Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MASONIC HALL & ASYLUM EMPLOYEES RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1960

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF THE MASONIC HALL & ASYLUM FUND

2150 BLEECKER STREET
UTICA, NY 13501-1788

2b Employer Identification Number (EIN)
13-5563012

2c Plan Sponsor's telephone number
315-798-4800

2d Business code (see instructions)
623000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	TONI FITZGERALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

TRUSTEES OF THE MASONIC HALL & ASYLUM FUND

71 WEST 23RD STREET
NEW YORK, NY 10010-4102

3b Administrator's EIN: 13-5563012

3c Administrator's telephone number: 315-798-4800

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	302
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	78
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	66
b	Retired or separated participants receiving benefits	**6b**	157
c	Other retired or separated participants entitled to future benefits	**6c**	60
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	283
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	295
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MASONIC HALL & ASYLUM EMPLOYEES RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF THE MASONIC HALL & ASYLUM FUND

D Employer Identification Number (EIN)
13-5563012

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	24199112
b Actuarial value	**2b**	22860393

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	164	18047836	18047836
b For terminated vested participants	60	2534963	2534963
c For active participants	78	6141806	6147454
d Total	302	26724605	26730253

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	245315
b Expected plan-related expenses	**6b**	368000
c Target normal cost	**6c**	613315

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/13/2026
Date

PETER A. FABER, ASA, EA, MAAA
Type or print name of actuary

26-08366
Most recent enrollment number

BPAS ACTUARIAL AND PENSION SERVICES
Firm name

315-703-8902
Telephone number (including area code)

706 N. CLINTON STREET
SUITE 200
SYRACUSE, NY 13204
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.73 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		246
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		13
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		259
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.52 %
15	Adjusted funding target attainment percentage	15	86.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	235268	0			
07/14/2025	235268	0			
09/29/2025	50000	0			
10/15/2025	185270	0			
12/30/2025	196957	0			
09/15/2026	143448	0			
			Totals ► 18(b)	1046211	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1004485

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	613315
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3869860	391170
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1004485

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1004485
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1004485
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASONIC HALL & ASYLUM EMPLOYEES RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE MASONIC HALL & ASYLUM FUND

D Employer Identification Number (EIN)
13-5563012

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	67597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BPAS ACTUARIAL & PENSION SERVICES

30-0192194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	48260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BONADIO & CO LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COMPLETE PAYROLL PROCESSING

16-1428428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	10448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASONIC HALL & ASYLUM EMPLOYEES RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE MASONIC HALL & ASYLUM FUND

D Employer Identification Number (EIN)
13-5563012

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	200529	378438
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	128410	143448
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	121123	126216
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7373928	13424069
(5) Partnership/joint venture interests	1c(5)	2330953	1841234
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11119848	6378895
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2928509	3731253

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	24203300	26023553
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	33745	32725
1k Total liabilities (add all amounts in lines 1g through1j)	1k	33745	32725
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	24169555	25990828

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1046211	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1046211
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37832	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	831211	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		869043
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10864671	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10411661	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		453010
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	361959	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		361959

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1266721
c Other income	2c		1698
d Total income. Add all **income** amounts in column (b) and enter total	2d		3998642
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1901127	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1901127
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17620	
(5) Investment advisory and investment management fees	2i(5)	67597	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	48260	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	142765	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		276242
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2177369
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1821273
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BONADIO & CO. LLP **(2)** EIN: 16-1131146

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583287.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASONIC HALL & ASYLUM EMPLOYEES RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE MASONIC HALL & ASYLUM FUND

D Employer Identification Number (EIN)
13-5563012

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 1

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705374A .

MASONIC HALL AND ASYLUM
EMPLOYEES RETIREMENT FUND

Financial Statements as of
December 31, 2025 and 2024
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Accounting, Consulting & More

Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

October 12, 2026

To the Trustees of
Masonic Hall and Asylum Employees Retirement Fund:

Opinion

We have audited the accompanying financial statements of Masonic Hall and Asylum Employees Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

432 North Franklin Street, #60
Syracuse, NY 13204
p (315) 476-4004
f (315) 254-2384

www.bonadio.com

(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Responsibilities of Management for the Financial Statements (Continued)
Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
CASH	$ 378,438	$ 200,529
INVESTMENTS, at fair value:		
Money market funds	126,216	121,123
Common stocks	1,050,158	3,778,309
Exchange traded funds	12,373,911	3,595,619
Mutual funds	7,421,168	8,126,480
Alternative investments	3,731,253	2,928,509
Preferred stock	798,961	5,324,321
Total investments, at fair value	25,501,667	23,874,361
RECEIVABLES:		
Employer contributions	143,448	128,410
Total receivables	143,448	128,410
PAYABLES		
Administrative expense	32,725	33,745
Total payables	32,725	33,745
NET ASSETS AVAILABLE FOR BENEFITS	$ 25,990,828	$ 24,169,555

The accompanying notes are an integral part of these statements.

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Employer contributions	$ 1,046,211	$ 975,374
Investment income -		
Dividends and interest	869,043	628,540
Net appreciation in fair value of investments	2,083,388	1,799,756
Total additions	3,998,642	3,403,670
DEDUCTIONS:		
Benefits paid to participants	1,901,127	1,922,864
Investment management fees	34,300	68,830
Administrative expenses	241,942	340,910
Total deductions	2,177,369	2,332,604
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	1,821,273	1,071,066
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	24,169,555	23,098,489
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 25,990,828	$ 24,169,555

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Masonic Hall and Asylum Employees Retirement Fund (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan, which became effective January 1, 1960, is a noncontributory defined benefit pension plan covering substantially all employees of the Masonic Hall and Asylum Fund, (the Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All contributions to the Plan are made by the Plan's sponsor.

Effective June 1, 2003, benefits were frozen for employees subject to the collective bargaining agreement, with no further accruals under this plan. Effective December 31, 2010, the plan was frozen to new participants.

Funding Policy

The Plan Sponsor makes contributions to the Plan based on annual valuations made by its actuary in order to meet the minimum funding requirements of ERISA. The Plan met the minimum funding requirement in 2025 and 2024.

Administration

The Plan is administered by the Masonic Hall and Asylum Fund. Morgan Stanley serves as the custodian of the Plan’s assets.

Eligibility

Prior to June 1, 2003, all employees of the Plan Sponsor were eligible to participate in the Plan upon completion of 1,000 hours of service within a consecutive 12-month period. Participants became 100% vested after five years of service.

Effective January 1, 2011, the Plan allowed the option for current employees to leave the Plan and enroll in the Masonic Care Community of NY 403(b) Retirement Savings Plan.

Pension Benefits

Under the terms of the plan agreement, participants are eligible for monthly benefit payments upon reaching the later of age 65 or their fifth anniversary of commencement of employment. The normal annual retirement pension is equal to 1.1% of an employee's compensation averaged over the five consecutive plan years of service which produce the highest average multiplied by the number of years of employee service. Effective July 1, 1991, the Plan was amended whereby the normal annual retirement pension factor was increased from 1% to 1.1% of average compensation for all employees who retire on or after July 1, 1991. The amendment was retroactive and the 1.1% factor is applied to prior years of service, a maximum of 25 years of service counted. For those governed by the terms of the collective bargaining agreement, the years of service shall be limited to 25 years. Effective January 2001, years of service for service and maintenance participants shall be limited to 30 years.

1. DESCRIPTION OF PLAN (Continued)

Pension Benefits (Continued)

Effective January 1, 1992, the Plan was amended for participants who are not subject to the terms of a collective bargaining agreement whereby the normal retirement pension factor is 1.1% of average annual compensation multiplied by the years of service up to December 31, 1991, plus 2% of average annual compensation multiplied by the years of service from January 1, 1992 to normal retirement date. The total number of years of service is limited to 35 years, with future service limited first.

