a	63,356,279	178,928				
	b Less: cost or other basis and sales exps. 7b	17,024,937					
	c Gain or (loss) 7c	46,331,342	178,928				
	d Net gain or (loss)			46,510,270			46,510,270
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	1,890,576				
	b Less: cost of goods sold	10b	121,628				
	c Net income or (loss) from sales of inventory			1,768,948		1,768,948	
Miscellaneous Revenue		Business Code					
	11a GAIN ON EXTINGUISHMENT OF DEB			1,322,277	1,322,277		
	b CATERING	722320		349,193		349,193	
	c MISCELLANEOUS			72,913	72,913		
	d All other revenue						
	e **Total.** Add lines 11a–11d			1,744,383			
	12 **Total revenue.** See instructions			259,649,708	181,381,055	2,118,141	64,634,107

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).

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

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Do not include amounts reported on lines 6b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	647,621	647,621		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,177,438		4,177,438	
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	96,676,631	87,146,588	8,787,215	742,828
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,844,160	3,347,798	462,065	34,297
9 Other employee benefits	12,475,540	11,927,028	500,408	48,104
10 Payroll taxes	7,260,240	6,342,587	865,231	52,422
11 Fees for services (nonemployees):				
a Management	837,429	793,429	44,000	
b Legal	575,738	2,733	570,832	2,173
c Accounting	105,144		105,144	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	13,215,669	11,747,895	1,422,863	44,911
12 Advertising and promotion	726,845	346,254	326,568	54,023
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	10,676,299	10,575,638	100,473	188
17 Travel	342,211	273,375	62,968	5,868
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,783	8,637	21,146	
20 Interest	5,296,688	5,130,080	166,608	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,580,471	27,989,181	1,585,997	5,293
23 Insurance	3,165,472	986,370	2,179,102	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	29,964,476	29,670,428	276,486	17,562
b SERVICE AGREEMENTS	5,947,171	1,957,960	3,978,635	10,576
c REAL ESTATE TAXES	2,132,072	2,083,974	46,173	1,925
d LEASE EXPENSE	1,818,004	1,585,133	222,462	10,409
e All other expenses	8,012,030	6,082,163	1,818,694	111,173
25 Total functional expenses. Add lines 1 through 24e	237,507,132	208,644,872	27,720,508	1,141,752
26 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 ☐ 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 Part X ☐

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			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	23,496,872	2	25,766,195
	3	Pledges and grants receivable, net	126,238	3	118,873
	4	Accounts receivable, net	11,110,071	4	9,216,891
	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	
	7	Notes and loans receivable, net	648,534	7	836,769
	8	Inventories for sale or use	3,397,435	8	2,575,729
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 901,196,133			
	b	Less: accumulated depreciation — 10b: 554,809,900	350,815,634	10c	346,386,233
	11	Investments—publicly traded securities	925,403,721	11	992,025,281
	12	Investments—other securities. See Part IV, line 11	50,473,350	12	55,142,262
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,400,505	15	11,072,078
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	1374872360	16	1443140311
Liabilities	17	Accounts payable and accrued expenses	25,461,596	17	28,773,141
	18	Grants payable		18	
	19	Deferred revenue	135,855,451	19	135,374,937
	20	Tax-exempt bond liabilities	130,460,000	20	120,015,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,583,393	21	3,711,715
	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	
	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	128,792,784	25	128,254,798
	26	**Total liabilities.** Add lines 17 through 25	423,153,224	26	416,129,591
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	547,398,137	27	597,603,337
	28	Net assets with donor restrictions	404,320,999	28	429,407,383
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	951,719,136	32	1027010720
	33	Total liabilities and net assets/fund balances	1374872360	33	1443140311

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	259,649,708
2	Total expenses (must equal Part IX, column (A), line 25)	2	237,507,132
3	Revenue less expenses. Subtract line 2 from line 1	3	22,142,576
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	951,719,136
5	Net unrealized gains (losses) on investments	5	52,691,904
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	457,104
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1027010720

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Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) GERALD GALLAGHER										
(12)	40.00									
VICE PRESIDENT SALES	0.00				X			164,424	0	25,538
(21) KELLY O. GERHARDS										
(13)	40.00									
NURSING SHIFT SUPERV	0.00					X		168,347	0	16,424
(22) DOUGLAS WASSEL										
(14)	40.00									
NURSING SHIFT SUPERV	0.00					X		163,586	0	16,182
(23) LARRY A. DERR, R.W.G.M.										
(15)	2.30									
DIRECTOR	20.00	X						0	145,000	0
(24) ADAM C. HEESE, R.W.G.T.										
(16)	2.30									
DIRECTOR	20.00	X						0	50,000	0
(25) PAUL J. ROUP, R.W.S.G.W.										
(17)	2.30									
DIRECTOR	20.00	X						0	30,000	0
(26) LYNN B. BAKER, R.W.J.G.W										
(18)	2.30									
DIRECTOR	20.00	X						0	25,000	0
(27) ROBERT J. CEPIELIK										
(19)	2.30									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								496,357	250,000	58,144
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) GLENN D. MILLER II										
(12)	2.30									
DIRECTOR	0.00	X						0	0	0
(29) ROBERT C. SNYDER, II										
(13)	2.30									
DIRECTOR	0.00	X						0	0	0
(30) FREDERIC C. WHEELER, IV										
(14)	2.30									
DIRECTOR	0.00	X						0	0	0
(31) KIM W. JEFFREYS										
(15)	2.30									
DIRECTOR	0.00	X						0	0	0
(32) THOMAS E. BAHNEY, JR.										
(16)	2.30									
DIRECTOR	0.00	X						0	0	0
(33) TODD R. OCKOVIC										
(17)	2.30									
DIRECTOR	0.00	X						0	0	0
(34) ROBERT D. BRINK, R.W.D.G.M.										
(18)	2.30									
DIRECTOR	20.00	X						0	0	0
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA

Employer identification number 23-0846955

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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test — 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,157,634	11,035,506	9,397,810	17,249,859	11,516,405	66,357,214
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	163,210,362	166,606,798	178,152,265	182,360,617	181,381,055	871,711,097
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	180,367,996	177,642,304	187,550,075	199,610,476	192,897,460	938,068,311
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,080	20,625	10,575	6,345	116,277	156,902
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	3,080	20,625	10,575	6,345	116,277	156,902
8 **Public support.** (Subtract line 7c from line 6.)						937,911,409

