PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 03-72-27

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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change MASONIC MEDICAL RESEARCH LABORATORY Name change MASONIC MEDICAL RESEARCH INSTITU 13-5648611 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 2150 BLEECKER STREET 315-735-2217 City or town, state or province, country, and ZIP or foreign postal code 31,194,775. G Gross receipts \$ Amended UTICA, NY 13501 H(a) Is this a group return return
Application
pending F Name and address of principal officer: MARIA KONTARIDIS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.MMRI.EDU J Website: H(c) Group exemption number **K** Form of organization: X Corporation L Year of formation: 1947 M State of legal domicile: NY Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 93 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 3,040,323. 5,627,497. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 1,111,480. 2,433,373. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,628. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,439. 11 4,154,431 8,083,309 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,785,902. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,342,591. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,590,607. 5,074,058. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,376,509. 10,416,649. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -5,222,078. -2,333,340. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 51,788,536. 43,915,688. Total assets (Part X, line 16) 12,535,119. 7,077,330. 21 Total liabilities (Part X, line 26) 三年 39,253,417. 36,838,358 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign 06/24/24 Maria Parides Here Type or print name and title MARIA KONTARIDIS, EXECUTIVE DIRECTOR PTIN Preparer's signature Print/Type preparer's name JILL M. JOHNSON, CPA | 06/24/24 |P01701478 JILL M. JOHNSON, CPA Paid self-employed LUMSDEN & MCCORMICK, LLP Firm's EIN 16-0765486 Preparer Firm's name Firm's address 369 FRANKLIN STREET Use Only Phone no. (716)856-3300 BUFFALO, NY 14202

No

X Yes

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rai	Tim Statement of Frogram Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	MASONIC MEDICAL RESEARCH LABORATORY, DOING BUSINESS AS MASONIC MEDICAL	<u>. </u>
	RESEARCH INSTITUTE, IS A NOT-FOR-PROFIT INSTITUTE DEDICATED TO	
	IMPROVING THE HEALTH AND QUALITY OF LIFE FOR ALL. THE INSTITUTE'S	
	PRIMARY MISSION IS TO CONDUCT HIGH QUALITY BASIC AND CLINICAL RESEARCH	<u>1</u>
2	Did the organization undertake any significant program services during the year which were not listed on the	-
	prior Form 990 or 990-EZ?	<u>K</u> 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 🖸	<u>X</u> 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 \$ 7,088,559 • including grants of \$) (Revenue \$	
	THE MASONIC MEDICAL RESEARCH LABORATORY, DOING BUSINESS AS MASONIC	
	MEDICAL RESEARCH INSTITUTE (MMRI), IS A WORLD RENOWNED MEDICAL RESEARCH	H
	CENTER KNOWN FOR ITS SCIENTIFIC ACHIEVEMENTS, ESPECIALLY IN THE FIELD	
	OF EXPERIMENTAL CARDIOLOGY. CURRENT RESEARCH EFFORTS ENCOMPASS ISCHEMI	C
	HEART DISEASE, CARDIAC ARRHYTHMIAS, CARDIOVASCULAR DISEASE AND SUDDEN	<u>. </u>
	CARDIAC DEATH. MMRI IS A LEADING CENTER FOR GENETIC SCREENING OF	
	CARDIAC DISEASE AS WELL AS IN THE DEVELOPMENT OF INNOVATIVE AND	
	EFFECTIVE PHARMACOLOGIC TREATMENT FOR ATRIAL FIBRILLATION. THE STEM	
	CELL CENTER IS FOCUSED ON REGENERATING MEDICINE AND THE DEVELOPMENT OF	
		<u>. </u>
	HUMAN MODELS OF DISEASE. OUR SCIENTIFIC FINDINGS ARE PUBLISHED IN THE	
	FINEST MEDICAL JOURNALS IN THE WORLD.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,088,559.	
	Form 990	(2023)

Form 990 (2023) MASONIC MEDICAL RESEARCH LABORATORY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		Х
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		х
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? <i>If</i> "Yes," <i>complete</i>			
0	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
-	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	- 1.12		
	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			
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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

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Form	13-5648 MASONIC MEDICAL RESEARCH LABORATORY	3611	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		ı	
			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		Х	
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	245		x
L	Schedule K. If "No," go to line 25a	24a 24b		^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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	200		
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		Х
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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	Х	
35 a	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			l
	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?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15	_		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	x	

Form 990 (2023)

MASONIC MEDICAL RESEARCH LABORATORY

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

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	93					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х		
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 Advanced in the Financi	ccour	its (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		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			7.7		
_	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 contribution		-					
_	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).	:			х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		d	7b	Λ			
С				7c		х		
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70		21		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		Х		
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
	sponsoring organization have excess business holdings at any time during the year?							
9	9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:		1					
а	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:	ı	ı					
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	۱						
40-	amounts due or received from them.)	11b	1	10-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 12b		12a				
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
-	Note: See the instructions for additional information the organization must report on Schedule O.			iou				
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						
С	Enter the amount of reserves on hand	13c						
14a				14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.				000			

332005 12-21-23 Form **990** (2023) 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						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 15									
	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 15									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	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										
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	Х							
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	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	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						
Sec	tion 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								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
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							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37							
	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?		37							
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		Х						
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21						
D	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								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed NY, AL, AR, CA, FL, GA, HI, KS, KY	, MD	MA,	MI						
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))									
	for public inspection. Indicate how you made these available. Check all that apply.									
	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	d financ	cial							
	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									
	MICHAEL MAYO, CONTROLLER - (315) 624-7497									
	2150 BLEECKER STREET, UTICA, NY 13501									
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)						

2023.04000 MASONIC MEDICAL RESEARCH J0095701

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

- 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.