Effective January 1, 1995, the Plan was amended to change "year of service" to a 12-consecutive-month period during which an employee is credited with at least 1,000 hours of service and to add the following definitions:

a. For eligibility purposes, the first 12-consecutive-month period shall commence on the date an employee first renders an hour of service. Succeeding computation periods shall begin with the plan year immediately following the plan year within which the employee performed his initial hour of service and each plan year thereafter.
b. For benefit accrual purposes, the computation period shall be the plan year within which the employee first performed an hour of service and each succeeding plan year.
c. For vesting purposes, the computation period shall be the plan year within which the employee first performed an hour of service and each succeeding plan year.

The Plan allows for various forms of early retirement and survivor death benefit options.

Effective January 1, 2008, the Plan was amended to allow participants who have attained normal retirement age under the Plan to commence benefits while continuing to work.

Effective December 31, 2008, the Plan was amended for participants who are not subject to the terms of a collective bargaining agreement whereby the normal retirement pension factor shall equal 1.1% of average annual compensation multiplied by the years of service up to December 31, 1991, plus 2% of average annual compensation multiplied by the years of service from January 1, 1992, plus 1.5% of average annual compensation multiplied by the years of service from April 1, 2009 to normal retirement date. Compensation for Plan years beginning on or after January 1, 2009 shall not include compensation in excess of $200,000.

Effective January 1, 2011, the Plan was amended for participants who are not subject to the terms of a collective bargaining agreement whereby the normal retirement pension factor shall equal 1.1% of average annual compensation multiplied by the years of service up to December 31, 1991, plus 2% of average annual compensation multiplied by the years of service from January 1, 1992 through March 31, 2009, plus 1.5% of average annual compensation multiplied by the years of service from April 1, 2009 through December 31, 2010, plus 1.1% of average annual compensation multiplied by the years of service from January 1, 2011 to normal retirement age.

Effective January 1, 2017, the Plan was amended to exclude highly compensated employees from Plan participation. Participants who were considered highly compensated employees at the time of the amendment were removed from the Plan and enrolled in the Masonic Care Community of NY 403(b) Retirement Savings Plan. Any current participants who reach the Highly Compensated Employee status will be removed at the beginning of the year that they are determined to reach the threshold in effect.

Effective October 14, 2022, the Plan was amended to exclude government sponsored or funded bonuses for all considerations of compensation.

1. DESCRIPTION OF PLAN (Continued)

Death and Disability Benefits

The only death benefit under the Plan is a Qualified Pre-Retirement Survivor Annuity (QPSA) to an eligible spouse. The amount of monthly benefit shall be 50% of the benefit payable to the participant had the participant retired on the day before his death, with the Qualified Joint and Survivor Annuity option in effect. The Plan does not provide for disability benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Cash

Cash includes bank demand deposit accounts, which at times may exceed federally insured limits. The Plan has not experienced any losses in these accounts and believes it is not exposed to any significant credit risk with respect to cash.

Investments and Income Recognition

Investments are stated at fair value. Changes in the current value of investments, including realized gains and losses on assets sold during the year, are reflected in the statement of changes in net assets available for benefits as net appreciation in the fair value of investments. Purchases and sales of investments are reflected on a trade date basis. Dividend and interest income is recorded on the accrual basis.

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

Fair Value Measurements

GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

A description of where the Plan's investments fall within the GAAP hierarchy is provided in Note 3.

Money market funds, common stocks, exchange traded funds, mutual funds and preferred stock: Valued at the closing price reported on the active market exchange in which the security is traded.

Alternative investments: The Plan is invested in a hedge fund that is valued using net asset value (NAV) as reported by the investment manager as a practical expedient. The Plan invests in the hedge fund for the purpose of providing an opportunity to invest in a limited partnership, which in turn, makes investments primarily in exclusively listed global equity securities that are publicly traded on U.S. securities exchanges. The hedge fund may also invest in stock index futures and stock index options. The hedge funds allow redemptions monthly at NAV as of that date, with 60 days written notice.

The Plan is invested in private equity funds which include real estate and investments in private and public securities and instruments, which may be equity or debt or similar thereto across asset classes, capital structures and geographies. Interests in the private equity funds are based on the valuation provided by the managers of the respective funds, and interests are based on the valuation provided by the managers of the respective funds, and interests are based on the NAV provided by the general partners of the respective partnership as a practical expedient for fair value. Redemptions can be made after the initial lock-up period has lapsed. The initial lock-up periods are ten years and most have two- or three-year optional extensions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There were no changes in the valuation methodologies used in 2025 and 2024.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

All expenses of administering the Plan are paid by the Plan.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to the interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in this process, it is at least reasonably possible that changes in these estimates and assumptions will occur in the near term and that such changes could materially affect the amounts disclosed in the accompanying financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates
The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

3. FAIR VALUE MEASUREMENTS

The following are measured at fair value on a recurring basis at December 31, 2025:

	Level 1	Level 2	Level 3	Total
Money market funds	$ 126,216	$ -	$ -	$ 126,216
Common stocks	1,050,158	-	-	1,050,158
Exchange traded funds	12,373,911	-	-	12,373,911
Mutual funds	7,421,168	-	-	7,421,168
Preferred stock	798,961	-	-	798,961
Total investments at fair value	$ 21,770,414	$ -	$ -	21,770,414
Investments, using NAV as practical expedient (a)				3,731,253
				$ 25,501,667

The following are measured at fair value on a recurring basis at December 31, 2024:

	Level 1	Level 2	Level 3	Total
Money market funds	$ 121,123	$ -	$ -	$ 121,123
Common stocks	3,778,309	-	-	3,778,309
Exchange traded funds	3,595,619	-	-	3,595,619
Mutual funds	8,126,480	-	-	8,126,480
Preferred stock	5,324,321	-	-	5,324,321
Total investments at fair value	$ 20,945,852	$ -	$ -	20,945,852
Investments, using NAV as practical expedient (a)				2,928,509
				$ 23,874,361

(a) In accordance with the FASB authoritative guidance regarding fair value measurement, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the items presented in the statements of net assets available for benefits.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawals, or retirement) between the valuation date and the expected date of payment. Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change.

Due to the uncertainties inherent in this process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the accompanying financial statements.

Calculations of the present value of accumulated plan benefits under the Plan were made by consulting actuaries as of January 1, 2025 using the unit credit actuarial cost method.

The significant actuarial assumptions used in the valuations as of January 1, 2025 (beginning of plan year) are as follows:

Assumed rate of return on investments	6.50%
Effective discount rate	5.35%
Mortality basis Funding	Blended sex distinct Amount-Weighted Pri-2012 for employees and healthy annuitants
Life expectancy	Sex-distinct Blue Collar Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis
Salary scale	2.50%
Normal retirement age	65

The foregoing assumptions are based on the presumptions that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered and are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is computed on the assumption of an ongoing plan by applying (a) discounts for interest to reflect the time value of money, and (b) the probability of payment by means of decrements such as for death, disability, or severance between the valuation date and the expected date of payment.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The following is a summary of the actuarial present value of accumulated plan benefits as of January 1, 2025 (beginning of plan year):

Vested:	
Active participants	$ 16,354,254
Terminated and vested participants	2,161,995
Retired participants	5,301,239
Total vested	23,817,488
Nonvested	5,095
Total actuarial present value of accumulated plan benefits	$ 23,822,583

The following is a summary of the changes in the actuarial present value of accumulated plan benefits as of January 1, 2025 (beginning of plan year):

Actuarial present value of accumulated plan benefits at beginning of year	$ 23,868,134
Change during the year attributable to:	
Benefits accumulated and other changes	345,371
Increase for interest due to the decrease in the discount period	1,488,921
Changes in actuarial assumptions	43,438
Benefits paid	(1,923,281)
Net decrease	(45,551)
Actuarial present value of accumulated plan benefits at end of year	$ 23,822,583

5. PLAN TERMINATION

Masonic Care Community of NY (the Company) has the right to terminate the Plan at any time. In the event of a termination, the net assets shall be allocated among participants in accordance with the priorities set forth in Section 404a of ERISA. Such allocation would be first for the payment of benefits to retired participants, beneficiaries, and those eligible for retirement; second to participants with vested benefits; and then to the remaining participants on a pro rata basis. Any residual assets after the above distributions accrue to the Plan Sponsor. The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all non-forfeitable basic benefits subject to certain limitations prescribed by ERISA.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

6. INCOME TAX STATUS

The Plan obtained its latest determination letter on March 31, 2010, in which the Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code and, therefore, is not subject to income tax under present income tax laws. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been recorded in the financial statements.