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	180,367,996	177,642,304	187,550,075	199,610,476	192,897,460	938,068,311
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,841,352	13,824,421	15,855,928	16,976,906	16,689,956	74,188,563
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,841,352	13,824,421	15,855,928	16,976,906	16,689,956	74,188,563
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	371,925	407,924	593,946	546,766		1,920,561
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	191,581,273	191,874,649	203,999,949	217,134,148	209,587,416	1014177435

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	92.48 %
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	92.65 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	7 %
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	7 %

19a **33 1/3% support tests — 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests — 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c ☐ The organization supported a governmental supported organization. *Describe in Part VI how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in *Part VI identify those supported organizations and explain* how these *activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	3c		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

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Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI.* See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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PART III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME	**$ 1,920,561**

Schedule B
(Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA

Employer identification number
23-0846955

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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 11,443	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 5,929	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 10,161	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 152,095	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 6,342	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 6,329	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 28,639	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 17,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 199,460	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 13,560	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 7,570	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 9,519	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 10,794	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 83,923	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 16,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 84,984	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 17,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 10,150	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 150,214	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 28,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 120,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 62,669	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 80,284	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 27,800	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 14,928	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 10,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 10,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 7,335	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 5,380	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 5,270	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 55,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 11,625	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 7,055	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 10,240	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 10,125	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 42,088	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		$ 13,632	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 8,700	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 10,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 56,975	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		$ 5,125	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 5,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64		$ 38,191	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 5,375	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 6,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68		$ 28,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72		$ 13,825	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 12,434	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		$ 8,175	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80		$ 11,825	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82		$ 6,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83		$ 8,593	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84		$ 125,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		$ 28,063	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86		$ 79,690	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87		$ 200,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88		$ 16,399	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
89		$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90		$ 20,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		$ 63,068	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92		$ 86,162	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93		$ 75,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94		$ 43,072	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95		$ 187,859	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96		$ 995,868	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		$ 67,430	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98		$ 116,985	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99		$ 109,342	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100		$ 48,043	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101		$ 521,367	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102		$ 9,860	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		$ 440,642	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104		$ 5,000	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
105		$ 25,000	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
106		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MASONIC VILLAGES OF THE GRAND LODGE

Employer identification number
23-0846955

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

Public Inspection Copy

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
104	TWO PERSON SLEIGH	$ 5,000	12/17/25
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
105	POWER WHEELCHAIR	$ 25,000	06/03/25
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA

Employer identification number
23-0846955

Public Inspection Copy

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- **a** [X] Public exhibition
- **b** [ ] Scholarly research
- **c** [X] Preservation for future generations
- **d** [ ] Loan or exchange program
- **e** [ ] Other

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4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [X] No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [X] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII [X]

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	357,138,106	337,646,525	289,311,879	366,403,252	346,042,901
b Contributions	1,284,007	5,438,035	20,954,026	2,440,343	3,067,780
c Net investment earnings, gains, and losses	36,437,634	28,949,519	39,052,786	-50,849,387	40,317,078
d Grants or scholarships					
e Other expenditures for facilities and programs	17,285,152	14,895,973	11,672,166	28,682,329	23,024,507
f Administrative expenses					
g End of year balance	377,574,595	357,138,106	337,646,525	289,311,879	366,403,252

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment 3.50 %
- **b** Permanent endowment 59.00 %
- **c** Term endowment 37.50 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,984,187		5,984,187
b Buildings		508,587,114	279,396,951	229,190,163
c Leasehold improvements				
d Equipment		352,873,205	249,995,299	102,877,906
e Other		33,751,627	25,417,650	8,333,977
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				346,386,233

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Public Inspection Copy

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **REFUNDABLE FEES**	**107,943,807**
(3) **ANNUITIES PAYABLE**	**12,217,488**
(4) **OPERATING LEASE LIABILITY**	**6,256,759**
(5) **BOND PREMIUM/DISCOUNT**	**1,836,744**
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	**128,254,798**

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	258,534,240
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	121,628		
e	Add lines 2a through 2d			2e	121,628
3	Subtract line 2e from line 1			3	258,412,612
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,237,096		
c	Add lines 4a and 4b			4c	1,237,096
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	259,649,708

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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	236,391,664
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	121,628		
e	Add lines 2a through 2d			2e	121,628
3	Subtract line 2e from line 1			3	236,270,036
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,237,096		
c	Add lines 4a and 4b			4c	1,237,096
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	237,507,132

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A - TERMS FOR NOT REPORTING ASSETS PER SFAS 116
MASONIC VILLAGES DIRECTLY OR THROUGH ITS SUBSIDIARIES, OWNS OR MANAGES COLLECTIONS OF MASONIC MEMORABILIA,PAINTINGS, ANTIQUE FURNITURE, FARM EQUIPMENT, AND OTHER ARTIFACTS RELATED TO THE HISTORY OF MASONIC VILLAGES AND FREEMASONRY. THESE COLLECTIONS ARE LOCATED AT THE ELIZABETHTOWN, PENNSYLVANIA CAMPUS AND AT THE MASONIC TEMPLE IN PHILADELPHIA, PENNSYLVANIA. THE COLLECTIONS, WHICH WERE PRIMARILY ACQUIRED THROUGH CONTRIBUTIONS ARE NOT RECOGNIZED AS ASSETS IN THE CONSOLIDATED BALANCE SHEETS. CONTRIBUTED COLLECTION ITEMS ARE NOT RECOGNIZED AS REVENUE IN THE CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS.

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE
MASONIC VILLAGES AND THE MASONIC LIBRARY'S COLLECTIONS OF MASONIC MEMORABILLIA, PAINTINGS, ANTIQUE FURNITURE, FARM EQUIPMENT, AND OTHER ARTIFACTS HELP TELL THE STORY OF THE MASONIC VILLAGES AND FREEMASONRY.

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION
THE ORGANIZATION MAINTAINS FUNDS FOR ITS RESIDENTS AS A SERVICE TO THESE INDIVIDUALS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
THE MASONIC VILLAGES ENDOWMENTS WERE ESTABLISHED TO ASSIST MASONIC VILLAGES AND PROVIDE BENEVOLENT CARE TO RESIDENTS OF THE CAMPUSES.

