WI HeartSafe Schools Initiative - Dunn County

August 2026 Community Impact Grant Cycle

Wisconsin Masonic Foundation

Mr. Adam Rigden
228 Mason Way
Dousman, WI 54930

wmf@wimasons.org
O: 262-965-2200
M: 920-240-6187

Mr. Adam Rigden

W11219 Cumberland Road
Coloma, WI 54930

adam.rigden@wimasons.org
O: 920-240-6187
M: 920-240-6187

Application Form

Instructions
INSTRUCTIONS

Complete the grant application by responding to the fields below. Note that any fields with an asterisk are required fields and must be completed prior to submitting an application.
As you complete the form, the system will auto-save every 100 characters typed or every time you click out of a field. You may collapse question groups as you go, as an indicator to yourself that you've completed that section and to reduce scrolling.

The system also allows you to Save an application and come back to it before submitting. There is also a Collaborator feature that allows applicants to work together on a single request. https://docs.google.com/document/d/15NsdFgi3lBmBu0_pp1zj2HZ51I4mx8Wryjrx4FYOmdg/edit?usp=sharingClick here to learn about the collaborator feature. Contact the Community Foundation at (715) 232-8019 if you have any questions or problems with the form.

Request Overview

Project Title*
Please provide a descriptive Name/Title for this grant request.

WI HeartSafe Schools Initiative - Dunn County

Amount Requested*
Typical grant amounts range from $500 to $5,000 or more.

$18,000.00

Program Area*
Please check the program area that best categorizes this grant request.

Youth

Geographic Area Served*
Please select which geographic area is primarily being served by this request.

Dunn County wide

Does your organization function within Dunn County?*

Yes

Population Served*

Please select the specific population being served by this request. You can select age and income level in the next section. If the population this grant targets is not listed, please choose "General".

General

Age Group Served*

Please select the specific age group served by this grant request.

School-aged children and/or adolescents

Income Level Served*

Please select the income level of the target population being served by this request.

All income levels

Non Discrimination Policy*

In accordance with federal regulations, the Community Foundation of Dunn County does not discriminate based on race, color, creed, sex, religion, age, disability, sexual orientation, marital status or national origin. Do the applicant organization's employment and service practices comply with this policy?

Yes

About Your Organization

1. Organization Overview*

Please provide a brief background about your organization, including a short summary of the organization's history, mission, goals, accomplishments, and challenges.

Founded in 1925, the Wisconsin Masonic Foundation is a 501(c)(3) charitable organization dedicated to strengthening Wisconsin communities through education, public safety, and humanitarian initiatives. For more than 100 years, the Foundation has partnered with local Masonic lodges, schools, first responders, nonprofits, and government agencies to identify community needs and deliver meaningful, lasting solutions. Our mission is to provide the grants, support, and organizational resources necessary to help strengthen communities throughout Wisconsin.

One of the Foundation's signature initiatives is the Acts of Kindness (AOK) Program, which provides matching grants for life-saving Automated External Defibrillators (AEDs), fire suppression tools, scholarships, and

other community-based projects. Working alongside local Masonic lodges, we identify areas of greatest need and help organizations acquire equipment that may otherwise be financially out of reach. This collaborative approach allows local volunteers to identify needs within their own communities while the Foundation provides funding, administrative support, and statewide coordination.

The Wisconsin Masonic Foundation has helped place hundreds of AEDs in schools, public facilities, and community organizations throughout Wisconsin. These devices have contributed to more than 40 confirmed lives saved, demonstrating the measurable impact that rapid access to defibrillation can have during sudden cardiac emergencies. Beyond equipment placement, we emphasize public awareness, community partnerships, and sustainable programming that ensures these investments continue serving Wisconsin residents for years to come.

Through this grant opportunity, the Foundation seeks to expand its proven AED initiative into Dunn County, where we will partner with local Masonic lodges, and schools to identify locations with the greatest need for publicly accessible AEDs or replace aging AEDs. By combining grant funding with local engagement and volunteer support, we will improve emergency preparedness, reduce response times during cardiac events, and help create safer schools throughout Dunn County.