7. PARTY-IN-INTEREST TRANSACTIONS

Morgan Stanley is the custodian of the Plan's assets. As such, transactions between the custodian and the Plan qualify as party-in-interest transactions.

8. RECONCILIATION TO FORM 5500

Certain items have been classified differently between the financial statements and Form 5500. However, net assets available for benefits and changes in net assets available per the financial statements agreed to Form 5500 in total as of and for the years ended December 31, 2025 and 2024.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 12, 2026, which is the date the financial statements were available to be issued.

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
	CASH	N/A	$ 378,438	$ 378,438
*	MORGAN STANLEY BANK N.A. MONEY MARKET FUNDS	126,215	126,216	126,216
	Common stocks:			
	ACUITY INC (AYI)	13	3,746	4,584
	ADVANCE AUTO PARTS (AAP)	131	4,956	5,148
	ADVANCED ENERGY IND INC (AEIS)	86	10,531	18,049
	AEROVIRONMENT INCE (AVAV)	16	4,703	3,964
	AGIOS PHARMACEUTICALS INC COM (AGIO)	193	4,849	5,253
	AGREE REALTY CORP (ADC)	84	5,346	6,057
	AKAMI TECHNOLOGIES INC (AKAM)	90	7,119	7,859
	ALIGN TECHNOLOGY (ALGN)	8	1,635	1,379
	ALKAMI TECHNOLOGY IN (ALKT)	271	6,440	6,252
	ALLEGRO PUB LTD CO (ALLE)	71	10,202	11,283
	ALLEGRO MICROSYSTEMS INC (ALGM)	179	4,809	4,722
	ALLISON TRANSMN HLDGS INC (ALSN)	122	12,738	11,943
	AMERICAN ASSET TRUST INC (AAT)	391	7,798	7,402
	AMERIS BANCORP(ABCB)	112	2,847	8,318
	APPFOLIO INC CL A (APPF)	32	3,856	7,331
	APPLE HOSPITALTY REIT INC (APLE)	522	6,210	6,186
	ARCUTIS BIOTHERAPEUTICS INC (ARQT)	216	3,408	6,273
	ARTIVION INC COM (AORT)	155	2,999	7,070
	ASBURY AUTOMOTIVE GROUP INC (ABG)	25	5,216	5,897
	ATRICURE INC COM (ATRC)	195	5,691	7,714
	AVIENT CORPORATION (AVNT)	236	7,825	7,373
	AZENTA INC (AZTA)	122	5,649	4,057
	BALCHEM CP (BCPC)	46	2,575	7,080
	BIOCRYST PHARM INC (BCRX)	659	5,237	5,140
	BOOT BARN HLDGS INC COM (BOOT)	36	1,229	6,304
	BRIDGEBIO PHARMA INC (BBIO)	96	4,651	7,321
	BROWN & BROWN INC (BRO)	60	4,307	4,795
	CADRE HOLDING INC (CDRE)	180	6,451	7,351
	CATHAY GENERAL BANCORP (CATY)	133	3,942	6,436
	CBIZ INC (CBZ)	127	6,328	6,407
	CENTRAL GARDEN & PET CO CL A (CENTA)	246	5,699	7,181
	CHAMPION HOMES INC (SKY)	122	3,161	10,309
	CHORD ENERGY CORPORATION NEW (CHRD)	54	73,351	4,984
	CIRRUS LOGIC INC (CRUS)	46	4,934	5,470
	COCA COLA CONSOLIDATED IN C (COKE)	71	8,312	10,906
	COHEN & STEERS INC (CNS)	86	3,434	5,420
	COLUMBIA BANKING SYSTEMS INC (COLB)	211	5,513	5,897
	COMFORT SYSTEMS USA INC (FIX)	9	4,454	8,791
	COMMVAULT SYSTEMS INC (CVLT)	48	8,232	6,001
	CONCENTRIX CORP (CNXC)	14	786	581
	COTERRA ENERGY INC (CTRA)	370	9,155	9,738
	CREDO TECHNOLOGY GRP HOLDING (CRDO)	20	3,180	2,909
	CRINETICS PHARMACEUTICALS INC (CRNX)	127	4,808	5,912
	CSW INDUSTRIAL INC (CSW)	26	6,519	7,521
	CYTOKINETICS INC (CYTK)	66	4,002	4,212
	DENTSPLY SIRONA INC (XRAY)	447	7,315	5,109
	DESCARTES SYSTEMS GROUP INC (DSGX)	68	2,349	5,958
	DEVON ENERGY CORP NEW (DVN)	276	9,136	10,109
	DOLLAR GEN CORP NEW COM (DG)	49	5,855	6,535
	DUCOMMUN INC (DCO)	72	3,653	6,831
	EBAY INC (EBAY)	89	5,768	6,910

(Continued)

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
	ENERPAC TOOL GROUP CORP CL A (EPAC)	151	6,705	5,774
	EXELIXIS INC (EXEL)	267	11,673	11,703
	EXPEDIA GROUP INC (EXPE)	44	7,715	12,443
	FB FINL CORP COM (FBK)	75	4,267	4,179
	FIRST CITIZ BANCSHARES A (FCNCA)	4	7,096	7,889
	FIRST COMMONWEALTH FINANCIAL (FCF)	480	7,761	8,093
	FIRST FINANCIAL BANKSHARES INC (FFIN)	264	9,219	7,886
	FIRST WATCH RESTAURANT GROUP (FWRG)	504	8,336	7,600
	FRONTDOOR INC (FTDR)	165	9,095	9,518
	GAMING & LEISURE PPTYS INC COM (GLPI)	110	5,201	4,916
	GATES INDUSTRIAL CORP PLC (GTES)	228	4,445	4,895
	GENTEX CORP (GNTX)	364	8,265	8,470
	GLACIER BANCORP INC NEW (GBCI)	81	2,004	3,565
	GLOBUS MEDICAL INC A (GMED)	122	2,758	10,652
	GRACO INC (GGG)	122	10,673	10,000
	GRAND CANYON ED INC COM (LOPE)	43	2,639	7,227
	GULFPORT ENERGY CORP (GPOR)	26	5,223	5,512
	HALOZYME THERAPEUTICS INC (HALO)	99	2,895	6,678
	HAMILTON LANE CL A (HLNE)	58	9,656	7,777
	HEALTHEQUITY INC COM (HQY)	73	3,258	6,705
	HILLMAN SOLUTIONS CORP (HLMN)	620	5,932	5,369
	HIOLOGIC INC (HOLX)	93	5,587	6,962
	HORACE MANN EDUCATORS CP (HMN)	144	5,339	6,650
	HOULIHAN LOKEY INC CL A (HLI)	56	2,754	9,494
	IDACORP INC (IDA)	53	3,758	6,662
	INDEPENDENCE RLTY TR INC COM (IRT)	280	5,495	4,894
	INDEPENDENT BK MASS (INDB)	77	4,559	5,655
	INRAPP INC (INTA)	193	6,787	8,843
	IPG PHOTONICS CORP (IPGP)	92	6,210	6,564
	ITT INC (ITT)	58	5,601	10,034
	LA Z BOY INCORPORATED (LZB)	97	3,984	3,605
	LEGENCE CORP CL A (LGN)	98	4,079	4,218
	LEIDOS HLDGS INC (LDOS)	62	10,098	11,165
	LIGAND PHARMACEUTICALS (LGND)	22	4,207	4,086
	LIVE OAK BANCSHARES INC (LOB)	214	6,158	7,351
	MACOM TECHNOLOGY SOLU HLDS (MTSI)	87	2,428	14,826
	MAGNOLIA OIL & GAS CORP CL A (MGY)	256	2,906	5,604
	MARZETTI COMPANY (MZTI)	58	9,739	9,589
	MASCO CORP (MAS)	173	11,498	10,978
	MATADOR RES CO (MTDR)	149	4,425	6,324
	MATSON INC (MATX)	78	9,107	9,619
	MEDPACE HOLDINGS, INC. (MEDP)	22	5,543	12,618
	MINERALS TECHNOLOGY INC (MTX)	79	3,938	4,845
	NATIONAL HEALTH INVESTORS INC (NHI)	72	3,897	5,483
	NATIONAL STORAGE AFFILIATES TR (NSA)	218	7,771	6,150
	NEOGENOMICS INC (NEO)	398	3,152	4,681
	NETAPP INC COM 9NTAP)	36	3,627	3,828
	NORTHWESTERN ENERGY GROUP INC (NWE)	135	5,723	8,713
	NOVANTA INC (NOVT)	75	6,423	8,894
	NY TIMES CL A COMMON (NYT)	163	8,978	11,315
	OCEAN FIRST FINANCIAL CORP (OCFC)	288	4,829	5,170
	OLD REPUBLIC INTL CP (ORI)	246	9,434	11,227
	ORION S A (OEC)	744	7,479	3,928
	OWENS CORNING INC (OC)	57	8,100	6,348
	OXFORD INDUSTRIES INC (OXM)	69	3,073	2,362