Part XIII Supplemental Information *(continued)*

PART X - LINE 2 - FIN 48 FOOTNOTE

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE ORGANIZATIONS TO DISCLOSE SIGNIFICANT TAX POSITIONS THAT ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT MAY ULTIMATELY BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THE EFFECTS OF TAX POSITIONS ARE RECOGNIZED IN FINANCIAL STATEMENTS IF, IN THE OPINION OF MANAGEMENT, THE TAX POSITION WOULD MORE LIKELY THAN NOT BE SUSTAINED UPON AN EXAMINATION BY THE TAXING AUTHORITIES, INCLUDING THE RESOLUTION OF ANY APPLICABLE APPEALS OR LITIGATION. MASONIC VILLAGES' MOST SIGNIFICANT TAX POSITION IS THAT IT IS EXEMPT FROM PAYMENT OF FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, MASONIC VILLAGES HAS NOT REPORTED ANY INCOME TAX EXPENSE IN THE CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2025, AND 2024. MASONIC VILLAGES HAS NOT RECORDED LIABILITIES FOR INCOME TAXES OR UNRECOGNIZED INCOME TAX BENEFITS IN THE CONSOLIDATED BALANCE SHEETS AS OF DECEMBER 31, 2025, AND 2024. MASONIC VILLAGES' FORM 990 IS GENERALLY SUBJECT TO EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOOD SOLD	**$ 121,628**

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

SPLIT INTEREST ADJUSTMENT	**$ 1,237,096**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOOD SOLD	**$ 121,628**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

SPLIT INTEREST ADJUSTMENT	**$ 1,237,096**

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SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

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Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number **23-0846955**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 duplicated if additional space is needed.

1	**(a)** Name and address of organization or government	**(b)** EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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 .....

Part III **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.

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	(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	SCHOLARSHIPS	125	381,000		FMV	
2	HOME ASSISTANCE	108	266,621		FMV	
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
MASONIC VILLAGES GRANTS SCHOLARSHIPS THAT ORIGINATE FROM A VARIETY OF DIFFERENT FUNDS. THE SCHOLARSHIPS ARE GRANTED BASED UPON THE FOLLOWING GENERAL CRITERIA:
* APPLICANTS MUST DEMONSTRATE FINANCIAL NEED.
* APPLICANTS MUST DEMONSTRATE ACADEMIC ACHIEVEMENT.
IN ADDITION BASED UPON DONOR RESTRICTIONS, CERTAIN INDIVIDUAL SCHOLARSHIPS MAY BE LIMITED TO RESIDENTS OF THE CHILDREN'S HOME, RELATIVES OF MASONS, CERTAIN FIELDS OF STUDY, AND PERFORMANCE OF VOLUNTEER SERVICES AT THE MASONIC VILLAGES.

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number **23-0846955**

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Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) (Rev. 12-2024) **MASONIC VILLAGES OF THE GRAND LODGE 23-0846955** Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	WILLIAM L. KINGSBURY	(i)	485,052	0	0	17,581	20,256	522,889	0
1	CHIEF EXECUTIVE OFFI	(ii)	0	0	0	0	0	0	0
	PAMELA S. FORMICA	(i)	312,064	0	0	15,655	11,609	339,328	0
2	CHIEF FINANCIAL OFFI	(ii)	0	0	0	0	0	0	0
	ADRIENNE STAUDENMAYER	(i)	304,710	0	0	15,356	8,482	328,548	0
3	CHIEF OPERATING OFFI	(ii)	0	0	0	0	0	0	0
	DEBRA BROCKMAN	(i)	260,240	0	0	13,131	15,716	289,087	0
4	CHIEF HUMAN RESOURCE	(ii)	0	0	0	0	0	0	0
	PATRICK J. SAMPSELL	(i)	249,226	0	0	12,499	20,256	281,981	0
5	CHIEF ENV. & FACILIT	(ii)	0	0	0	0	0	0	0
	MARK A. HAINES, R.W.G.S.	(i)	0	0	0	0	0	0	0
6	DIRECTOR	(ii)	208,557	0	0	42,075	0	250,632	0
	BEVERLY SWEIGART	(i)	219,398	0	0	11,131	16,412	246,941	0
7	CHIEF ADMIN OFFICER	(ii)	0	0	0	0	0	0	0
	JOSEPH FRANCO	(i)	204,471	0	0	10,295	19,610	234,376	0
8	CHIEF INFORMATION OF	(ii)	0	0	0	0	0	0	0
	MICHAEL KATZENMOYER	(i)	216,057	0	0	10,671	7,639	234,367	0
9	EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	CARL TARBELL	(i)	217,678	0	0	11,043	4,863	233,584	0
10	EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	JUSTIN E. WOLGEMUTH	(i)	202,312	0	0	10,145	15,983	228,440	0
11	SENIOR VP OF OPERATI	(ii)	0	0	0	0	0	0	0
	NOAH P. DAVIS	(i)	200,369	0	0	10,055	15,851	226,275	0
12	EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	KATIE ROOF	(i)	187,041	0	0	9,489	19,899	216,429	0
13	CHIEF CLINICAL OFFIC	(ii)	0	0	0	0	0	0	0
	MICHAEL D. MCKEE	(i)	186,282	0	0	9,401	20,256	215,939	0
14	EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	DONALD BRINDISI	(i)	180,015	0	0	9,093	19,814	208,922	0
15	PHARMACY MANAGER	(ii)	0	0	0	0	0	0	0
	MATTHEW R. MAYO	(i)	184,850	0	0	9,378	8,482	202,710	0
16	ASSISTANT EXEC. DIRE	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 12-2024) **MASONIC VILLAGES OF THE GRAND LODGE 23-0846955**

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	TRACY LEJA-KREPPS	(i)	180,286	0	0	9,098	7,883	197,267	0
1	EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	BRANT GAHR	(i)	165,426	0	0	8,301	19,848	193,575	0
2	PHARMACIST	(ii)	0	0	0	0	0	0	0
	KELLY SHRUM	(i)	163,902	0	0	8,225	19,899	192,026	0
3	EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	GERALD GALLAGHER	(i)	164,424	0	0	8,259	17,279	189,962	0
4	VICE PRESIDENT SALES	(ii)	0	0	0	0	0	0	0
	KELLY O. GERHARDS	(i)	168,347	0	0	8,541	7,883	184,771	0
5	NURSING SHIFT SUPERV	(ii)	0	0	0	0	0	0	0
	DOUGLAS WASSEL	(i)	163,586	0	0	8,299	7,883	179,768	0
6	NURSING SHIFT SUPERV	(ii)	0	0	0	0	0	0	0
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE K (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