While our programs continue to grow, the demand for life-saving equipment consistently exceeds available funding. Many schools, nonprofit organizations, and community facilities operate with limited budgets and are unable to purchase or replace AEDs on their own. Grant support will allow the Wisconsin Masonic Foundation to address these gaps, ensuring that more residents and visitors have access to life-saving equipment when every second matters.

2. Current Initiatives*

Please describe your current programs, activities, community impact and the community's involvement or support of your organization.

Current Programs, Activities, Community Impact, and Community Support

The Wisconsin Masonic Foundation works to improve the health, safety, and well-being of communities across Wisconsin through charitable giving, educational opportunities, and public safety initiatives. Our programs are designed to address local needs while empowering community members to become active partners in creating lasting change.

Our signature Acts of Kindness (AOK) Program provides matching grants that help schools, nonprofit organizations, municipalities, first responders, and other public-serving organizations obtain life-saving equipment and resources. This includes Automated External Defibrillators (AEDs), fire suppression tools, first responder equipment, educational scholarships, and other community-based initiatives that improve public safety and quality of life.

The Foundation's AED initiative has become one of our most impactful programs. Through partnerships with local Masonic lodges, schools, emergency responders, businesses, and community organizations, we have helped place hundreds of AEDs throughout Wisconsin. These placements have contributed to more than 40 confirmed lives saved, demonstrating the life-changing impact of ensuring an AED is available when sudden cardiac arrest occurs.

Community involvement is the cornerstone of every project we undertake. Local Masonic lodges identify needs within their communities, build relationships with schools and nonprofit organizations, assist with presentations, and help recognize grant recipients. This grassroots approach ensures that funding is directed where it can have the greatest impact while fostering local ownership and long-term community engagement.

For this project, we will work with community leaders, schools, and nonprofit organizations throughout Dunn County to identify locations where access to an AED could significantly improve emergency preparedness in public and private schools within Dunn County. These partnerships help maximize community awareness, encourage collaboration, and ensure that life-saving equipment is placed where it will serve the greatest number of students, staff, and visitors.

By combining statewide experience with strong local partnerships, the Wisconsin Masonic Foundation has developed a model that continues to improve public safety while strengthening the connections between volunteers, donors, and the communities they serve.

3. Organizational Structure*

Describe the current structure of your organization, including how the organization functions on a daily basis. (CEO, staff, volunteers, etc.)

The Wisconsin Masonic Foundation is governed by a volunteer Board of Directors that provides strategic direction, establishes organizational policies, oversees financial stewardship, and ensures the Foundation fulfills its charitable mission. The Board is responsible for long-term planning, fiscal oversight, and maintaining compliance with all applicable nonprofit regulations.

The Foundation's day-to-day operations are managed by a full-time Executive Director, who oversees program development, fundraising, grant administration, donor relations, financial management, community partnerships, marketing, and organizational operations. The Executive Director works closely with the Board to implement strategic priorities while building relationships with donors, foundations, corporations, schools, government agencies, first responders, and nonprofit organizations throughout Wisconsin.

The Foundation's work is further strengthened by a statewide network of dedicated Masonic volunteers. Local Masonic lodges serve as community partners by identifying local needs, connecting the Foundation with schools and community organizations, assisting with outreach and presentations, and helping recognize grant recipients. Their local knowledge allows the Foundation to efficiently direct resources to communities where they will have the greatest impact.

For the proposed WI HeartSafe Schools Initiative - Dunn County project, the Executive Director will coordinate all aspects of the program, including grant management, equipment procurement, recipient selection, reporting, and communication with funding partners. Local Masonic volunteers will work alongside schools, emergency responders, and nonprofit organizations to identify priority locations for AED placement and assist with community outreach.

This combination of professional leadership, volunteer governance, and a statewide network of engaged community volunteers allows the Wisconsin Masonic Foundation to operate efficiently while maximizing the impact of every charitable dollar invested. The Foundation's collaborative model has successfully supported life-saving public safety initiatives and educational programs throughout Wisconsin and provides a strong framework for expanding AED access in Dunn County.