(Continued)

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
	PAR TECHNOLOGY CP DELA (PAR)	66	4,564	2,396
	PATRICK INDUSTRIES (PATK)	82	2,623	8,855
	PERELLA WEINBERG PARTNERS CL A (PWP)	176	2,350	3,045
	PHREESIA INC (PHR)	255	5,440	4,315
	POWER INTEGRATIONS INC (POWI)	29	1,539	1,038
	PRIMORIS SVCS CORP (PRIM)	56	1,210	7,015
	PULTE GROUP INC (PHM)	35	3,607	4,109
	QCR HOLDINGS INC (QCRG)	94	6,859	7,869
	QUEST DIAGNOSTIC INC (DGX)	18	2,626	2,554
	RBC BEARINGS INC (RBC)	26	1,214	11,495
	REVOLVE GROUP INC (RVLV)	101	3,208	3,049
	RYMAN HOSPITALITY PPTYS INC (RHP)	63	4,693	5,942
	SCHNEIDER NATIONAL INC CL B (SNDR)	111	2,941	2,945
	SCIENCE APPLICATIONS INTL CORP (SAIC)	74	8,736	7,426
	SEACOAST BANKING CORPOF FLORI (SBCF)	280	6,432	8,798
	SEMTECH CORP (SMTC)	80	4,227	5,875
	SHAKE SHACK INC CL A (SHAK)	36	3,033	2,906
	SILGAN HOLDINGS INC (SLGN)	120	2,813	4,844
	SKYWARD SPECIALTY INS GROUP IN (SKWD)	116	5,613	5,929
	SOLARIS ENERGY INFRAS INC CL A (SEI)	150	3,429	6,895
	SPX TECHNOLOGIES INC(SPXC)	62	3,356	12,476
	SS&C TECHNOLOGIES HDLGS INC (SSNC)	102	8,227	8,917
	STAG INDL INC COM (STAG)	248	5,604	9,116
	STEEL DYNAMICS INC (STLD)	49	6,904	8,378
	STERLING INFRASTRUCTURE INC (STRL)	33	3,964	10,189
	STIFEL FINANCIAL CORPORATION (SF)	75	2,437	9,429
	SUPERNUS PHARMACEUTICALS INC (SUPN)	210	6,275	10,437
	SYNCHRONY FINANCIAL (SYF)	149	8,941	12,431
	TANDEM DIABETES CARE INC (TNDM)	238	7,841	5,231
	TERADYNE INC (TER)	70	5,692	13,584
	TEXAS CAP BNCSHS INC (TCBI)	59	4,656	5,297
	TEXAS ROADHOUSE INC CL A (TXRH)	36	1,045	6,022
	THERMON GROUP HOLDINGS INC COM (THR)	213	6,206	7,915
	TRI POINTE HOMES INC (TPH)	183	6,237	5,759
	U S PHYSICAL THERAPY INC (USPH)	77	6,823	6,024
	UFP INDUSTRIES INC (UFPI)	53	959	4,811
	ULTRAGENYX PHARMACEUTICAL INC (RARE)	141	4,101	3,243
	UMB FINANCIAL CORP (UMBF)	68	5,665	7,842
	UTZ BRANDS INC CL A (UTZ)	389	5,976	4,038
	VERACYTE INC COM (VCYT)	192	4,702	8,083
	VIAVI SOLUTIONS INC COM (VIAV)	486	4,424	8,839
	VITA COCO CO INC (COCO)	135	3,898	7,156
	WATERS CORP (WAT)	9	3,358	3,536
	WATTS WTR TECH INC A (WTS)	30	7,537	8,390
	ZEBRA TECH CL A (ZBRA)	33	9,749	7,947
	Total common stocks		886,145	1,050,158
	Exchange traded funds			
	AVANTIS U.S. EQUITY ETF (AVUS)	30,121	2,252,463	3,366,925
	NYLI CBRE GBL INFR MEGTRNDS TR (MEGI)	55,645	1,003,134	765,672
	VANGUARD FTSE DEVELOPED MKTS (VEA)	23,735	1,430,480	1,482,725
	VANGUARD INTERMEDIATE TERM BND (BIV)	8,043	629,704	626,389
	VANGUARD SHORT TERM CORPORATE (VCSH)	7,889	630,036	628,989
	VANGUARD TOTAL BOND MARKET (BND)	13,522	1,010,419	1,001,575

(Continued)

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
	VANGUARD TOTAL INTL STOCK ETF (VXUS)	24,613	1,560,501	1,856,805
	VANGUARD VALUE ETF INDEX (VTV)	13,848	2,591,254	2,644,831
	Total exchange traded funds		11,107,991	12,373,911
	Mutual funds:			
	FULLERTHALER BHV SMCP GRW I (FTXSX)	17,622	433,159	947,557
	GQG PARTNERS EMRG MKTS EQ INS (GQGIX)	48,004	807,241	854,479
	JPMORGAN LARGE CAP GROWTH I (SEEGX)	38,114	2,545,729	3,117,710
	THORNBURG INTL GROWTH I (TINGX)	175,265	1,995,705	2,033,078
	VIRTUS KAR SM MD CP CORE I (VKSIX)	24,204	423,789	468,344
	Total mutual funds		6,205,623	7,421,168
	Preferred stock			
	NYLI MACKAY US INFRAC BD A (MGVAX)	104,576	879,830	798,961
	Total preferred stock		879,830	798,961
	Alternative investments:			
	BLACKSTONE - BXPE (TE)	39,600	1,000,000	1,293,060
	CARLYLE - CAPM	32,051	500,000	503,205
	K-PEC - FOUNDERS CLASS R-U	38,613	1,000,000	1,244,516
	NORTH HAVEN VIII GLOBAL	N/A	-	81,076
	NORTH HAVEN CREDIT PARTNERS III	N/A	-	609,396
	Total alternative investments		2,500,000	3,731,253
	Total cash and investments		$ 22,084,243	$ 25,880,105

* Denotes party-in-interest

The accompanying notes are an integral part of this schedule.