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

- 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.

(A) Name and title	(B) Average hours per	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Individual trustee or director Institutional trustee Officer		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARIA KONTARIDIS, PHD	40.00	_		٠,				F00 470	0	70 201
EXECUTIVE DIRECTOR	40.00			Х				590,470.	0.	79,291.
(2) JASON MCCARTHY RESEARCH SCIENTIST	40.00	1				x		195,000.	0.	40 227
(3) STEPHEN IZZO	40.00					^		193,000.	0.	40,227.
MAJOR GIFTS OFFICER	40.00	1		Х				158,846.	0.	40,005.
(4) ZHIQIANG LIN	40.00							130,040.	<u> </u>	40,003.
RESEARCH SCIENTIST	10.00	1				x		132,000.	0.	34,863.
(5) CHASE KESSINGER	40.00									027000
RESEARCH SCIENTIST		1				x		125,000.	0.	34,842.
(6) DAVID F. SCHNEEWEISS	5.00							·		,
CHAIRMAN		Х		Х				0.	0.	0.
(7) ROBERT A. HEWSON, DPM	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) PASQUALE IMBIMBO, JR	5.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(9) JAMES D. SWAN, JR	5.00									
SECRETARY		Х		Х				0.	0.	0.
(10) VINCENT CUNZIO, CPA	5.00]								
TREASURER		Х		Х				0.	0.	0.
(11) ALVARO F. QUIROGA	5.00	1							_	_
PAST PRESIDENT		Х		X				0.	0.	0.
(12) DAVID D. GOODWIN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(13) PETER R. GRAY, MD, PHD, FACC	1.00								_	•
DIRECTOR	1 00	Х				_		0.	0.	0.
(14) PAUL A. GUERRERO, CMR	1.00	٠,,							_	0
DIRECTOR (15) PANY WHEN FIGS	1 00	Х						0.	0.	0.
(15) PAUL HUCK, ESQ DIRECTOR	1.00	х						0.	0.	0.
(16) RICHARD J. MILLER, JR, ESQ.	1.00	^			\vdash			0.	U •	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(17) PAUL E. MOSSBERG	1.00	22			\vdash			1		<u> </u>
DIRECTOR	1.30	х						0.	0.	0.
333007 12 21 23	1		-	1			I		<u> </u>	Form 990 (2023)

332007 12-21-23

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)				
(A)								(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			nne	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensatio	n	ar	nount	of
	week		Cer an	id a di	recto	r/trus	iee)	from	from related			other	
	(list any hours for	irecto						the	organization (W-2/1099-MIS			pensa	
	related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)			janizat	
	organizations	truste	al trus		ee/	m pen		1099-NEC)	10001110)			d relat	
	below	Individual trustee or director	Institutional trustee	in 1	Key employee	Highest compensated employee	er	1 ' 1			orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
(18) VIRGILIO S. QUIJANO	1.00												
DIRECTOR		Х						0.		0.			0.
(19) SHELDON B. RICHMAN, ESQ.	1.00]						_					
DIRECTOR		Х						0.		0.			0.
(20) FRANK R. WILLIAMS	1.00	ļ								_			_
DIRECTOR		Х						0.		0.			0.
		1											
		4											
		<u> </u>											
		-											
		<u> </u>											
		-											
		1											
		1											
1b Subtotal	1	l					l	1,201,316.		0.	2.2	9,2	28.
c Total from continuation sheets to Part VI								0.		0.			
d Total (add lines 1b and 1c)								1,201,316.		0.	229,228.		
2 Total number of individuals (including but n									000 of reportable	•			
compensation from the organization						,		,	•				5
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	le co	mpe	ensat	tion	and	oth	ner compensation from th	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om a	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	pers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con										oensa	tion fr	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin T		ear.			- · ·	
(A) Name and business	address	NTC	ONE	7				(B) Description of s	ervices	C		C) nsatio	n
Traine and pasiness	444,000	11/	JIVI				\dashv	Decempation of c	SI VIOSS		ОПРО	- Ioatioi	
-							_						
					_								
2 Total number of independent contractors (in	ncludina but n	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•		_		C			,					

Form 990 (2023) MASONIC
Part VIII Statement of Revenue

oun o	Check if Schedule O contains a response	or note to any init	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
Grants nounts q b			` '			
Grants nounts q b						
Grants nounts q e				function revenue	business revenue	from tax under
Grants nounts q p						sections 512 - 514
Grar pour	Federated campaigns 1a					
છ ≥	Membership dues 1b					
, E .	Fundraising events 1c					
# d	Related organizations 1d					
e iii e	Government grants (contributions) 1e	2,927,263.				
iii f	All other contributions, gifts, grants, and					
E E	similar amounts not included above 1f	2,700,234.				
ξĐ ,	Noncash contributions included in lines 1a-1f					
io d			5,627,497.			
0 6 11	Total. Add lines 1a-1f	Business Code	3,027,137.			
		Business Code				
<u>ფ</u> 2 a						
E e S						
am Ser evenue o o o						
b eg						
Program Service Revenue Revenue Revenue Revenue Revenue Revenue						
Ğ f	All other program service revenue					
g	Total. Add lines 2a-2f					
3	Investment income (including dividends, intere					
	other similar amounts)		712,759.			712,759.
4	Income from investment of tax-exempt bond p		,			,
5	Royalties					
"	(i) Real	(ii) Personal				
		(ii) i Greenar				
1	Gross rents 6a					
	Less: rental expenses 6b					
	Rental income or (loss) 6c					
	Net rental income or (loss)					
7 a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 7a 24,832,080.					
b	Less: cost or other basis					
<u>e</u>	and sales expenses					
Revenue p o	Gain or (loss) 7c 1,720,614.					
e d	Net gain or (loss)		1,720,614.			1720614.
р 8 а	Gross income from fundraising events (not					
₹	including \$ of					
	contributions reported on line 1c). See					
	Part IV, line 18					
b	Less: direct expenses 8b	,				
	Net income or (loss) from fundraising events	1				
	Gross income from gaming activities. See					
"	Part IV, line 19					
h	Less: direct expenses 9b					
		<u>' </u>				
	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns					
	and allowances10a					
	Less: cost of goods sold10l					
С	Net income or (loss) from sales of inventory					
_ω		Business Code				
ຼື ₀ 11 a	OTHER REVENUE	900099	22,439.			22,439.
ane Sum d						
Miscellaneous Revenue 11 p c d						
D B	All other revenue					
ء ≥	Total. Add lines 11a-11d		22,439.			
	Total revenue. See instructions		8,083,309.	0.	0.	2455812.