About the Grant

What is the community need that this request addresses?*

Sudden cardiac arrest is one of the leading causes of death in the United States, and survival often depends on how quickly a person receives CPR and defibrillation. Every minute without defibrillation significantly reduces the chance of survival, making immediate access to an Automated External Defibrillator (AED) essential. In many cases, emergency medical services cannot arrive quickly enough to deliver the first lifesaving shock, especially in rural communities.

Throughout Dunn County, many schools including their athletic facilities, and other gathering places either do not have an AED or rely on aging equipment that may be nearing the end of its recommended service life. Budget limitations often force organizations to postpone purchasing or replacing AEDs, leaving employees, students, volunteers, and visitors at greater risk during a cardiac emergency.

The Wisconsin Masonic Foundation's AED Initiative addresses this critical public safety need by providing AEDs where they are most needed. Working alongside local Masonic lodges and community partners, we will identify high-priority locations based on public access, population served, distance from emergency medical services, and demonstrated need. This collaborative approach ensures that grant funding is used strategically to maximize community impact.

The requested funding will help create a stronger chain of survival throughout Dunn County by expanding access to lifesaving equipment, improving emergency preparedness, and increasing the likelihood that individuals experiencing sudden cardiac arrest receive immediate treatment before first responders arrive. Investing in AEDs is an investment in the health, safety, and resilience of the entire community.

Project Goals and Activities*

Describe the specific goals and activities of your project and how they will be carried out or accomplished.

The goal of this project is to improve public safety throughout Dunn County by increasing access to life-saving Automated External Defibrillators (AEDs) in public and private school locations where they are most needed. Through this initiative, the Wisconsin Masonic Foundation will work with local partners to identify high-priority facilities and place AEDs in school locations where large numbers of people gather.

To accomplish this goal, the Foundation will collaborate with local Masonic lodges, school administrators, and Zoll representatives to conduct a needs assessment and identify facilities that currently lack an AED or have equipment that is outdated or nearing the end of its service life. Priority will be given to locations with high public use, limited access to emergency medical services, or a demonstrated need for improved emergency preparedness.

Once recipients are selected, the Wisconsin Masonic Foundation will coordinate the purchase, delivery, and distribution of the AEDs while ensuring each participating organization has a plan for installation, accessibility, routine maintenance, and staff awareness. The Foundation will oversee all grant administration, financial accountability, and reporting requirements to ensure grant funds are used efficiently and responsibly.

The success of the project will be measured by:

The number of AEDs placed throughout Dunn County.
The number of schools, and their athletic facilities equipped with life-saving devices.
The number of individuals who gain access to an AED in their workplace, school, or community gathering place.

Geographic distribution of AED placements to improve coverage throughout the county with high emergency response times.
Long-term tracking of documented AED use and lives impacted whenever information is available from recipient organizations.

By leveraging the Wisconsin Masonic Foundation's established statewide network, experienced grant administration, and strong community partnerships, this project will create lasting improvements in emergency preparedness and strengthen the chain of survival for students, staff, and visitors to schools throughout Dunn County.

Project Outcomes*

Describe the anticipated outcomes resulting from this grant project, its impact and how the community will be better served.

The primary outcome of this project is to improve survival outcomes for individuals experiencing sudden cardiac arrest by increasing public access to Automated External Defibrillators (AEDs) in public and private schools throughout Dunn County. By strategically placing AEDs in schools including their athletic facilities, and other high-traffic locations, the project will strengthen emergency preparedness and provide life-saving equipment where it can make the greatest difference.

As a result of this grant, more residents, employees, students, volunteers, and visitors to schools will have immediate access to an AED during a cardiac emergency, reducing the time between cardiac arrest and defibrillation. Since every minute without defibrillation significantly decreases the chance of survival, expanding AED availability has the potential to save lives and reduce long-term disability associated with delayed treatment.

Beyond the placement of equipment, this project will increase community awareness about sudden cardiac arrest and the importance of rapid response. The partnerships developed among local Masonic lodges, schools, first responders, and nonprofit organizations will strengthen collaboration around public safety and encourage ongoing preparedness planning.

The Wisconsin Masonic Foundation will evaluate the project's success by tracking the number of AEDs placed, the organizations served, the estimated number of individuals with improved access to life-saving equipment, and the distribution of devices to underserved schools throughout Dunn County. Recipients will also be encouraged to report any documented AED deployments, allowing the Foundation to measure the long-term impact of the program.