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	Purchase/ Sale	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
I. Individual 5% Transactions							
VANGUARD VALUE ETF INDEX	Mutual funds	Purchase	$ -	$ 2,602,235	$ 2,602,235	$ 2,602,235	$ -
VANGUARD VALUE ETF INDEX	Mutual funds	Sale	-	26,147	26,147	26,147	-
VANGUARD FTSE DEVELOPED MKTS	Mutual funds	Purchase	-	1,399,717	1,399,717	1,399,717	-
VANGUARD TOTAL INSTL STOCK ETF	Mutual funds	Purchase	-	1,679,629	1,679,629	1,679,629	-
VANGUARD TOTAL INSTL STOCK ETF	Mutual funds	Sale	-	55,333	55,333	55,333	-
THORNBURG INTL GROWTH I	Mutual funds	Sale	-	1,817,106	1,817,106	1,817,106	-
BNY MELLON INTL STK I	Mutual funds	Sale	-	1,400,069	1,400,069	1,400,069	-
BNY MELLON INTL STK I	Mutual funds	Purchase	-	6,676	6,676	6,676	-
THORNBURG LIMITED-TRM INC INST	Mutual funds	Sale	-	1,242,472	1,242,472	1,242,472	-
THORNBURG LIMITED-TRM INC INST	Mutual funds	Purchase	-	37,204	36,755	36,755	-
THORNBURG STRATEGIC INC I	Mutual funds	Purchase	-	132,059	132,059	132,059	-
THORNBURG STRATEGIC INC I	Mutual funds	Sale	-	1,300,000	1,300,000	1,300,000	-

II. Series of Transactions, Not Involving Securities, With a Single Person

None

III. Series of Transactions Involving Securities of the Same Issue

None

IV. Series of Transactions Involving Securities With a Single Person

None

The accompanying notes are an integral part of this schedule.

Masonic Hall & Asylum Employees Retirement Fund
Schedule SB, Line 26 – Schedule of Active Participant
EIN/PN: 13-5563012/001

Completed Years of Service on January 1, 2025											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	**0**
25-29	0	0	0	0	0	0	0	0	0	0	**0**
30-34	0	0	0	0	0	0	0	0	0	0	**0**
35-39	0	0	0	0	1	0	0	0	0	0	**1**
40-44	0	0	0	0	2	0	0	0	0	0	**2**
45-49	0	0	0	0	0	1	0	0	0	0	**1**
50-54	0	0	0	0	2	0	0	0	0	0	**2**
55-59	0	0	0	0	1	1	3	1	2	0	**8**
60-64	0	0	0	0	3	0	1	1	2	0	**7**
65-70	0	0	0	0	0	0	0	0	0	0	**0**
70 & up	0	0	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**9**	**2**	**4**	**2**	**4**	**0**	**21**

Active Member Statistics	January 1, 2025	January 1, 2024
Number of members	21	22
Average age	55.84	55.31
Average years of service	23.48	22.50
Average salary	$74,566	$73,368

This exhibit includes only the participants who continue to earn benefits in the plan.

Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2025

Demographic Information: The demographic information was provided as of January 1, 2025 by Masonic Care Community. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 6.50%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The September 2024 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Masonic Care Community. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv).

Segment	Interest Rate
Segment 1	5.07%
Segment 2	5.31%
Segment 3	5.50%

Effective Interest Rate
5.35%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Interest Rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv): Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement ("LDROM") of the accrued benefits as of the Valuation Date.

Segment	Interest Rate
Segment 1	5.07%
Segment 2	5.33%
Segment 3	5.36%

Effective Interest Rate
5.32%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: Salaries are assumed to increase at 2.50% per year, based on the Plan Sponsor's review of historical experience as well as future expectations.

Mortality for Healthy Lives:

Base mortality table: The blended sex distinct Amount-Weighted Pri-2012 mortality tables for employees and healthy annuitants.

Mortality improvements: The base mortality table is adjusted by projecting mortality improvements using the IRS 2024 Adjusted Scale MP-2021 from the year 2012 through 2025, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

Retirement Incidence: Rates of retirement were based on a review of plan experience and additional factors including the plan's Normal Retirement Age and the availability of Social Security benefits at different ages. The rates used in this valuation are illustrated below:

Age	Percentage
60	5%
61	5%
62	15%
63	10%
64	5%
65	100%

Current and future vested terminated participants are assumed to retire at age 65.

Turnover: Termination rates were assumed in the valuation, based on The SOA 2003 turnover study small plan age table for 1,000 lives or less. The assumption utilized was selected based on the most recent available experience study released by the Society of Actuaries. Illustrative rates are shown below:

Age	Rate
20	24.30%
25	19.50%
30	15.50%
35	12.10%
40	9.40%
45	7.30%
50	5.60%
55	4.20%

Assumptions used to Convert Annuities to Actuarially Equivalent Lump Sum Amounts: In accordance with IRS Regulation 1.430(d)-1(f)(5)(ii)(B), the annuity is converted to a lump sum using the current applicable mortality table under IRC Section 417(e)(3) that would apply to a distribution with an annuity starting date occurring on the valuation date and the underlying valuation interest rates under IRC Section 430(h)(2).

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Spouse Assumptions: 75% of participants not currently collecting benefits are assumed to be married, with spouses assumed to be the same age as the participant based on the provisions of the Plan and Masonic Care Community's expectation.

Assumed Form of Benefit for Employees Who Made a Special Election to Opt Out of the Defined Benefit Plan on November 19, 2010: Lump Sum Distribution.

Assumed Form of Benefit for Employees Who Did Not Make a Special Election to Opt Out of the Defined Benefit Plan on November 19, 2010: Straight Life Annuity with Five Years Certain.

This assumption is based on a review of recent experience on limited available data; the liability does not deviate significantly due to this assumption.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 6.50%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Mortality: The sex-distinct Amount-Weighted Blue Collar Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Assumptions used to Convert Annuities to Actuarially Equivalent Lump Sum Amounts: The segment interest rates in the table below. This assumption was selected based on the applicable segment rates under IRC Section 417(e) for the plan year beginning on the valuation date.

Segment	Interest Rate
Segment 1	4.42%
Segment 2	5.04%
Segment 3	5.46%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	Purchase/ Sale	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
I. Individual 5% Transactions							
VANGUARD VALUE ETF INDEX	Mutual funds	Purchase	$ -	$ 2,602,235	$ 2,602,235	$ 2,602,235	$ -
VANGUARD VALUE ETF INDEX	Mutual funds	Sale	-	26,147	26,147	26,147	-
VANGUARD FTSE DEVELOPED MKTS	Mutual funds	Purchase	-	1,399,717	1,399,717	1,399,717	-
VANGUARD TOTAL INSTL STOCK ETF	Mutual funds	Purchase	-	1,679,629	1,679,629	1,679,629	-
VANGUARD TOTAL INSTL STOCK ETF	Mutual funds	Sale	-	55,333	55,333	55,333	-
THORNBURG INTL GROWTH I	Mutual funds	Sale	-	1,817,106	1,817,106	1,817,106	-
BNY MELLON INTL STK I	Mutual funds	Sale	-	1,400,069	1,400,069	1,400,069	-
BNY MELLON INTL STK I	Mutual funds	Purchase	-	6,676	6,676	6,676	-
THORNBURG LIMITED-TRM INC INST	Mutual funds	Sale	-	1,242,472	1,242,472	1,242,472	-
THORNBURG LIMITED-TRM INC INST	Mutual funds	Purchase	-	37,204	36,755	36,755	-
THORNBURG STRATEGIC INC I	Mutual funds	Purchase	-	132,059	132,059	132,059	-
THORNBURG STRATEGIC INC I	Mutual funds	Sale	-	1,300,000	1,300,000	1,300,000	-

II. Series of Transactions, Not Involving Securities, With a Single Person

None

III. Series of Transactions Involving Securities of the Same Issue

None

IV. Series of Transactions Involving Securities With a Single Person

None

The accompanying notes are an integral part of this schedule.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MASONIC HALL & ASYLUM EMPLOYEES RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF THE MASONIC HALL & ASYLUM FUND

D Employer Identification Number (EIN)
13-5563012

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	24,199,112
b Actuarial value	**2b**	22,860,393

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	164	18,047,836	18,047,836
b For terminated vested participants	60	2,534,963	2,534,963
c For active participants	78	6,141,806	6,147,454
d Total	302	26,724,605	26,730,253