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Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number **23-0846955**

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	514045Z30	06/02/25	45,931,839	SEE PART IV.		X		X		X
B	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	514045Q48	02/22/17	31,274,247	SEE PART VI.		X		X		X
C	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	514045X24	08/01/22	47,870,000	SEE PART VI		X		X		X
D	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	514045X32	11/01/23	26,733,091	SEE PART IV		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,635,000	6,680,000	16,230,000	1,635,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	45,931,839	31,274,247	47,870,000	26,733,091
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	577,224	491,286	272,921	505,406
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		30,782,961		
11	Other spent proceeds	45,354,615		45,597,079	26,227,685
12	Other unspent proceeds				
13	Year of substantial completion	2025	2018	2022	2023

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X

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Part IV **Arbitrage** *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X			X		X
b Name of provider			BAYERISCHE					
c Term of GIC				1.6				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X	X		X		X	

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Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K - ADDITIONAL INFORMATION

LANCASTER COUNTY HOSPITAL AUTHORITY

PART 1, BOND ISSUES

ROW A: LANCASTER COUNTY HOSPITAL AUTHORITY HEALTH CARE REVENUE BONDS SERIES OF 2025 DESCRIPTION OF PURPOSE: CURRENT REFUNDING OF HEALTH CARE REVENUE BONDS SERIES OF 2015 AND SERIES 2008 D.

ROW B: LANCASTER COUNTY HOSPITAL AUTHORITY HEALTH CARE REVENUE BONDS SERIES OF 2017 DESCRIPTION OF PURPOSE: CONSTRUCTION OF 72 SENIOR LIVING COTTAGES AT ELIZABETHTOWN CAMPUS.

ROW C: LANCASTER COUNTY HOSPITAL AUTHORITY HEALTH CARE REVENUE BONDS SERIES OF 2022 DESCRIPTION OF PURPOSE: CURRENT REFUNDING OF HEALTH CARE REVENUE BONDS SERIES 1996, SERIES 2008 A, AND SERIES 2008 B PLUS COSTS OF TERMINATING INTEREST RATE SWAPS ASSOCIATED WITH THE 2008 A AND 2008 B BONDS.

ROW D: LANCASTER COUNTY HOSPITAL AUTHORITY HEALTH CARE REVENUE BONDS SERIES OF 2023 DESCRIPTION OF PURPOSE: CURRENT REFUNDING OF HEALTH CARE REVENUE BONDS SERIES OF 2013.

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

PART IV, LINE 5D:
REGULATORY SAFE HARBOR: SAFE HARBOR BIDDING PROCESS WAS FOLLOWED; ONLY TWO BIDS FROM COMPETITIVE PROVIDERS WERE RECEIVED.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number **23-0846955**

Public Inspection Copy

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (**VARIOUS**)	X	9	15,424	FMV
26	Other (**POWER CHAIR**)	X	1	25,000	FMV
27	Other (**SLEIGH**)	X	1	5,000	FMV
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

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SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Public Inspection Copy

Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number **23-0846955**

FORM 990 - ORGANIZATION'S MISSION

THE MASONIC VILLAGE SUPPORTS THE OPERATIONS OF ITS SENIOR LIVING COMMUNITIES, THE MASONIC CHILDREN'S HOME, THE MASONIC LIBRARY AND MUSEUM OF PENNSYLVANIA, THE MASONIC YOUTH FOUNDATION AND THE MASONIC BLOOD + ORGAN DONOR PROGRAM. EACH CHARITY STRIVES TO EXEMPLIFY MASONIC VALUES AND EMPOWER AND INSPIRE INDIVIDUALS TO ACHIEVE THEIR FULL POTENTIAL AND BUILD STRONGER COMMUNITIES.

THE MASONIC VILLAGE'S MISSION OF LOVE IS TO PROVIDE EXCELLENT PERSON-CENTERED CARE AND SERVICES TO SENIORS, INCLUDING MANY VULNERABLE MEMBERS OF OUR COMMUNITY (PENNSYLVANIA MASONS AND THEIR LOVED ONES, RESIDENTS AND THEIR LOVED ONES, AND EMPLOYEES AND THEIR LOVED ONES) WITHOUT REGARD TO THEIR FINANCIAL STATUS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE MASONIC VILLAGE, DIRECTLY AND THROUGH ITS SUBSIDIARIES, CONDUCTS MANY DIVERSE CHARITABLE ACTIVITIES AND PROGRAMS THAT EXEMPLIFY THE VALUES AND PRINCIPLES THAT HAVE BEEN EMBRACED AND PROMOTED BY THE GRAND LODGE OF PENNSYLVANIA SINCE ITS FOUNDING NEARLY 300 YEARS AGO, INCLUDING REVERENCE FOR GOD; COMPASSION, EMPATHY, AND RESPECT FOR ALL; HONESTY AND INTEGRITY; AND STEWARDSHIP AND INDUSTRY.

AGING SERVICES AND RELATED SERVICES

ON FIVE CAMPUSES ACROSS PENNSYLVANIA (DALLAS, ELIZABETHTOWN, SEWICKLEY, WARMINSTER AND LAFAYETTE HILL), MASONIC VILLAGE PROVIDES INDEPENDENT LIVING, PERSONAL CARE, AND SKILLED NURSING CARE TO APPROXIMATELY 2,700 RESIDENTS. AS IT HAS FOR MORE THAN 150 YEARS, MASONIC VILLAGE REMAINS PROUDLY COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE AND QUALITY OF LIFE TO ALL ITS RESIDENTS, INCLUDING MANY WHO CANNOT AFFORD TO PAY FOR SUCH SERVICES WITH THEIR PERSONAL FUNDS. IN 2025, MASONIC VILLAGE PROVIDED $45.9 MILLION WORTH OF CHARITABLE CARE AND SERVICES ACROSS PENNSYLVANIA CONSISTING OF $12.8 MILLION (AT COST) OF FREE CARE AND SERVICES AND $33.1 MILLION (AT COST) FOR CARE AND SERVICES ABOVE THE AMOUNT REIMBURSED BY MEDICARE, MEDICAID AND OTHER THIRD-PARTY PAYORS.