332009 12-21-23

6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) and persons (as defined under section 4958(r)(3)(8) and persons (as defined under section 4958(r)(3)(8) and persons described in section 4958(r)(3)(8) and persons described in section 4958(r)(3)(8) and persons described in section 4958(r)(3)(8) and 403(r) employer contributions (include section 401(r) and 403(r) employer contributions) and 403(r) employer contributions (include section 401(r) and 403(r) employer contributions) and anagement and anagement section 401(r) and 403(r) employee section 401(r) and 403(r) employee contributions (include section 401(r) and 403(r) employee contributions) and anagement section 401(r) and 403(r) employee section 401(r) and 403(r) employee contributions (include section 401(r) and 403(r) employee contributions) and anagement section 401(r) and 403(r) employee section 401(r) and 403(r) employee contributions (include section 401(r) employee contribution 401(r) employee	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All othe	er organizations must con	nplete column (A)	
Total exponses					,	
1		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 (Sarats and other assistance to foreign organizations, foreign journaments, and other assistance to foreign inclividuals. See Part IV, line 15 and 16 (Sarats and other assistance to foreign inclividuals. See Part IV, line 15 and 16 (Sarats and other assistance to foreign inclividuals. See Part IV, line 15 and 16 (Sarats and other assistance to foreign inclividuals. See Part IV, line 17 (Sarats and other assistance) (Sarats and other assistance) (Sarats and other assistance) (Sarats and see Sarats and key employees (Sarats and key employees (Sarats and key employees) (Sarats and wages action 40(8) (and 40(8)) employer contributions (include action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) employer contributions (saratine and wages action 40(8) (and 40(8)) empl	1	Grants and other assistance to domestic organizations		·	·	·
Individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments and wages and foreign governments and wages and foreign governments and wages are set in the section 4988(f)(11) and 498(f)(11) and 498(f)		and domestic governments. See Part IV, line 21				
3 Grints and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in included above to disqualified persons (as offined under section 498/R/IV) and persons described in section 498/R/IV) and persons (as offined under section 498/R/IV) and person (as offined under section 498/R/IV) and (as offined under section 498/R/IV) and (as offined under section 498/R/IV) and (as offine	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
Individuals See Part N, lines 15 and 16 See Part N, lines 15 See Part N, lines 16 See Part N, lines 17 See Part N, lines 18	3	Grants and other assistance to foreign				
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of clinided above to disqualified persons described in section 498((x)(3)(8) Persons described in section 4988((x)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(4) and 40(5)) employer contributions 9 Other employee benefits 9 Other payole benefits 1 Fees for services (nonemployees): a Management b Legal 1 Test of result for the solution of the solution		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above to disquaffled persons (as defined under section 4958(I) 1) and persons described in section 4958(I) 1) and persons described in section 4958(I) 3) and persons described in section 4018(I) and 403(I) employee contributions 9919, 603. \$589,745. \$230,576. \$99,282 and persons to 4018(I) and 403(I) employee contributions 9919, 603. \$589,745. \$230,576. \$99,282 and persons 403,000 and 158,000 and 158,		individuals. See Part IV, lines 15 and 16				
### Tustees, and key employees 815, 883. 314, 253. 314, 255. 187, 375	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958()(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Pension plan acruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Payroll taxes 10 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Management 13 Legal 158,035. 158,036. 158,035. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036. 158,036	5	Compensation of current officers, directors,				
persons (as defined under section 4986(r)(1)) and persons described in section 4986(r)(3)(B) 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 401) and 401(b) employer contributions) 9 Other employee benefits 9 19 , 603. 589,745. 230,576. 99,282 Payor) taxes 1 Fees for services (nonemployees): a Management b Legal C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, If line 11 gamount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 178, 306. 645. 14, 676. 162, 985. 277, 236. 111, 833. 84, 690. 80, 713 Horrowation technology 10 Coopenses 11 Conferences, conventions, and meetings interest 11 Conferences, convention, and amortization and repeated and the services of line 26, column (A), amount, list line 14ge expenses on Sch 0, 178, 306. 645. 11, 676. 162, 985. 177, 236. 111, 833. 84, 690. 80, 713 Horrowation technology 10 Conferences, conventions, and meetings interest 11 Travel 12 Payments of travel or enterlainment expenses for any federal, state, or local public officials interest 13 Payments of travel or enterlainment expenses for any federal, state, or local public officials interest 12 Depreciation, depletion, and amortization 13 Payments of travel or enterlainment expenses for line 26, line 24, education, depletion, and amortization 1,764,130. 1,582,849. 116,727. 64,554 139,085. 96,672. 37,117. 5,296 20 Depreciation, depletion, and amortization 1,764,130. 1,582,849. 116,727. 64,554 21 Payments of target or mice 24, line 24, education and 24, line 24,		trustees, and key employees	815,883.	314,253.	314,255.	187,375.
Persion persion described in section 4958(c)(3)(8) 3,607,105. 2,411,884. 823,274. 371,947 8 Pension plan accruals and contributions (include section 4018) and a project 230,576. 99,282 919,603. 589,745. 230,576. 99,282 9270 taxes 919,603. 589,745. 230,576. 99,282 9270 taxes 919,603. 589,745. 230,576. 99,282 9270 taxes 9270 taxes 919,603. 589,745. 230,576. 99,282 92,	6	Compensation not included above to disqualified				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Ananagement 12 Legal		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other (Iff line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Scholl of Cocupancy 10 Travel 11 Travel 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 12 Payments of affiliates 13 Payments of affiliates 14 Payments of affiliates 15 Payments of affiliates 16 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Insurance 11 Travel 11 Payments to affiliates 12 Depreciation, depletion, and amortization Insurance 13 Defice expenses. Itemize expenses not covered above, (List line 24e amount exceeds 10% of line 24e. If line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e. If line 24e exceeds so Schedule 0.0. In 24e. If line 24e. If line 24e. If line 24e. If line 24e		persons described in section 4958(c)(3)(B)				