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	245,315
b Expected plan-related expenses	**6b**	368,000
c Target normal cost	**6c**	613,315

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Peter A. Faber PAF

Signature of actuary — Date

PETER A. FABER, ASA, EA, MAAA — 2608366

Type or print name of actuary — Most recent enrollment number

BPAS Actuarial and Pension Services — 315-703-8902

Firm name — Telephone number (including area code)

706 N. Clinton Street
Suite 200
SYRACUSE NY 13204

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.73 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		246
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		13
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		259
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.52 %
15	Adjusted funding target attainment percentage	15	86.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	235,268	0			
07/14/2025	235,268	0			
09/29/2025	50,000	0			
10/15/2025	185,270	0			
12/30/2025	196,957	0			
09/15/2026	143,448	0			
			Totals ► 18(b)	1,046,211	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,004,485

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	613,315
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,869,860	391,170
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,004,485

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1,004,485
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,004,485
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Masonic Hall & Asylum Employees Retirement Fund
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 135563012/001

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

Age	Retirements per 1000 employees	Accumulated years
60	50	3.00
61	50	2.90
62	150	8.39
63	100	4.83
64	50	2.21
65	1000	42.63

Weighted Average Retirement Age: 64.0

Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: **Masonic Care Community**
EIN/PN: **13-5563012/001**

ELIGIBILITY

Employees become eligible to participate in the Plan on the first day of the month coinciding with or next following the completion of one year of service.

All participants who made the special election to opt out of the Plan effective January 1, 2011 shall cease to be eligible. Furthermore, any employee not given the special choice to remain in the Plan shall no longer be eligible.

As of January 31, 2017, a participant shall not be eligible to participate in the plan for any plan year in which he or she is classified as a highly compensated employee.

EMPLOYEE CONTRIBUTIONS

Participants are not required to contribute.

RETIREMENT

i. *Normal Retirement*. Participant's Normal Retirement Date is the first day of the month coinciding with or next following the date a Participant attains the later of age 65 or completes 5 years of plan service.

ii. *Early Retirement*. Participant's Early Retirement Date is the first day of any month coinciding with or next following the date the Participant attains age 60 and completes 5 years of plan service.

ii. *Late Retirement*. After Normal Retirement Date.

iii. *Disability Retirement.* Disability benefits are not provided, other than under other provisions as to retirement or termination.

BENEFIT AT RETIREMENT

i. *Normal Retirement Benefit.* A monthly pension benefit will equal (a) or (b):

(a) For those governed by the terms of the Collective Bargaining Agreement the monthly retirement benefit shall be equal to 1.10% of the Participant's Average Annual Compensation times years of service. Years of service shall be limited to 25 years. Effective January 1, 2001, Years of service for Service & Maintenance participants shall be limited to 30 years. Effective June 1, 2003 benefit accruals were frozen for the collective bargaining participants.

(b) For those not governed by the terms of the Collective Bargaining Agreement the monthly retirement benefit shall be equal to (1) + (2) + (3) + (4):

(1) 1.10% of Participant's Average Annual Compensation times years of service credited prior to January 1, 1992.

(2) 2.00% of Participant's Average Annual Compensation times years of service credited after December 31, 1991 but before April 1, 2009.

(3) 1.50% of Participant's Average Annual Compensation times years of service credited after April 1, 2009 but before January 1, 2011.

(4) 1.10% of Participant's Average Annual Compensation times years of service credited after January 1, 2011.

Those not governed by the terms of the Collective Bargaining Agreement and employed on September 1, 2010, were given the irrevocable choice to earn future benefits in Masonic Care Community's 403(b) Pension Plan. Effective January 1, 2011, benefit accruals were frozen for the participants who elected to receive employer contributions in the 403(b) plan.

Effective January 31, 2017, benefit accruals were frozen for participants classified as highly compensated employees.

Total years of service in formula (b) above shall be limited to 35 years, where years of service after January 1, 2011 shall be reduced first, years of service from April 1, 2009 to January 1, 2011 shall be reduced next, and if necessary, years of service from January 1, 1992 to March 31, 2009 shall then be reduced.

Average Annual Compensation means the highest average of five consecutive years of Compensation. *Compensation* refers to W-2 compensation.

ii. *Early Retirement Benefit.* Accrued normal retirement benefit, reduced by 5/12 of 1% for each month by which Early Retirement Date precedes the Participant's Normal Retirement Date

iii. *Late Retirement Benefit.* The greater of the benefit determined in the same manner as the Normal Retirement Benefit including years of service and compensation after Normal Retirement or the actuarial equivalent of the Normal Retirement Benefit.

iv. *Maximum Benefits.* The maximum retirement benefit is determined in accordance with Section 415 of the Internal Revenue Code and Regulations.

NORMAL AND OPTIONAL FORMS OF BENEFIT

A monthly income payable for life with 60 payments guaranteed is the normal form of benefit. A joint and survivor annuity with 50% continued to the Participant's Spouse would be automatically payable to each Participant who is married at retirement, unless the Participant and spouse elect otherwise.

The Qualified Joint and Survivor Annuity (QJS) and other available optional forms are "actuarially equivalent" to the normal form, meaning that the amount of benefit is determined so as to have the same value when computed using the following actuarial assumptions:

Interest – 7.00% per annum

Mortality – 1984 Unisex Pensioners Table (post-retirement only)

In the event a lump sum payment is made to a terminated or retired participant in lieu of the accrued benefits, the amount shall be calculated on the basis of GATT interest rates. If the determined value of the Participant's accrued benefit is not more than $25,000 ($5,000 prior to December 1, 2012 and $3,500 prior to January 1, 1998), the Participant may elect a lump sum in lieu of a monthly benefit.

If the value of the participant's accrued benefit is more than $25,000, a lump sum cannot be paid, and when eligible for retirement, the Participant may elect any form of annuity that the Plan provides.

Employees who made a special election to opt out of the Defined Benefit Plan on November 19, 2011, are eligible to receive their benefit in the form of a lump sum.

A lump sum window was offered where the maximum lump sum available to terminated vested participants who elected to receive a benefit between the period of March 21, 2014 to August 29, 2014 was increased to $40,000 from $25,000.

A lump sum window was offered where the maximum lump sum available to terminated vested participants who elected to receive a benefit between the period of August 13, 2016 to October 31, 2016 was increased to $90,000 from $25,000.

VESTING

Years of service are all years of service with the Employer in which the employee was given credit for 1,000 or more hours of service.

Years of Service	Vested Percentage
Less than 5	0%
5 years or more	100%

DEATH BENEFITS

Prior to December 31, 2010: The only Death Benefit under the Plan is a Qualified Pre-Retirement Survivor Annuity (QPSA) to an eligible spouse. The amount of monthly benefit shall be 50% of the benefit payable to the participant had the participant retired on the day before his death, with the QJS option in effect.

As of January 1, 2011: The Death Benefit for any employee who made the special election to earn future benefits in the 403(b) Pension Plan is payable to any beneficiary. The amount of the monthly benefit shall be the actuarial equivalent amount of the benefit payable to the participant.

The Death Benefit for participants who elected to stay in the Defined Benefit Pension Plan remains the same.

PLAN AMENDMENTS

The Plan was amended, effective January 1, 2000, in accordance with various governmental acts and regulations. The Plan was amended effective June 1, 2003 to freeze benefits of Union Employees.

The Plan was amended effective January 1, 2011 to freeze benefits for those employees not governed by the terms of the Collective Bargaining Agreement and employed on September 1, 2010, who elected to earn future benefits in the 403(b) Pension Plan. Furthermore, the Plan was amended effective January 1, 2011 to adjust the service multiplier for those employees not governed by the terms of the Collective Bargaining Agreement and employed on September 1, 2010 who remained in the Defined Benefit Pension Plan.

The Plan was restated, effective January 1, 2012, in accordance with various EGTRRA provision. The PPA-Heart Act Amendment was executed on April 19th, 2012.