THROUGH ITS SUBSIDIARY, ASHLAR HOME HEALTH AND HOSPICE SERVICES, LLC, MASONIC VILLAGE PROVIDES HOME CARE, HOME HEALTH CARE, PALLIATIVE CARE, AND HOSPICE CARE TO ITS RESIDENTS OF THE MASONIC VILLAGE AT ELIZABETHTOWN AND TO PERSONS RESIDING WITHIN APPROXIMATELY 30-MILES OF ELIZABETHTOWN. MASONIC VILLAGE ALSO PROVIDES HOME CARE SERVICES TO ITS RESIDENTS IN LAFAYETTE HILL AND SEWICKLEY.

MASONIC VILLAGE OPERATES A PHARMACY THAT SERVES ITS FIVE CAMPUSES AND SIX UNAFFILIATED SENIOR LIVING FACILITIES IN PENNSYLVANIA, FILLING NEARLY 318,900 PRESCRIPTIONS IN 2025.

MASONIC VILLAGE SUPPORTS AND CARES FOR EIGHT ADULTS WITH DEVELOPMENTAL DISABILITIES IN THE BLEILER CARING COTTAGE ON ITS ELIZABETHTOWN CAMPUS.

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Public Inspection Copy

Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number **23-0846955**

COMMUNITY BENEFIT AND OUTREACH

MASONIC VILLAGE OPERATES A ROBUST OUTREACH PROGRAM TO ASSIST MANY IN NEED AND TO HELP BUILD STRONGER COMMUNITIES ACROSS PENNSYLVANIA. THE OUTREACH PROGRAM INCLUDES THE FOLLOWING ACTIVITIES:

(A)GRANTED $267,000 FINANCIAL ASSISTANCE TO ELIGIBLE APPLICANTS TO HELP WITH BASIC NEEDS SUCH AS SHELTER, UTILITIES, FOOD, MEDICINES AND MEDICAL CARE;

(B)A FREE DURABLE MEDICAL EQUIPMENT LOAN SERVICE;

(C)THE MASONIC WIDOWS GUILD, WHICH SUPPORTED 1,871 WIDOWS OF PENNSYLVANIA IN 2025;

(D)THE MASONIC BLOOD + ORGAN DONOR PROGRAM WHICH FACILITATED THE COLLECTION OF 4,892 UNITS OF BLOOD IN 2025, HELPING TO SAVE LIVES OF 14,676 PATIENTS, AND SUPPORTED 95 MEMBERS OR THEIR FAMILY MEMBERS WITH THEIR LIFE-SAVING TRANSPLANT JOURNEYS;

(E)PROVIDED SUPPORT TO LOCAL ORGANIZATIONS AND INDIVIDUALS THROUGH GRANTS, SCHOLARSHIPS, AND OTHER PROGRAMS ($686,000)

(F)PROVIDED NEARLY $95,000 IN FINANCIAL GRANTS AND ASSISTANCE THROUGH THE MASONIC CHARITY FOUNDATION TO COMMUNITY-BASED CHARITIES THAT EXEMPLIFY THE VALUES AND MISSIONS OF PENNSYLVANIA FREEMASONRY.

THE MISSION OF MASONIC VILLAGE ALSO INCLUDES THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE MASONIC CHILDREN'S HOME, THE MASONIC LIBRARY AND MUSEUM OF PENNSYLVANIA, AND THE PENNSYLVANIA MASONIC YOUTH FOUNDATION, AS DESCRIBED IN SECTIONS 4B, 4C AND 4D.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT
MASONIC LIBRARY AND MUSEUM OF PENNSYLVANIA

THE MASONIC LIBRARY AND MUSEUM EDUCATES AND ENLIGHTENS THE MASONIC COMMUNITY AND THE GENERAL PUBLIC BY

(A) PRESENTING THE MASONIC TEMPLE IN PHILADELPHIA, A NATIONAL HISTORIC LANDMARK, AS THE PREEMINENT LIVING, ARCHITECTURAL REPRESENTATION OF THE VALUES, IDEALS AND CULTURE OF FREEMASONRY AND A CENTER OF FRATERNAL, SOCIAL, CULTURAL AND BUSINESS ACTIVITIES;

(B) CURATING AND SHOWCASING THE PRICELESS COLLECTIONS;

(C) ENGAGING DIVERSE AUDIENCES THROUGH PROGRAMS AND RESEARCH RELATING TO THE VALUES, IDEALS, HISTORY AND CULTURE OF FREEMASONRY; AND

(D) PRESERVING IMPORTANT MASONIC-RELATED MONUMENTS IN PENNSYLVANIA.

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Public Inspection Copy

Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number
23-0846955

IN 2025, MORE THAN 12,000 VISITORS TOURED THE MASONIC TEMPLE, MORE THAN 3,000 OBJECTS WAS PRESERVED AND ARCHIVED, A CAPITAL INVESTMENT PLAN PRIORITIZING PRESERVATION OF THE MASONIC TEMPLE WAS COMPLETED, AND AN EXTERNAL LED LIGHTING PROJECT WAS FINALIZED TO ACCENTUATE THE BUILDING'S UNIQUE ARCHITECTURE, INCREASE VISIBILITY AND BRIGHTEN NORTH BROAD STREET.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
MASONIC YOUTH FOUNDATION