Section 401(k) and 403(b) employer contributions) 919,603. 589,745. 230,576. 99,282	7	Other salaries and wages	3,607,105.	2,411,884.	823,274.	371,947.
9 Other employee benefits 919,603. 589,745. 230,576. 99,282 Payroli taxes Amanagement Fees for services (nonemployees): a Management	8	·				
10						
11 Fees for services (nonemployees): a Management	9		919,603.	589,745.	230,576.	99,282.
a Management b Legal	10	Payroll taxes				
b Legal	11	Fees for services (nonemployees):				
c Accounting d Lobbying 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 Sch 0.) Advertising and promotion 12 Advertising and promotion 13 A, 557, 6, 071, 124, 806, 3, 680 14 Alore Expenses 15 Office expenses 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 22 Depreciation, depletion, and amortization line 24e, If line 24e expenses on Schedule 0.) RESEARCH EXPENSES b BUILDINGS AND GROUNDS O c EQUIPMENT AND REPAIRS d OTHER 21 Other expenses 25 Total functional expenses. Add lines 1 through 24e All other expenses. 26 Total functional expenses. Add lines 1 through 24e All other expenses. 27 John Column (B) point costs from a combined educational campaign and fundraising solicitation.) 20 John Column (B) point costs from a combined educational campaign and fundraising solicitation.)	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees	b	Legal	158,035.		158,035.	
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 Sch O.) 134,557 column (A), amount, list line 11g expenses on Sch O.) 178,306 column (A), amount, list line 11g expenses on Sch O.) 178,306 column (A), amount, list line 11g expenses on Sch O.) 178,306 column (A), amount, list line 11g expenses on Sch O.) 178,306 column (A), amount, list line 25, column (A), amount, list line 24e expenses on Sch O.) 178,306 column (A), amount, list line 24e expenses on Sch O.) 178,306 column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 178,306 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e expenses on Schedule O.) 178,307 column (A), amount, list line 24e	С	Accounting				
1 Investment management fees 49,450. 4	d		20,661.		20,661.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 12 Advertising and promotion 134 , 557 . 6 , 071 . 124 , 806 . 3 , 680 178 , 306 . 645 . 14 , 676 . 162 , 985 277 , 236 . 111 , 833 . 84 , 690 . 80 , 713 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 20 Interest 20 Experication, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 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 School of the expense of School of the expense on School of the expense of School of School of School of School of School of Sch	е	- · · · · · · · · · · · · · · · · · · ·	40 450		40 450	
Column (A), amount, list line 11g expenses on Sch 0. 134,557. 6,071. 124,806. 3,680			49,450.		49,450.	
Information technology Royalties	g		124 557	C 071	104 006	2 (00
Information technology Royalties		· · · · · · · · · · · · · · · · · · ·		6,0/1.		3,680.
Information technology Royalties	12					162,985.
15 Royalties			411,430.	111,633.	84,690.	80,713.
16 Occupancy						
17 Travel 208,473. 81,073. 58,080. 69,320 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 655,007. 505,562. 96,228. 53,217 10 Payments to affiliates 220 Depreciation, depletion, and amortization 1,764,130. 1,582,849. 116,727. 64,554 21 Payments to affiliates 1,764,130. 1,582,849. 116,727. 644,554 22 Depreciation, depletion, and amortization 1,764,130. 1,582,849. 116,727. 644,554 23 Insurance 139,085. 96,672. 37,117. 5,296 24 Other expenses. Itemize expenses on Covered above. (List miscellaneous expenses on Schedule 0.) 25 RESEARCH EXPENSES 1,060,605. 1,060,605. 26 BUILDINGS AND GROUNDS O 265,582. 206,875. 37,699. 21,008 27 Continuous expenses 21,405. 665. 13,808. 6,932 28 Other expenses 21,405. 665. 13,808. 6,932 29 Continuous expenses. Add lines 1 through 24e 10,416,649. 7,088,559. 2,194,625. 1,133,465 20 Insurance 1,764,130. 1,582,849. 116,727. 64,554 37 17 5,296 1,060,605. 1,060,605. 1,060,605. 4 Continuous expenses on Schedule 0.) 1,060,605. 1,060,6						
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Conferences, conventions, and meetings Interest Conferences, conventions, and meetings Interest Conferences, conventions, and meetings Conferences, conventions, and meetings Interest Conferences, conventions, and meetings Conferences, conventions, and anortization Conferences, conventions, and anortization Conferences, conventions, and anortization Conference Conferences, conventions, and anortization Conference Conference Con			200 472	01 072	E0 000	60 220
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 20 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 0.) a RESEARCH EXPENSES b BUILDINGS AND GROUNDS O c EQUIPMENT AND REPAIRS d OTHER All other expenses a All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			200,4/3.	01,073.	30,000.	09,340.
19 Conferences, conventions, and meetings 10 10 10 10 10 10 10 1	18	· '				
Interest 655,007. 505,562. 96,228. 53,217						
Payments to affiliates Depreciation, depletion, and amortization 1,764,130			655 007	505 562	96 228	52 217
Depreciation, depletion, and amortization 1,764,130. 1,582,849. 116,727. 64,554			033,007.	303,302.	30,440.	JJ, 411•
139,085. 96,672. 37,117. 5,296			1 76/ 130	1 582 8/0	116 727	61 551
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 0.) a RESEARCH EXPENSES b BUILDINGS AND GROUNDS O c EQUIPMENT AND REPAIRS d OTHER All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		1				
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 0.) a RESEARCH EXPENSES b BUILDINGS AND GROUNDS O c EQUIPMENT AND REPAIRS d OTHER All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			139,003.	30,014.	J1,111•	5,430.
a RESEARCH EXPENSES b BUILDINGS AND GROUNDS O c EQUIPMENT AND REPAIRS d OTHER All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 1,060,605. 1,060,605. 37,699. 21,008 265,582. 206,875. 37,699. 21,008 21,405. 665. 13,808. 6,932 21,405. 665. 13,808. 6,932 21,405. 7,088,559. 2,194,625. 1,133,465	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
BUILDINGS AND GROUNDS O EQUIPMENT AND REPAIRS OTHER All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_		1 060 605	1 060 605		
EQUIPMENT AND REPAIRS d OTHER All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					37 600	21 በበዩ
d OTHER e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			21,4UJ•	000.	13,000.	0,334.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			10 416 649	7 088 559	2 194 625	1 133 465
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			,, U, U,	7,000,000	2,174,023.	±,±55,±05•
educational campaign and fundraising solicitation.	20	' ' '				
		. , , , ,				
Check here if following SOP 98-2 (ASC 958-720)		a				