The plan was amended to increase the limit under which participants, who did not make the special election in 2010, can elect lump sum payment options from $5,000 to $25,000. The amendment was executed November 16, 2012 and effective as of December 1, 2012.

A lump sum window was offered where the maximum lump sum available to terminated vested participants who elected to receive a benefit between the period of March 21, 2014 to August 29, 2014 was increased to $40,000 from $25,000.

The Plan was amended, effective January 31, 2017, to exclude highly compensated employees from earning future accruals. The amendment was executed on December 9, 2016.

The Plan was amended, effective January 1, 2017, to provide accruals to satisfy minimum coverage and participation rules. The amendment was executed on December 9, 2016.

A lump sum window was offered where the maximum lump sum available to terminated vested participants who elected to receive a benefit between the period of August 13, 2016 to October 31, 2016 was increased to $90,000 from $25,000.

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
	CASH	N/A	$ 378,438	$ 378,438
*	MORGAN STANLEY BANK N.A. MONEY MARKET FUNDS	126,215	126,216	126,216
	Common stocks:			
	ACUITY INC (AYI)	13	3,746	4,584
	ADVANCE AUTO PARTS (AAP)	131	4,956	5,148
	ADVANCED ENERGY IND INC (AEIS)	86	10,531	18,049
	AEROVIRONMENT INCE (AVAV)	16	4,703	3,964
	AGIOS PHARMACEUTICALS INC COM (AGIO)	193	4,849	5,253
	AGREE REALTY CORP (ADC)	84	5,346	6,057
	AKAMI TECHNOLOGIES INC (AKAM)	90	7,119	7,859
	ALIGN TECHNOLOGY (ALGN)	8	1,635	1,379
	ALKAMI TECHNOLOGY IN (ALKT)	271	6,440	6,252
	ALLEGRO PUB LTD CO (ALLE)	71	10,202	11,283
	ALLEGRO MICROSYSTEMS INC (ALGM)	179	4,809	4,722
	ALLISON TRANSMN HLDGS INC (ALSN)	122	12,738	11,943
	AMERICAN ASSET TRUST INC (AAT)	391	7,798	7,402
	AMERIS BANCORP(ABCB)	112	2,847	8,318
	APPFOLIO INC CL A (APPF)	32	3,856	7,331
	APPLE HOSPITALTY REIT INC (APLE)	522	6,210	6,186
	ARCUTIS BIOTHERAPEUTICS INC (ARQT)	216	3,408	6,273
	ARTIVION INC COM (AORT)	155	2,999	7,070
	ASBURY AUTOMOTIVE GROUP INC (ABG)	25	5,216	5,897
	ATRICURE INC COM (ATRC)	195	5,691	7,714
	AVIENT CORPORATION (AVNT)	236	7,825	7,373
	AZENTA INC (AZTA)	122	5,649	4,057
	BALCHEM CP (BCPC)	46	2,575	7,080
	BIOCRYST PHARM INC (BCRX)	659	5,237	5,140
	BOOT BARN HLDGS INC COM (BOOT)	36	1,229	6,304
	BRIDGEBIO PHARMA INC (BBIO)	96	4,651	7,321
	BROWN & BROWN INC (BRO)	60	4,307	4,795
	CADRE HOLDING INC (CDRE)	180	6,451	7,351
	CATHAY GENERAL BANCORP (CATY)	133	3,942	6,436
	CBIZ INC (CBZ)	127	6,328	6,407
	CENTRAL GARDEN & PET CO CL A (CENTA)	246	5,699	7,181
	CHAMPION HOMES INC (SKY)	122	3,161	10,309
	CHORD ENERGY CORPORATION NEW (CHRD)	54	73,351	4,984
	CIRRUS LOGIC INC (CRUS)	46	4,934	5,470
	COCA COLA CONSOLIDATED IN C (COKE)	71	8,312	10,906
	COHEN & STEERS INC (CNS)	86	3,434	5,420
	COLUMBIA BANKING SYSTEMS INC (COLB)	211	5,513	5,897
	COMFORT SYSTEMS USA INC (FIX)	9	4,454	8,791
	COMMVAULT SYSTEMS INC (CVLT)	48	8,232	6,001
	CONCENTRIX CORP (CNXC)	14	786	581
	COTERRA ENERGY INC (CTRA)	370	9,155	9,738
	CREDO TECHNOLOGY GRP HOLDING (CRDO)	20	3,180	2,909
	CRINETICS PHARMACEUTICALS INC (CRNX)	127	4,808	5,912
	CSW INDUSTRIAL INC (CSW)	26	6,519	7,521
	CYTOKINETICS INC (CYTK)	66	4,002	4,212
	DENTSPLY SIRONA INC (XRAY)	447	7,315	5,109
	DESCARTES SYSTEMS GROUP INC (DSGX)	68	2,349	5,958
	DEVON ENERGY CORP NEW (DVN)	276	9,136	10,109
	DOLLAR GEN CORP NEW COM (DG)	49	5,855	6,535
	DUCOMMUN INC (DCO)	72	3,653	6,831
	EBAY INC (EBAY)	89	5,768	6,910

(Continued)

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
	ENERPAC TOOL GROUP CORP CL A (EPAC)	151	6,705	5,774
	EXELIXIS INC (EXEL)	267	11,673	11,703
	EXPEDIA GROUP INC (EXPE)	44	7,715	12,443
	FB FINL CORP COM (FBK)	75	4,267	4,179
	FIRST CITIZ BANCSHARES A (FCNCA)	4	7,096	7,889
	FIRST COMMONWEALTH FINANCIAL (FCF)	480	7,761	8,093
	FIRST FINANCIAL BANKSHARES INC (FFIN)	264	9,219	7,886
	FIRST WATCH RESTAURANT GROUP (FWRG)	504	8,336	7,600
	FRONTDOOR INC (FTDR)	165	9,095	9,518
	GAMING & LEISURE PPTYS INC COM (GLPI)	110	5,201	4,916
	GATES INDUSTRIAL CORP PLC (GTES)	228	4,445	4,895
	GENTEX CORP (GNTX)	364	8,265	8,470
	GLACIER BANCORP INC NEW (GBCI)	81	2,004	3,565
	GLOBUS MEDICAL INC A (GMED)	122	2,758	10,652
	GRACO INC (GGG)	122	10,673	10,000
	GRAND CANYON ED INC COM (LOPE)	43	2,639	7,227
	GULFPORT ENERGY CORP (GPOR)	26	5,223	5,512
	HALOZYME THERAPEUTICS INC (HALO)	99	2,895	6,678
	HAMILTON LANE CL A (HLNE)	58	9,656	7,777
	HEALTHEQUITY INC COM (HQY)	73	3,258	6,705
	HILLMAN SOLUTIONS CORP (HLMN)	620	5,932	5,369
	HIOLOGIC INC (HOLX)	93	5,587	6,962
	HORACE MANN EDUCATORS CP (HMN)	144	5,339	6,650
	HOULIHAN LOKEY INC CL A (HLI)	56	2,754	9,494
	IDACORP INC (IDA)	53	3,758	6,662
	INDEPENDENCE RLTY TR INC COM (IRT)	280	5,495	4,894
	INDEPENDENT BK MASS (INDB)	77	4,559	5,655
	INRAPP INC (INTA)	193	6,787	8,843
	IPG PHOTONICS CORP (IPGP)	92	6,210	6,564
	ITT INC (ITT)	58	5,601	10,034
	LA Z BOY INCORPORATED (LZB)	97	3,984	3,605
	LEGENCE CORP CL A (LGN)	98	4,079	4,218
	LEIDOS HLDGS INC (LDOS)	62	10,098	11,165
	LIGAND PHARMACEUTICALS (LGND)	22	4,207	4,086
	LIVE OAK BANCSHARES INC (LOB)	214	6,158	7,351
	MACOM TECHNOLOGY SOLU HLDS (MTSI)	87	2,428	14,826
	MAGNOLIA OIL & GAS CORP CL A (MGY)	256	2,906	5,604
	MARZETTI COMPANY (MZTI)	58	9,739	9,589
	MASCO CORP (MAS)	173	11,498	10,978
	MATADOR RES CO (MTDR)	149	4,425	6,324
	MATSON INC (MATX)	78	9,107	9,619
	MEDPACE HOLDINGS, INC. (MEDP)	22	5,543	12,618
	MINERALS TECHNOLOGY INC (MTX)	79	3,938	4,845
	NATIONAL HEALTH INVESTORS INC (NHI)	72	3,897	5,483
	NATIONAL STORAGE AFFILIATES TR (NSA)	218	7,771	6,150
	NEOGENOMICS INC (NEO)	398	3,152	4,681
	NETAPP INC COM 9NTAP)	36	3,627	3,828
	NORTHWESTERN ENERGY GROUP INC (NWE)	135	5,723	8,713
	NOVANTA INC (NOVT)	75	6,423	8,894
	NY TIMES CL A COMMON (NYT)	163	8,978	11,315
	OCEAN FIRST FINANCIAL CORP (OCFC)	288	4,829	5,170
	OLD REPUBLIC INTL CP (ORI)	246	9,434	11,227
	ORION S A (OEC)	744	7,479	3,928
	OWENS CORNING INC (OC)	57	8,100	6,348
	OXFORD INDUSTRIES INC (OXM)	69	3,073	2,362