THE PENNSYLVANIA YOUTH FOUNDATION ENRICHES THE LIVES OF YOUTH AND YOUTH ADULT VOLUNTEERS BY CONDUCTING PROGRAMS DESIGNED TO BUILD STRONG CHARACTER AND DEVELOP LEADERSHIP SKILLS AND MORAL VALUES. IN 2025, THE FOUNDATION EMPOWERED 1,140 YOUTH THROUGH ITS LEADERSHIP PROGRAMS, AWARDED $153,500 IN SCHOLARSHIP FUNDS TO 51 STUDENTS, TRAINED 1,530 INDIVIDUALS AT VIRTUAL AND IN-PERSON EDUCATIONAL WORKSHOPS ON A VARIETY OF TOPICS AFFECTING THE HEALTH AND WELL-BEING OF YOUTH IN PENNSYLVANIA AND SUPPORTED 696 MEMBERS WITHIN FIVE YOUTH GROUPS ACROSS PENNSYLVANIA.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
THE GRAND LODGE OF PENNSYLVANIA ELECTS THE MEMBERS OF MASONIC VILLAGES' GOVERNING BODY (MASONIC VILLAGES BOARD OF DIRECTORS). GRAND LODGE HAS ESTABLISHED THE MASONIC VILLAGES BOARD OF DIRECTORS UNDER AND SUBJECT TO SUCH RULES AND REGULATIONS AS MAY BE APPROVED BY THE GRAND LODGE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
THE GRAND LODGE OF PENNSYLVANIA ELECTS THE MEMBERS OF MASONIC VILLAGES' GOVERNING BODY (MASONIC VILLAGES BOARD OF DIRECTORS). GRAND LODGE IS THE SOLE MEMBER OF THE MASONIC VILLAGES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A DRAFT FORM 990 IS REVIEWED BY THE RIGHT WORSHIPFUL GRAND TREASURER OF THE PARENT (GRAND LODGE), THE FINANCE OFFICE STAFF, THE OFFICER SIGNING THE FORM 990 AND THE BOARD OF DIRECTORS AT THE OCTOBER BOARD MEETING PRIOR TO FILING THE FORM.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED ANNUALLY BY EACH OF THE OFFICERS AND DIRECTORS. THESE STATEMENTS ARE REVIEWED AND APPROVED BY THE BOARD CHAIRMAN, CHIEF EXECUTIVE OFFICER AND CHIEF HUMAN RESOURCES AND COMPLIANCE OFFICER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE ANNUAL COMPENSATION OF MASONIC VILLAGES CHIEF EXECUTIVE OFFICER AND OTHER OFFICERS IS REVIEWED BY MASONIC VILLAGES CHIEF HUMAN RESOURCES OFFICER USING INDUSTRY-SPECIFIC SALARY SURVEY DATA. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE ANNUAL COMPENSATION OF MASONIC VILLAGES CHIEF EXECUTIVE OFFICER AND OTHER OFFICERS IS REVIEWED BY MASONIC VILLAGES CHIEF HUMAN RESOURCES

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Public Inspection Copy

Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number **23-0846955**

AND COMPLIANCE OFFICER USING INDUSTRY-SPECIFIC SALARY SURVEY DATA. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED
MAINE, MARYLAND, MASSACHUSETTS, MINNESOTA, MISSISSIPPI, MICHIGAN, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, MISSOURI

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
INFORMATION IS PROVIDED BY THE ORGANIZATION TO THE REQUESTING INDIVIDUAL BASED UPON THEIR REQUEST. AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE ON THE MASONIC VILLAGES WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
UNREALIZED APPRECIATION ON INTEREST RATE SWAP $ 457,104

SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Public Inspection Copy

Name of the organization **MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number **23-0846955**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	THE PENNSYLVANIA MASONIC YOUTH FOUN 1244 BAINBRIDGE ROAD ELIZABETHTOWN PA 17022		PA	286,602	13,940,107	MASONIC VI
(2)	THE MASONIC LIBRARY & MUSEUM ONE NORTH BROAD STREET PHILADELPHIA PA 19107		PA	836,721	14,542,550	MASONIC VI
(3)	MASONIC CHILDREN'S HOME OF PENNSYLV ONE MASONIC DRIVE ELIZABETHTOWN PA 17022	YOUTH	PA	1,182,100	24,746,913	MASONIC VI
(4)	ASHLAR HOME HEALTH AND HOSPICE SERV ONE MASONIC DRIVE ELIZABETHTOWN PA 17022	HOME HEALT	PA	8,678,290	1,108,954	MASONIC VI
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	GRAND LODGE OF FREE AND ACCEPTED MA ONE NORTH BROAD STREET 23-6407467 PHILADELPHIA PA 19107	PART VII	PA	501C10	1	N/A		X
(2)	PENNSYLVANIA ACACIA INSURANCE 126 COLLEGE STREET, SUITE 420 42-1566974 BURLINGTON VT 05421	PART VII	VT	501C3	12C	MASONIC	X	
(3)								
(4)								
(5)								

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Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1)	**GRAND LODGE CONSOLIDATED FUND ONE NORTH BROAD STREET PHILADELPHIA PA 19107 25-6911798**	**INVESTMENT**	**PA**	**N/A**	**T**	**57,959,004**		**92.000000**		**X**
(2)										
(3)										
(4)										

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f	X	
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ASHLAR HOME HEALTH/HOSPICE SERVICES	L	615,638	FMV
(2)	ASHLAR HOME HEALTH/HOSPICE SERVICES	D	237,152	FMV
(3)	GRAND LODGE CONSOLIDATED FUND	A	9,163,997	FMV
(4)	GRAND LODGE CONSOLIDATED FUND	F	9,584,016	FMV
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R - ADDITIONAL INFORMATION

Public Inspection Copy

PART I:

THE PENNSYLVANIA MASONIC YOUTH FOUNDATION: PROMOTE DEVELOPMENT OF YOUTH

THE MASONIC LIBRARY & MUSEUM: PRESERVE AND MAINTAIN MASONIC TEMPLE AND COLLECTIONS

MASONIC CHILDREN'S HOME OF PENNSYLVANIA: PROVIDE HOUSING AND SUPPORT FOR DISADVANTAGED YOUTH

ASHLAR HOME HEALTH AND HOSPICE SERVICES, LLC: OPERATE HOME CARE, HOME HEALTH CARE AND HOSPICE PROGRAMS.

PART II:

GRAND LODGE OF FREE AND ACCEPTED MASONS OF PENNSYLVANIA: OVERSEES ACTIVITIES OF MASONIC ENTITIES AND PROMOTES MASONIC CULTURE AND LAW.

GRAND LODGE OF PENNSYLVANIA CHARITY FOUNDATION: DISTRIBUTES CHARITABLE DONATIONS TO QUALIFYING CHARITABLE ORGANIZATIONS.

PENNSYLVANIA ACACIA INSURANCE COMPANY, LTD: PROVIDE INSURANCE COVERAGE FOR LONG-TERM CARE, PROFESSIONAL AND GENERAL LIABILITY EXPOSURE.

PART IV:

CERTAIN INVESTMENTS ARE POOLED WITH RELATED ORGANIZATIONS AND ARE REFERRED TO AS THE CONSOLIDATED FUND INVESTMENTS. CONSOLIDATED FUND INVESTMENTS AND CERTAIN SHORT-TERM INVESTMENTS ARE ADMINISTERED BY VARIOUS INVESTMENT MANAGEMENT FIRMS AND HELD IN SAFEKEEPING BY JPMORGAN CHASE BANK, N.A. AND BRINKER CAPITAL SECURITIES, INC.