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			597,594.	1	485,238.
	2	Savings and temporary cash investments			1,053,981.	2	74,802.
	3	Pledges and grants receivable, net			863,743.	3	1,399,868.
	4	Accounts receivable, net			48,348.	4	842,069.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ŕ	9	Prepaid expenses and deferred charges			1,258,477.	9	3,594,751.
	10a	Land, buildings, and equipment: cost or other		0.5 5.50 0.5			
		basis. Complete Part VI of Schedule D	10a	26,653,987.	45 504 505		14 202 506
	b			12,260,401.	15,794,535.	10c	14,393,586.
	11	Investments - publicly traded securities		24,440,980.	11	11,995,620.	
	12	Investments - other securities. See Part IV, line 11	1,077,054.	12	4,136,026.		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		6 652 004	14	6 000 700	
	15	Other assets. See Part IV, line 11	6,653,824.	15	6,993,728.		
	16	Total assets. Add lines 1 through 15 (must equal			51,788,536. 456,640.	16	43,915,688.
	17	Accounts payable and accrued expenses			450,040.	17	745,045.
	18	Grants payable	96.	18 19	5,000.		
	19 20		ferred revenue				
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa		. (O - I I - I - D		20 21	
	22	Loans and other payables to any current or former				21	
Liabilities	22	trustee, key employee, creator or founder, substar					
Ē		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·	11,943,158.	23	6,178,308.
	24	Unsecured notes and loans payable to unrelated t				24	0,2:0,000
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D			135,225.	25	148,977.
	26	T			12,535,119.	26	7,077,330.
		Organizations that follow FASB ASC 958, check	here	X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			25,945,756.	27	23,227,988.
Ba	28	Net assets with donor restrictions			13,307,661.	28	13,610,370.
пd		Organizations that do not follow FASB ASC 958	3, che	ck here			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		L		29	
set	30	Paid-in or capital surplus, or land, building, or equi	pmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated inco	me, c	or other funds		31	
Ne.	32	Total net assets or fund balances			39,253,417.	32	36,838,358.
	33	Total liabilities and net assets/fund balances			51,788,536.	33	43,915,688.

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	,083	3,3	<u>09.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,410	5,6	<u>49.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>, 33:</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	, 253	3,4	<u> 17.</u>
5	Net unrealized gains (losses) on investments	5		-50	0,3	84.
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		418	3,6	65.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	36	, 838	3,3	58.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990 ((2023)

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SCHEDULE A

(Form 990)

Total

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.

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

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization MASONIC MEDICAL RESEARCH LABORATORY 13-5648611 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	7074483.	3867393.	7236741.	3040323.	5627497.	26846437.			
2	Tax revenues levied for the organ-									
	ization'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	7074483.	3867393.	7236741.	3040323.	5627497.	26846437.			
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)						3467237.			
	Public support. Subtract line 5 from line 4.						23379200.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	7074483.	3867393.	7236741.	3040323.	5627497.	26846437.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1095671.	784,228.	994,595.	917,416.	712,759.	4504669.			
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.)	867.	7,106.	4,017.	2,628.	22,439.	37,057.			
11	Total support. Add lines 7 through 10						31388163.			
	Gross receipts from related activities,					12				
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)				
_	organization, check this box and stop									
	ction C. Computation of Publi									
	Public support percentage for 2023 (I			column (f))		14	74.48 %			
	Public support percentage from 2022					15	61.65 %			
16a	33 1/3% support test - 2023. If the d				14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies		•							
b	33 1/3% support test - 2022. If the				line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	•								
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact				•	VI how the organiz	zation			
	meets the facts-and-circumstances te	•	•			7				
b	10% -facts-and-circumstances test						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									
40	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									
18	rivate foundation. If the organization	n dia not check a l	oox on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box at					
						ochedule A	(Form 990) 2023			