(Continued)

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
	PAR TECHNOLOGY CP DELA (PAR)	66	4,564	2,396
	PATRICK INDUSTRIES (PATK)	82	2,623	8,855
	PERELLA WEINBERG PARTNERS CL A (PWP)	176	2,350	3,045
	PHREESIA INC (PHR)	255	5,440	4,315
	POWER INTEGRATIONS INC (POWI)	29	1,539	1,038
	PRIMORIS SVCS CORP (PRIM)	56	1,210	7,015
	PULTE GROUP INC (PHM)	35	3,607	4,109
	QCR HOLDINGS INC (QCRG)	94	6,859	7,869
	QUEST DIAGNOSTIC INC (DGX)	18	2,626	2,554
	RBC BEARINGS INC (RBC)	26	1,214	11,495
	REVOLVE GROUP INC (RVLV)	101	3,208	3,049
	RYMAN HOSPITALITY PPTYS INC (RHP)	63	4,693	5,942
	SCHNEIDER NATIONAL INC CL B (SNDR)	111	2,941	2,945
	SCIENCE APPLICATIONS INTL CORP (SAIC)	74	8,736	7,426
	SEACOAST BANKING CORPOF FLORI (SBCF)	280	6,432	8,798
	SEMTECH CORP (SMTC)	80	4,227	5,875
	SHAKE SHACK INC CL A (SHAK)	36	3,033	2,906
	SILGAN HOLDINGS INC (SLGN)	120	2,813	4,844
	SKYWARD SPECIALTY INS GROUP IN (SKWD)	116	5,613	5,929
	SOLARIS ENERGY INFRAS INC CL A (SEI)	150	3,429	6,895
	SPX TECHNOLOGIES INC(SPXC)	62	3,356	12,476
	SS&C TECHNOLOGIES HDLGS INC (SSNC)	102	8,227	8,917
	STAG INDL INC COM (STAG)	248	5,604	9,116
	STEEL DYNAMICS INC (STLD)	49	6,904	8,378
	STERLING INFRASTRUCTURE INC (STRL)	33	3,964	10,189
	STIFEL FINANCIAL CORPORATION (SF)	75	2,437	9,429
	SUPERNUS PHARMACEUTICALS INC (SUPN)	210	6,275	10,437
	SYNCHRONY FINANCIAL (SYF)	149	8,941	12,431
	TANDEM DIABETES CARE INC (TNDM)	238	7,841	5,231
	TERADYNE INC (TER)	70	5,692	13,584
	TEXAS CAP BNCSHS INC (TCBI)	59	4,656	5,297
	TEXAS ROADHOUSE INC CL A (TXRH)	36	1,045	6,022
	THERMON GROUP HOLDINGS INC COM (THR)	213	6,206	7,915
	TRI POINTE HOMES INC (TPH)	183	6,237	5,759
	U S PHYSICAL THERAPY INC (USPH)	77	6,823	6,024
	UFP INDUSTRIES INC (UFPI)	53	959	4,811
	ULTRAGENYX PHARMACEUTICAL INC (RARE)	141	4,101	3,243
	UMB FINANCIAL CORP (UMBF)	68	5,665	7,842
	UTZ BRANDS INC CL A (UTZ)	389	5,976	4,038
	VERACYTE INC COM (VCYT)	192	4,702	8,083
	VIAVI SOLUTIONS INC COM (VIAV)	486	4,424	8,839
	VITA COCO CO INC (COCO)	135	3,898	7,156
	WATERS CORP (WAT)	9	3,358	3,536
	WATTS WTR TECH INC A (WTS)	30	7,537	8,390
	ZEBRA TECH CL A (ZBRA)	33	9,749	7,947
	Total common stocks		886,145	1,050,158
	Exchange traded funds			
	AVANTIS U.S. EQUITY ETF (AVUS)	30,121	2,252,463	3,366,925
	NYLI CBRE GBL INFR MEGTRNDS TR (MEGI)	55,645	1,003,134	765,672
	VANGUARD FTSE DEVELOPED MKTS (VEA)	23,735	1,430,480	1,482,725
	VANGUARD INTERMEDIATE TERM BND (BIV)	8,043	629,704	626,389
	VANGUARD SHORT TERM CORPORATE (VCSH)	7,889	630,036	628,989
	VANGUARD TOTAL BOND MARKET (BND)	13,522	1,010,419	1,001,575

(Continued)

MASONIC HALL AND ASYLUM EMPLOYEES RETIREMENT FUND

EMPLOYER IDENTIFICATION NUMBER 13-5563012
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
	VANGUARD TOTAL INTL STOCK ETF (VXUS)	24,613	1,560,501	1,856,805
	VANGUARD VALUE ETF INDEX (VTV)	13,848	2,591,254	2,644,831
	Total exchange traded funds		11,107,991	12,373,911
	Mutual funds:			
	FULLERTHALER BHV SMCP GRW I (FTXSX)	17,622	433,159	947,557
	GQG PARTNERS EMRG MKTS EQ INS (GQGIX)	48,004	807,241	854,479
	JPMORGAN LARGE CAP GROWTH I (SEEGX)	38,114	2,545,729	3,117,710
	THORNBURG INTL GROWTH I (TINGX)	175,265	1,995,705	2,033,078
	VIRTUS KAR SM MD CP CORE I (VKSIX)	24,204	423,789	468,344
	Total mutual funds		6,205,623	7,421,168
	Preferred stock			
	NYLI MACKAY US INFRAC BD A (MGVAX)	104,576	879,830	798,961
	Total preferred stock		879,830	798,961
	Alternative investments:			
	BLACKSTONE - BXPE (TE)	39,600	1,000,000	1,293,060
	CARLYLE - CAPM	32,051	500,000	503,205
	K-PEC - FOUNDERS CLASS R-U	38,613	1,000,000	1,244,516
	NORTH HAVEN VIII GLOBAL	N/A	-	81,076
	NORTH HAVEN CREDIT PARTNERS III	N/A	-	609,396
	Total alternative investments		2,500,000	3,731,253
	Total cash and investments		$ 22,084,243	$ 25,880,105

* Denotes party-in-interest

The accompanying notes are an integral part of this schedule.

Masonic Hall & Asylum Employees Retirement Fund
Schedule SB, Line 32 – Schedule of Amortization Bases
EIN/PN: 13-5563012/001

Amortization Schedule as of January 1, 2025					
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
2025	15 Years	$ 1,144,474	15 Years	$ 1,144,474	$ 106,711
2024	15 Years	($ 912,460)	14 Years	($ 850,109)	($ 83,016)
2023	15 Years	$ 4,012,570	13 Years	$ 3,575,495	$ 367,475
Total				$ 3,869,860	$ 391,170