Ultimately, this project will leave a lasting legacy of improved public safety throughout Dunn County. The community will be better served by having more strategically located AEDs, stronger partnerships among local organizations, and greater confidence that life-saving equipment is available when every second counts. By investing in prevention and preparedness today, this grant will help create safer, healthier schools for years to come.

Anticipated Challenges*

Describe any anticipated challenges and how you will meet them.

One challenge is that the need for AEDs may exceed the funding available through this grant. If more need is discovered than can be funded, the Foundation will use a structured evaluation process to prioritize placements based on factors such as public accessibility, population served, distance from emergency medical

services, existing AED coverage, and demonstrated community need. Schools not funded through this grant will be considered for future funding opportunities as additional resources become available.

Another challenge is ensuring that recipients are prepared to properly maintain their AEDs over time. To address this, each recipient will be provided with information regarding device registration, routine inspections, battery and electrode replacement schedules, and manufacturer-recommended maintenance. The Foundation will encourage recipients to designate an individual responsible for ongoing AED readiness.

Finally, sustaining long-term community awareness is essential to maximizing the impact of the project. The Foundation will work with local partners to recognize AED recipients publicly, promote the importance of AED accessibility through local media, and encourage continued investment in public safety initiatives.

Sustainability*

Please describe how you will fund and continue to sustain these activities beyond the grant period.

Following the completion of this grant, the Foundation will continue seeking support through individual donors, corporate sponsors, private foundations, community foundations, and other grant opportunities to expand AED placement throughout Wisconsin. We actively pursue funding from organizations that share our commitment to improving public safety and strengthening local communities.

A key component of our sustainability model is that recipient organizations will assume responsibility for the routine inspection, maintenance, and replacement of batteries and electrode pads as recommended by the manufacturer. The Foundation will provide guidance on these responsibilities to help ensure that each AED remains rescue-ready throughout its service life.

The Wisconsin Masonic Foundation will encourage local Masonic lodges to help with the cost of service through our Acts of Kindness Lodge Matching Grant Program where we match lodge funds 100% up to $4000 annually.

By combining responsible stewardship, ongoing fundraising, strong volunteer engagement, and community partnerships, the Wisconsin Masonic Foundation has developed a sustainable model that will continue improving emergency preparedness and saving lives long after the grant period has ended.

Staff - Project Summary*

Seeking to place Automated External Defibrillators (AEDs) across Dunn County in schools, rec facilities and other gathering places that need one. Total number needed and locations have yet to be determined. Once funding is acquired they will determine which are the most pressing locations to serve.

Grant Project Budget

Anticipated Project Income*

Please list out all anticipated sources of income for this specific grant project with amounts and whether the funding is approved or pending.

Ex: Dunn Energy Cooperative: $1,000 - Approved

TC Energy's Social Impact Program $25,000 - Pending
CFDC Community Impacts Grant $18,000 - Pending

Total Project Expenses*

What are the total expenses for this particular grant project? This may be more than your grant request amount and helps us to understand if the Foundation is funding a portion of the project or the full cost of the project.

$43,000.00

Project Expenses Description*

Please itemize the expenses for this grant project, including a short description of each item and the anticipated cost. (Personnel, Materials and Supplies, etc.) If this grant is to cover a portion of the project, please list all expenses of the project and then specify which expenses you anticipate being supported by this CFDC grant.

Grant funding will provide partial support for the purchase and deployment of 23 ZOLL AED 3 Automated External Defibrillators and the associated project implementation costs in Dunn County.

The total project budget includes:

23 ZOLL AED 3 Units: $40,250
Executive Director Travel (Mileage, Lodging, and Meals):$2,750

The Executive Director's travel expenses are directly related to the successful implementation of the project and include travel to Dunn County to conduct site visits, meet with Zoll Representatives, School Administration, assess placement locations, oversee AED distribution, and provide grant management and reporting. These in-person visits ensure that AEDs are placed strategically where they will have the greatest impact.

The Wisconsin Masonic Foundation will provide administrative oversight, project management, recipient coordination, financial accountability, and ongoing program support. Any project costs not covered by this grant will be funded through additional grants, corporate sponsorships, and community partnerships.