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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 Section A. Public Support	below, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
, , , , , , , , , , , , , , , , , , , ,	(a) 2019	(D) 2020	(C) 2021	(a) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(1)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,	(-,	(-,	(-)
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	li - 0 D -					
Section C. Computation of Pub						
15 Public support percentage for 2023			column (f))		15	%
16 Public support percentage from 202					16	9/
Section D. Computation of Inve						
17 Investment income percentage for 2			ne 13, column (f))		17	9/
18 Investment income percentage from					18	9/
19a 33 1/3% support tests - 2023. If the						7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2022. If the						l nd
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat						

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Schedule A (Form 990) 2023

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

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- **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.**
- 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.
- 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.
 - **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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	4a		
	40		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9c		
	10a		
	46.		
ما	10b	n 990)	2022

332024 12-21-23 Schedule A (Form 990) 2023

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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		
	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,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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	-		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). 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		
Sect	tion 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 instruction	s).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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 those 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 and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over 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 | Schedule A (Form 990) 2023

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
1	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-function	ally integrated	Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

MASONIC MEDICAL RESEARCH LABORATORY

Employer identification number

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	-	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	X 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\$					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990)				

Schedule B (Form 990) (2023)

Page 2 Name of organization Employer identification number

MASONIC MEDICAL RESEARCH LABORATORY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$ 1,543,129.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$831,717 . _	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$ 500,000.	Person X Payroll	
(a)	(b)	(c)	(d)	
No. 4	Name, address, and ZIP + 4	Total contributions \$ 275,947.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$ 227,781.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$189,913.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MASONIC MEDICAL RESEARCH LABORATORY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$168,101.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$163,650 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>146,424.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and Zir + +	\$135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 130,371.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MASONIC MEDICAL RESEARCH LABORATORY

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(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		
(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		
		 \$			
323/53 12-26			Schedule B (Form 990) (2023)		

Page 4

Name of organization Employer identification number

	IC MEDICAL RESEARCH LABO			13-5648611	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line ent	v. For organizations		
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or I space is needed.	ess for the year. (Enter	this info. once.) \$	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gif			
	Transferee's name, address, a			p of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			_		
		(e) Transfer of gif	t I		
_	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift				
_	Transferee's name, address, ar	nd ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			_		
-		(e) Transfer of gif	<u> </u>		
_	Transferee's name, address, ar			p of transferor to transferee	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	· ·				mployer identification number		
		MASONIC	MEDICAL RESEARC	CH LABORATORY	<u> </u>	13-5648611	
Pa	art I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527	organization.	
			ation's direct and indirect politi	. •			
2	Political	campaign activity expendit	ures			\$	
3	Voluntee	er hours for political campai	gn activities				
Pa	art I-B	Complete if the org	anization is exempt und	der section 501(c)(3).		
						. \$	
			incurred by organization mana				
			n 4955 tax, did it file Form 4720				
						Yes No	
	olf "Yes," art I-C	describe in Part IV.	anization is exempt und	dor soction 501/a)	execut section 50	11(a)(3)	
						\$	
		•	ization's funds contributed to o	•		. Ψ	
_		0 0		· ·		\$	
3	•		. Add lines 1 and 2. Enter here			Ψ	
Ü						\$	
4			1120-POL for this year?				
5	Enter the	e names, addresses, and er	nployer identification number (I	EIN) of all section 527 po	olitical organizations to	which the filing organization	
	•		omptly and directly delivered to			· ·	
	political	action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	om (e) Amount of political	
		. ,	. ,		filing organization		
					funds. If none, enter	-0 promptly and directly delivered to a separate	
						political organization.	
						If none, enter -0	

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

Schedule C (Form 990) 2023

Calendar year (or fiscal year beginning in)

(a) 2020
(b) 2021
(c) 2022
(d) 2023
(e) Total

2a Lobbying nontaxable amount
b Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ϵ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	0.0	
-	Other activities?	X			,661.
	Total. Add lines 1c through 1i			20	,661.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n F01/a\//	5) or ooc	tion	
Pai	Till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 50 1 (0)(3	oj, or sec	LIOII	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		• •		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		l		
С	Total		2c		
3			١ ـ		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing and processing and processing and processing are processed as a second process of the proces	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
FEI	ES PAID TO HINMAN STRAUB ADVISORS TO MONITOR FEDERAL	. STAT	E AND	LOCAL	•
					=
LE(GISLATION AND ADVOCATE ON BEHALF OF THE INSTITUTE TO) ENSUF	RE ITS		
IN	TERESTS ARE REPRESENTED.				

SCHEDULE D (Form 990)

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 Inspection

Name of the organization

MASONIC MEDICAL RESEARCH LABORATORY

Employer identification number 13-5648611

Pai			or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts		
2	Total number at end of 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 advi	sed funds		
_	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		Yes No		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area		
	Protection of natural habitat	Preservation of	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
	Number of conservation easements on a certified historic str		2c		
d	Number of conservation easements included on line 2c acqu				
_	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax		
	year				
4	Number of states where property subject to conservation eas	•			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in				
6	Staff and volunteer hours devoted to monitoring, inspecting,				
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year		
	3, 1, 3,	3	3		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the		
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of		ther Similar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance 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 95	•			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,		
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical tre		al gain, provide		
	the following amounts required to be reported under FASB A		•		
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023		