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning . . . . . , **and ending** . . . . . .

Go to *www.irs.gov/Form990T* **for instructions and the latest information.**

Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

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A ☐ Check box if address changed.

B Exempt under section
☒ 501(**C**) (**3**)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA

D Employer identification number
23-0846955

Number and street. If a P.O. box, see instructions.
ONE MASONIC DRIVE

Room or suite no.

E Group exemption number (see instructions)

City or town: **ELIZABETHTOWN** | State or province: **PA** | Country: | ZIP or foreign postal code: **17022**

C Book value of all assets at end of year **1443140311**

F ☐ Check box if an amended return.

G Check organization type: ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) **3**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☐ **Yes** ☒ **No**
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **PAMELA S. FORMICA, CFO** Telephone number **717-367-1121**

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved for future use	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0

Form 990-T (2025) **MASONIC VILLAGES OF THE GRAND LODGE 23-0846955**

Part III Tax and Payments *(continued)*

5a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			**5a**	
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			**5b**	
6a	Payments: Preceding year's overpayment credited to the current year	**6a**			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	**6b**			
c	Tax deposited with Form 8868	**6c**			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	**6d**			
e	Backup withholding (see instructions)	**6e**			
f	Credit for small employer health insurance premiums (attach Form 8941)	**6f**			
g	Elective payment election amount from Form 3800	**6g**			
h	Payment from Form 2439	**6h**			
i	Credit from Form 4136	**6i**			
j	Other (see instructions)	**6j**			
k	Section 1062 applicable net tax liability. Enter amount from Form 1062, line 14	**6k**			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			**7**	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			**8**	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			**9**	**0**
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			**10**	
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** **Refunded**			**11**	
	For Refunded amount, also complete and attach Form 8050. See instructions.				

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Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		**X**
2	During the tax year, did the organization receive a distribution from or was it the grantor of or transferor to a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		**X**
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ **-13,452,475** . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
111000	$ **5,375,788**
722320	$ **1,252,539**
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

CHIEF EXECUTIVE OFFI

Signature of officer | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Enter preparer's name **GREGORY P. HALL, CPA**	Preparer's signature **GREGORY P. HALL, CPA**	Date **10/19/26**	Check ☐ if self-employed / PTIN **P00156653**
Firm's name **SMITH ELLIOTT KEARNS & COMPANY, LLC**			Firm's EIN **52-0783935**
Firm's address **19 BROOKWOOD AVE, STE 101 CARLISLE, PA 17015**			Phone no. **717-243-9104**

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

Public Inspection Copy

A Name of the organization
MASONIC VILLAGES OF THE GRAND LODGE

B Employer identification number
23-0846955

C Unrelated business activity code (see instructions) **111000**

D Sequence: **1** of **3**

E Describe the unrelated trade or business **FARM INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales **1,810,614**				
b Less returns and allowances **c** Balance	**1c**	**1,810,614**		
2 Cost of goods sold (Part III, line 8)	**2**	**84,650**		
3 Gross profit. Subtract line 2 from line 1c	**3**	**1,725,964**		**1,725,964**
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	**4a**			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	**4b**			
c Capital loss deduction for trusts	**4c**			
5 Income (loss) from a partnership or an S corporation (attach statement)	**5**			
6 Rent income (Part IV)	**6**			
7 Unrelated debt-financed income (Part V)	**7**			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	**8**			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	**9**			
10 Exploited exempt activity income (Part VIII)	**10**			
11 Advertising income (Part IX)	**11**			
12 Other income (see instructions; attach statement)	**12**			
13 **Total.** Combine lines 3 through 12	**13**	**1,725,964**		**1,725,964**

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1 Compensation of officers, directors, and trustees (Part X)			**1**	
2 Salaries and wages			**2**	**885,983**
3 Repairs and maintenance			**3**	**83,294**
4 Bad debts			**4**	
5 Interest (attach statement). See instructions			**5**	
6 Taxes and licenses			**6**	**118,334**
7 Depreciation (attach Form 4562). See instructions	**7**	**230,549**		
8 Less depreciation claimed in Part III and elsewhere on return	**8a**		**8b**	**230,549**
9 Depletion			**9**	
10 Contributions to deferred compensation plans			**10**	
11 Employee benefit programs			**11**	**81,905**
12 Excess exempt expenses (Part VIII)			**12**	
13 Excess readership costs (Part IX)			**13**	
14 Other deductions (attach statement) **SEE STATEMENT 1**			**14**	**1,976,960**
15 **Total deductions.** Add lines 1 through 14			**15**	**3,377,025**
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			**16**	**-1,651,061**
17 Deduction for net operating loss. See instructions			**17**	
18 **Unrelated business taxable income.** Subtract line 17 from line 16			**18**	**-1,651,061**

Part III Cost of Goods Sold

Enter method of inventory valuation **COST METHOD**

1	Inventory at beginning of year	1	1,291,132
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	1,291,132
7	Inventory at end of year	7	1,206,482
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	84,650
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☒ No

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Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 **Total dividends — received deductions** included in line 10

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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	1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals					

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

	1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals					

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	**2.** Title	**3.** Percentage of time devoted to business	**4.** Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

Public Inspection Copy

A Name of the organization
MASONIC VILLAGES OF THE GRAND LODGE

B Employer identification number
23-0846955

C Unrelated business activity code (see instructions) **722320**

D Sequence: **2** of **3**

E Describe the unrelated trade or business **CATERING**

Part I	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) **SEE STMT 2**	12	349,193		349,193
13	**Total.** Combine lines 3 through 12	13	349,193		349,193

Part II	**Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	364,539
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions **SEE STATEMENT 3**			5	39,904
6	Taxes and licenses			6	27,120
7	Depreciation (attach Form 4562). See instructions	7	63,400		
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	63,400
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	33,293
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) **SEE STATEMENT 4**			14	232,607
15	**Total deductions.** Add lines 1 through 14			15	760,863
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-411,670
17	Deduction for net operating loss. See instructions			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-411,670

Part III Cost of Goods Sold

Enter method of inventory valuation **COST METHOD**

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes	☐ No

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Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____
B ☐ _____
C ☐ _____
D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) _____

	A	B	C	D
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) _____

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____
B ☐ _____
C ☐ _____
D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) _____

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) _____

11 **Total dividends — received deductions** included in line 10 _____

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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	1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals					