This collaborative funding approach allows the Foundation to maximize the impact of every grant dollar while expanding access to life-saving AEDs throughout Dunn County.

Project Budget Upload

(Optional) You may upload a separate file of your own, representing this grant request's Project Budget. For help creating the document, you can click here to download our Grant Project Budget template.

WHSI Budget Dunn County.pdf

Letter of Support

(Optional) Letters of Support are optional, unless another organization or individual is integral to the purchase or use of the program and/or is a fiscal sponsor. Then it is required.

Letter of Support.pdf

Additional Supporting Documents

(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

zoll-aed-3-bls-spec-sheet.pdf

Additional Supporting Documents

(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

Wisconsin HeartSafe Schools Initiative Waukesha Placement.pdf

Staff - Project Budget Summary*

Brief sentence about how the grant budget is broken down by item.

Seeking $18,000 towards 23 ZOLL AED 3 Units, for a total of $40,250.

Required Organization Financials

Current Board of Directors*

Please upload a list of your organization's current Board of Directors.

WMF Board Contacts.docx

Organizational Budget*

Please upload your organization's most recent Operating Budget with projected revenues and expenses.

WMF Budget 2026-27 - pt.xlsx

Audited Financials

Please upload a copy of your organization's current Audited Financial Statement, if you are required to file.

Signed Final Report and Financial Statements WMF 2025.pdf

Audit Opt-Out

Under Wis. Stat. § 202.12| a charitable organization with annual contributions over $500,000 must file an audited financial statement and include the opinion of an independent CPA. A charitable organization with annual contributions less than $500,000 and over $300,000 must file a financial statement reviewed by an independent CPA. If you do not upload an audit or financial statement, please verify that your organization is not required to based on this state statute.

Proof of 990 Filing*

Please upload proof of current IRS 990 Filing. You may upload the first page only; the full 990 document is not required.

Public_Inspection_-_WM_-_04.30.2025_-_Form_990.pdf

Authorization

Applicant Agreement*

As the applicant submitting this request on behalf of the organization, you certify that:

- **The information provided in this application is complete and accurate to the best of your knowledge.**
- **Falsification of information will result in termination of any award granted.**
- **You have discussed this project and grant request with the necessary authorized representatives at your organization. They support this request and the proposed allocation of funding.**

If awarded a grant, the organization will:

- **Carry out the activities and expend grant funds as described in the proposal, to the best of their ability.**
- **Submit significant changes in the scope or budget of the project to the Foundation for approval.**
- **Complete and submit written reports as required no later than 12 months from the date the grant is awarded.**
- **Acknowledge the role of the Community Foundation of Dunn County in supporting the organization in communications with their board and the public.**
- **Provide copies of all publicity, press releases or promotional materials. If available, provide photos in digital format.**

I agree

File Attachment Summary

Applicant File Uploads

- WHSI Budget Dunn County.pdf
- Letter of Support.pdf
- zoll-aed-3-bls-spec-sheet.pdf
- Wisconsin HeartSafe Schools Initiative Waukesha Placement.pdf
- WMF Board Contacts.docx
- WMF Budget 2026-27 - pt.xlsx
- Signed Final Report and Financial Statements WMF 2025.pdf
- Public_Inspection_-_WM_-_04.30.2025_-_Form_990.pdf

Project Income

Income Source	Amount	Status
Community Foundation Grant Request	$18,000	Pending
TC Energy Social Impact Program	$25,000	Pending
Private Donations	$0	N/A
Other Funding Sources	$0	N/A

Anticipated Expenses

Item/Description	Amount
23 ZOLL AED 3 Automated External Defibrillators	$40,250
Executive Director Travel (Mileage, Lodging & Meals)	$2,750
Total Project Expense	$43,000

Budget Narrative

Grant funding will provide partial support for the purchase and deployment of 23 ZOLL AED 3 Automated External Defibrillators for schools throughout Dunn County as part of the Wisconsin HeartSafe Schools Initiative.