332051 09-28-23

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

	t III Organizations Maintaining Co	ollections of Art			her S			ts (continue	
3	Using the organization's acquisition, accession							•	5 (1)
3	collection items (check all that apply).	in, and other records	s, check any of the i	Ollowing that mak	e sigi ii	ilcant t	use of it.	3	
_	Public exhibition	d	L aan ar aya	hange program					
a				nange program					
b	Scholarly research	е	Other						
C 4	Preservation for future generations	llections and avaloin	have that fruther th	o ovacnization's a	wamnt		aa in Da	⊶ VIII	
4 5	Provide a description of the organization's co During the year, did the organization solicit or						se in Pa	IL XIII.	
3	to be sold to raise funds rather than to be ma		·	•			Г	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								140
	reported an amount on Form 990, Part		o ii aro organization	ranoworda 100	0111 01	000,	, r artiv	, 10 0, 01	
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iarv for contribution	s or other assets	not inc	luded			
	on Form 990, Part X?						Γ	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII a								
	, ,	•	· ·					Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account li	ability?		[Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds Complete if								
		(a) Current year	(b) Prior year	(c) Two years bad		Three y	ears bac	+ ` ' '	
1a	Beginning of year balance	4,703,319.	5,031,446.	4,464,05	0.	4,4	75,656	5. 3,7	42,298.
b	Contributions	60,000.							
	Net investment earnings, gains, and losses	430,686.	-328,127.	567,39	6.	1	72,620). 9	15,928.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	559,641.				1	.84,226	5. 1	82,570.
f	Administrative expenses				_				
g	End of year balance	4,634,364.	4,703,319.		6.	4,4	64,050	0. 4,4	75,656.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment 66.0000	%							
С	Term endowment 34.0000	=							
_	The percentages on lines 2a, 2b, and 2c should be a sh								
за	Are there endowment funds not in the posses	ssion of the organizar	tion that are neid ar	ia administered to	r tne			[v	es No
	organization by:								X
	(m) = 1 + 1 + 1 + 0							3a(i)	X
L	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization.	ione listed so require						3a(ii)	- A
ı D	Describe in Part XIII the intended uses of the							3b	
Pai	t VI Land, Buildings, and Equipme		virient iunus.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Par	t X. line	e 10.			
	Description of property	(a) Cost or ot		T T		ımulate	-d	(d) Book v	
	2000. Priority	basis (investm	` ,		•	ciation		(4) 2001(1	4.40
	Land	- ` ` '	-						
	Buildings	I	18,05	8,802.	,40	3,4	29.	11,655	,373.
	Leasehold improvements		, , , , ,		•	-			
	Equipment	I	8,59	5,185. 5	,85	6,9	72.	2,738	,213.
	Other				-	-			
	. Add lines 1a through 1e. (Column (d) must ed		Cline 10c column	(B))				14,393	,586.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MASONIC MED Part VII Investments - Other Securities	ICAL RESEARCH	LABORATORY	13-5648611 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS	4,136,026.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	4 126 226		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,136,026.		
Part VIII Investments - Program Related.	F 000 P+ IV I' 4	4 - O - F 000 B-+V l'	40
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Col. (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 1	1d. See Form 990, Part X, line	15.
	Description	. ,	(b) Book value
(1) CASH SURRENDER VALUE OF L	IFE INSURANCE		1,138,415.
(2) CHARITABLE GIFT ANNUITIES			332,777.
DENTERTOTAL THREDEOM THE OUT	ADIMADIH DUMAT	AIDED EDITORO	2 CAC EEC

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	1,138,415.
(2) CHARITABLE GIFT ANNUITIES	332,777.
(3) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS	3,646,556.
(4) OTHER PERPETUAL TRUSTS	1,804,907.
(5) POOLED INCOME FUNDS	71,073.
<u>(6)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,993,728.

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)	CHARITABLE GIFT ANNUITIES	148,977.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	148,977.

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

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.

13-5648611

Open to Public

OMB No. 1545-0047

Department of the Treasury Name of the organization

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

Inspection **Employer identification number**

MASONIC MEDICAL RESEARCH LABORATORY

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 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 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. X Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

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.

	(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARIA KONTARIDIS, PHD	(i)	590,470.	0.	0.	55,500.	23,791.	669,761.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JASON MCCARTHY	(i)	175,000.	20,000.	0.	17,500.	22,727.	235,227.	0.	
RESEARCH SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) STEPHEN IZZO	(i)	158,846.	0.	0.	15,885.	24,120.	198,851.	0.	
MAJOR GIFTS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ZHIQIANG LIN	(i)	125,000.	7,000.	0.	12,500.	22,363.	166,863.	0.	
RESEARCH SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) CHASE KESSINGER	(i)	125,000.	0.	0.	12,500.	22,342.	159,842.	0.	
RESEARCH SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
,	(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.

SCHEDULE O (Form 990)

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 the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MASONIC MEDICAL RESEARCH LABORATORY