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

	1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals					

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Public Inspection Copy

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	**2.** Title	**3.** Percentage of time devoted to business	**4.** Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

Public Inspection Copy

A Name of the organization
MASONIC VILLAGES OF THE GRAND LODGE

B Employer identification number
23-0846955

C Unrelated business activity code (see instructions) **459900**

D Sequence: **3** of **3**

E Describe the unrelated trade or business **GIFT SHOP**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales **79,962**				
b Less returns and allowances **c** Balance	**1c**	**79,962**		
2 Cost of goods sold (Part III, line 8)	**2**	**36,978**		
3 Gross profit. Subtract line 2 from line 1c	**3**	**42,984**		**42,984**
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	**4a**			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	**4b**			
c Capital loss deduction for trusts	**4c**			
5 Income (loss) from a partnership or an S corporation (attach statement)	**5**			
6 Rent income (Part IV)	**6**			
7 Unrelated debt-financed income (Part V)	**7**			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	**8**			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	**9**			
10 Exploited exempt activity income (Part VIII)	**10**			
11 Advertising income (Part IX)	**11**			
12 Other income (see instructions; attach statement)	**12**			
13 **Total.** Combine lines 3 through 12	**13**	**42,984**		**42,984**

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1 Compensation of officers, directors, and trustees (Part X)			**1**	
2 Salaries and wages			**2**	
3 Repairs and maintenance			**3**	
4 Bad debts			**4**	
5 Interest (attach statement). See instructions			**5**	
6 Taxes and licenses			**6**	
7 Depreciation (attach Form 4562). See instructions	**7**			
8 Less depreciation claimed in Part III and elsewhere on return	**8a**		**8b**	**0**
9 Depletion			**9**	
10 Contributions to deferred compensation plans			**10**	
11 Employee benefit programs			**11**	
12 Excess exempt expenses (Part VIII)			**12**	
13 Excess readership costs (Part IX)			**13**	
14 Other deductions (attach statement) **SEE STATEMENT 5**			**14**	**48,554**
15 **Total deductions.** Add lines 1 through 14			**15**	**48,554**
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			**16**	**-5,570**
17 Deduction for net operating loss. See instructions			**17**	
18 **Unrelated business taxable income.** Subtract line 17 from line 16			**18**	**-5,570**

Part III Cost of Goods Sold

Enter method of inventory valuation **COST METHOD**

1	Inventory at beginning of year	1	81,518
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	81,518
7	Inventory at end of year	7	44,540
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	36,978
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☒ No

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Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)

	A	B	C	D
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 **Total dividends — received deductions** included in line 10

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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	1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals					

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

	1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals					

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	**2.** Title	**3.** Percentage of time devoted to business	**4.** Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA	**FARM INCOME**	**23-0846955**

Public Inspection Copy

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13		

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	230,549

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

	(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	50-year property			50 yrs.	MM	S/L	
i	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
j	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C— Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	
e	50-year		50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2025)

THERE ARE NO AMOUNTS FOR PAGE 3

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	**21**	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	**22**	**230,549**
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ **Yes**	☐ **No**
b	If "Yes," is the evidence written?	☐ **Yes**	☐ **No**
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ **Own**	☐ **Lease** ☐ **Charter**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use :								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA	**CATERING**	**23-0846955**

Public Inspection Copy

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	63,400

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

	(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	50-year property			50 yrs.	MM	S/L	
i	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
j	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C— Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	
e	50-year		50 yrs.	MM	S/L	

THERE ARE NO AMOUNTS FOR PAGE 3

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	**21**	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	**22**	**63,400**
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ **Yes**	☐ **No**
b	If "Yes," is the evidence written?	☐ **Yes**	☐ **No**
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ **Own**	☐ **Lease** ☐ **Charter**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use :								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Federal Statements

Public Inspection Copy

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

Activity Description	UBIT Num	Available Carryover
FARM INCOME	111000	$ 5,375,788
CATERING	722320	1,252,539
TOTAL		$ 6,628,327

Federal Statements

Public Inspection Copy

FARM INCOME

Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
TRAINING AND EDUCATION	$ 1,515
SUBSCRIPTIONS AND PROFESSIONAL DUES	4,003
TRAVEL	24
OFFICE SUPPLIES	2,993
FERTILIZER, FEED AND SEED	236,215
OPERATING SUPPLIES	66,495
PRODUCE RESALE	1,145,670
GREENHOUSE	3,261
INDIRECT COST ALLOCATION	-62,698
PURCHASE LIVESTOCK	412,974
VETERINARY SERVICES	2,393
OTHER SERVICES	45,249
POSTAGE	1,987
PRINTING	2,914
BANK SERVICE FEES	39,164
ELECTRICITY	13,099
FUEL	9,280
TELEPHONE AND CABLE	1,180
WASTE REMOVAL	4,890
GAS AND OIL	10,867
SERVICE AGREEMENTS	5,706
PROMOTION	23,674
MISCELLANEOUS	2,096
COST OF GOOD SOLD	4,009
TOTAL	$ 1,976,960

CATERING

Statement 2 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
CATERING	$ 349,193
TOTAL	$ 349,193

CATERING

Statement 3 - Schedule A (990T), Part II, Line 5 - Deductible Interest

Description	Amount
BOND INTEREST	$ 39,904
TOTAL	$ 39,904

Federal Statements

Public Inspection Copy

CATERING

Statement 4 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
TRAINING AND EDUCATION	$ 3,664
SUBSCRIPTIONS AND PROFESSIONAL DUES	-6,170
TRAVEL	9,761
OFFICE SUPPLIES	972
OPERATING SUPPLIES	35,902
FOOD AND ALCOHOL	42,043
INIDRECT COST ALLOCATIONS	237
INVENTORY ADJUSTMENT	38,311
OTHER SERVICES	12,840
POSTAGE	13
BANK SERVICE FEES	62
LONG TERM DEBT ADMINSTRATION FEES	7,367
PRINTING	1,241
TELEPHONE AND CABLE	2,388
GAS AND OIL	58
OPERATING LEASE	2,997
ADVERTISING	67,686
MISCELLANEOUS	7,205
SERVICE AGREEMENTS	6,030
TOTAL	$ 232,607

GIFT SHOP

Statement 5 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
OFFICE SUPPLIES	$ 281
OTHER SERVICES	2,441
POSTAGE	-1,094
BANK SERVICE FEES	4,587
COST OF GOOD SOLD	42,339
TOTAL	$ 48,554