The total project budget is $43,000 and includes:

23 ZOLL AED 3 Automated External Defibrillators: $40,250
Executive Director Travel (Mileage, Lodging, and Meals): $2,750

The Executive Director's travel expenses are directly related to the successful implementation of the project. Travel includes visits to Dunn County to meet with ZOLL representatives, school administrators, and community partners; conduct site assessments; evaluate optimal AED placement locations; oversee equipment distribution; coordinate presentations with local Masonic Lodges; and manage grant implementation, compliance, and reporting. These in-person visits ensure that each AED is strategically placed where it will provide the greatest lifesaving benefit while maintaining accountability for grant-funded resources.

This budget reflects only those expenses directly associated with the successful implementation and management of the Wisconsin HeartSafe Schools Initiative - Dunn County.

Wisconsin
Masonic
Foundation

To the Grants Committee,

On behalf of the Wisconsin Masonic Foundation, I am pleased to offer my strongest support for funding the Wisconsin HeartSafe Schools Initiative – Dunn County.

The Wisconsin Masonic Foundation is committed to ensuring that every student, educator, staff member, and visitor has access to lifesaving Automated External Defibrillators (AEDs) when seconds matter most. Sudden cardiac arrest can strike anyone, regardless of age or health, and immediate access to an AED dramatically improves the chance of survival.

This initiative is not a pilot concept, it is built upon a proven model that has already demonstrated measurable success in Wisconsin.

In 2026, the Wisconsin Masonic Foundation partnered with local Masonic Lodges, school districts, and community organizations to complete one of the largest coordinated school AED initiatives in the state. Through that effort, 84 ZOLL AED 3 Automated External Defibrillators were placed throughout 11 private schools and seven school districts in Waukesha County. These placements significantly strengthened emergency preparedness and ensured that thousands of students, faculty, staff, and visitors have greater access to lifesaving equipment every day.

Building on that success, we now seek to expand this model into Dunn County.

The requested grant funding will help purchase and deploy 23 ZOLL AED 3 Automated External Defibrillators throughout participating schools in Dunn County. In addition to providing equipment, the Wisconsin Masonic Foundation will coordinate site assessments, work alongside local school administrators and ZOLL representatives to determine optimal AED placement, oversee distribution, and collaborate with local Masonic Lodges during community presentation events.

Our approach is intentionally collaborative. Local Masonic Lodges identify community needs, assist with presentations, and strengthen relationships with schools while increasing public awareness of emergency preparedness. This model creates lasting partnerships that continue long after the grant period ends.

The Wisconsin Masonic Foundation has a strong record of measurable community impact. To date, we have:

* Completed 876+ Acts of Kindness throughout Wisconsin.
* Helped fund AEDs that have contributed to 40 documented lives saved.
* Supported 85 Fire Suppression Tool deployments, protecting lives and property.
* Invested hundreds of thousands of dollars into Wisconsin communities through grants, scholarships, emergency preparedness initiatives, and charitable partnerships.

We believe every Wisconsin student deserves access to lifesaving equipment regardless of where they attend school. Funding from the Community Foundation of Dunn County will help create safer learning environments while establishing another sustainable model that can benefit communities across Wisconsin.

Thank you for your consideration and for your continued investment in the health and safety of Dunn County residents. We sincerely appreciate your partnership in helping us save lives.

Best Regards,

Adam J. Rigden
Executive Director
Wisconsin Masonic Foundation

ZOLL AED 3™ BLS

Technical Specifications

Enhanced Real CPR Help

The ZOLL AED 3™ BLS provides enhanced Real CPR Help®, which measures the actual depth and rate of each compression and displays it numerically on the CPR Dashboard™ feature. The CPR Dashboard also shows elapsed time, CPR cycle countdown, shocks delivered, and ECG. The Real CPR Help integrated, real-time CPR feedback tells and shows rescuers when they are administering high-quality CPR.

Integrated Pediatric Rescue

Pediatric rescue is made easier with ZOLL's Pedi-padz® II Pediatric Electrodes and a child mode setting. Voice and text prompts and an illuminated child mode indicator notify the responder that the ZOLL AED 3 BLS is configured for a pediatric rescue.

ZOLL's pediatric specific algorithm analyzes and delivers child-appropriate therapy without the use of an attenuator.