Employer identification number 13-5648611

FORM 990, ITEM C, DOING BUSINESS AS: MASONIC MEDICAL RESEARCH INSTITUTE FORM 990, PART I, LINE 1, DESCRIPTION OF AN ORGANIZATION MISSION: MASONIC MEDICAL RESEARCH LABORATORY, DOING BUSINESS AS MASONIC MEDICAL RESEARCH INSTITUTE IS A NOT-FOR-PROFIT INSTITUTE DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE FOR ALL. THE INSTITUTE'S PRIMARY MISSION IS TO CONDUCT HIGH QUALITY BASIC AND CLINICAL RESEARCH AIMED AT GENERATING KNOWLEDGE AND INFORMATION NECESSARY FOR DEVELOPMENT THE MEDICAL CURES AND TREATMENTS OF TOMORROW. THE INSTITUTE IS ALSO COMMITTED TO PROVIDING EDUCATION AND TRAINING TO BASIC SCIENTISTS CLINICAL RESEARCHERS AND STUDENTS WHO WILL PERPETUATE AND EXTEND THE FIGHT AGAINST DISEASE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AIMED AT GENERATING KNOWLEDGE AND INFORMATION NECESSARY FOR DEVELOPMENT OF THE MEDICAL CURES AND TREATMENTS OF TOMORROW. THE INSTITUTE IS ALSO COMMITTED TO PROVIDING EDUCATION AND TRAINING TO BASIC SCIENTISTS CLINICAL RESEARCHERS AND STUDENTS WHO WILL PERPETUATE AND EXTEND THE FIGHT AGAINST DISEASE. FORM 990, PART VI, SECTION A, LINE 7A: THE DIRECTORS OF THE INSTITUTE SHALL NOT BE LESS THAN NINE (9) NOR MORE THAN FIFTEEN (15) IN NUMBER. THEY SHALL BE ELECTED AT THE ANNUAL MEETING OF SAID DIRECTORS SHALL CONSTITUTE THE MEMBERSHIP OF SAID THE GRAND LODGE. Schedule O (Form 990) 2023 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization

MASONIC MEDICAL RESEARCH LABORATORY

Employer identification number 13-5648611

INSTITUTE. IN THE EVENT OF A VACANCY, THE GRAND MASTER OF THE GRAND LODGE
OF NEW YORK HAS THE AUTHORITY TO REAPPOINT.

FORM 990, PART VI, SECTION A, LINE 7B:

THE GRAND MASTER OF THE GRAND LODGE OF FREE AND ACCEPTED MASONS OF NEW YORK PROVIDES OVERSIGHT TO THE INSTITUTE'S GOVERNANCE.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY THE INSTITUTE'S INDEPENDENT ACCOUNTANTS. THE 990 IS

FIRST REVIEWED BY THE INSTITUTE'S ACCOUNTING STAFF. IT IS THEN PRESENTED

TO THE BOARD OF DIRECTORS FOR REVIEW, AND WHEN APPROVED IT IS SIGNED BY THE

EXECUTIVE DIRECTOR. THE FORM 990 IS THEN FILED WITH THE PROPER IRS OFFICE.

FORM 990, PART VI, SECTION B, LINE 12C:

NEW BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT

WHEN THEY BEGIN THEIR TERM AS A DIRECTOR AT MASONIC MEDICAL RESEARCH

INSTITUTE. IF A CONFLICT EXISTS, THE COMPLIANCE OFFICER WORKS WITH ALL

BOARD MEMBERS TO ENSURE PROPER RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S CONTRACT WHICH

INCLUDES SALARY COMMENSURATE WITH MARKET VALUES. SALARIES OF KEY PERSONNEL

ARE DETERMINED BY MARKET SURVEYS PERFORMED BEFORE HIRING AND THEN VIA

BUDGET APPROVAL IN FUTURE YEARS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NY, AL, AR, CA, FL, GA, HI, KS, KY, MD, MA, MI, MN, NH, NJ, NM, NC, OR, PA, RI, SC, TN, UT, VA, WV

WI

332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization MASONIC MEDICAL RESEARCH LABORATORY	Employer identification number 13-5648611
FORM 990, PART VI, SECTION C, LINE 19:	
INDIVIDUALS MAY REQUEST GOVERNING DOCUMENTS AND CONFLICT C	F INTEREST
STATEMENTS, AS WELL AS FINANCIAL STATEMENTS. VARIOUS DOCUM	MENTS ARE ALSO
MADE AVAILABLE TO THE PUBLIC THROUGH THE RESEARCH INSTITUT	TE'S WEBSITE
(WWW.MMRI.EDU).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	418,665.
PART XII, LINE 2C	
NO CHANGES FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MASONIC MEDICA	L RESEARCH LABORAT	ORY				13-56486	11			
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco			I I		Direct c	(f) Direct controlling entity	
	-									
Part II Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, b	ecause it had one o	or more	related tax-exer	mpt			
(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))	Dire	(f) ct controlling entity	conti	g) 512(b)(13) rolled tity?		
GRAND LODGE OF FREE AND ACCEPTED MASONS OF THE STATE OF NEW YORK - 13-557276, 71 WEST 23RD STREET, NEW YORK, NY 10010	OVERALL AUTHORITY OF MASONRY IN THE STATE OF NEW YORK	NEW YORK	501(C)(8) & (C)(10)				165	X		
	-									

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

Schedule R (Form 990) 2023

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. Part III

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

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	ent	tion b)(13) rolled tity?
THREE PILLARS INNOVATION INC - 88-1158761 2150 BLEEKER STREET UTICA, NY 13501	HOLDING COMPANY TO INVEST IN VARIOUS ENTREPRENEURIAL		MASONIC MEDICAL RESEARCH	C CORP	-548,433.	2,668,257.	100%		No
	ENTREFRENBURIAL	NI	RESEARCH	C CORF	-340,433.	2,000,237.	100%	_ A	

1a

Page 3

X

Yes No

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

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

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

b Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>
c Gift, grant, or capital contribution from related organization(s)				1c		X
				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
I Performance of services or membership or fundraising solicitations for related orga				11		X
m Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)			1n		X
				10		X
p Reimbursement paid to related organization(s) for expenses				1 p	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 v	vho must complete th	is line, including covered relation	onships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	/olved		
1) MASONIC MEDICAL RESEARCH INSTITUTE	P	2,273,679.FM	V			
2)						
3)						
-						
4)						
7						
5)						
6)						
32163 09-28-23		•	Schedule	R (For	n 990) 2023

Page 4

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.

(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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000