Rugged design – Built to Handle Extreme Environments

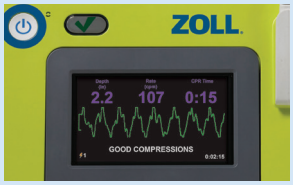
The ZOLL AED 3 BLS is designed to withstand the extreme environments in which professional rescuers work. With an IP (ingress protection) rating of 55 and a 1-meter drop-test rating, the ZOLL AED 3 BLS is highly impervious to moisture, dust, and rough handling.

WiFi and USB Connectivity

The 2015 AHA Guidelines state that a "continuous quality improvement approach to CPR can dramatically improve CPR quality and optimize outcomes…CPR data collection, implementation of best practices, and continuous feedback on performance have been shown to be effective."[1] Using RescueNet® CaseReview, detailed rescue performance data can be exported quickly and easily via USB or transferred directly over WiFi. Data on CPR rate, depth, release velocity, and compression fraction can easily be evaluated and used to improve future responder performance. ZOLL's connectivity also enables fast and easy distribution of event and ECG data to medical personnel.

[1]Kleinman ME, et al. *Circulation*. 2015; 132(suppl 2):S423.

ZOLL®



The ZOLL CPR Dashboard provides real-time numerical feedback on CPR depth, rate, and cycle time.

Child mode, when activated, invokes the pediatric heart analysis algorithm and reduces energy delivered.

Wi-Fi and USB connectivity enable quick and easy access to event data.

Compatible with ZOLL's current AED electrodes: CPR stat-padz, CPR-D padz, Stat Padz II, and Pedi-padz II

ZOLL AED 3 BLS Specifications

Defibrillator

Protocol: Semi-automatic

Waveform: ZOLL Rectilinear Biphasic™

Defibrillator Charge Hold Time: 30 seconds

Energy Selection: Factory preprogrammed selection (Adult: 120 J, 150 J, 200 J; Child: 50 J, 70 J, 85 J). User configurable.

Patient Safety: All patient connections are electrically isolated.

Charge Time: Less than 10 seconds with new battery

Pre-shock Pause: 8 seconds with new battery

Electrodes: ZOLL CPR Uni-padz

Self-test: User-configurable automatic self-test every day or every 7 days. Default: Every 7 days. Monthly full-energy test (200 J).

Automatic Self-test Checks: Battery capacity, status, and expiration; electrode connection and expiration; ECG and charge/discharge circuits; microprocessor hardware and software; CPR circuitry and pads sensor; audio circuitry

CPR Metronome Rate: Constant 105 (+/- 2) CPM

Depth Measurement: 1.9 cm to 10.2 cm; 0.75 in to 4 in

Defibrillation Advisory: Evaluates electrode connection and patient ECG to determine if defibrillation is required

Shockable Rhythms: Ventricular fibrillation with average amplitude >100 microvolts and wide complex ventricular tachycardia with rates greater than 150 BPM for adults, 200 BPM for pediatrics. For ECG analysis algorithm sensitivity and specificity, refer to the ZOLL AED 3 Administrator's Guide.

Patient Impedance Measurement Range: 10 ohms to 300 ohms

Defibrillator: Protected ECG circuitry

Display Format: High-resolution LCD with capacitive touch panel

Display Screen Size: 5.39 cm x 9.5 cm; 2.12 in x 3.74 in

Display Sweep Speed: 25 mm/sec

Display Viewing Speed: 3.84 seconds

Data Recording and Storage: User-configurable for 1 or 2 clinical events for total of 120 minutes. Includes ECG, impedance measurements, device prompts, and CPR data. With voice recording enabled, same data with synchronous audio added for total of 60 minutes.

Data Recovery: Controlled by touchscreen, uploaded to USB memory stick, or RescueNet CaseReview, over a Wi-Fi network

Internal Clock Synchronization: Coordinated Universal Time (UTC) synchronization occurs when communicating with the ZOLL Online server.

Device

Size: (H x W x D) 12.7 cm x 23.6 cm x 24.7 cm; 5.0 in x 9.3 in x 9.7 in

Weight: 2.5 kg; 5.5 lbs

Power: Lithium manganese dioxide battery pack

Wireless: 802.11 a/b/g/n

Security Protocols: WPA1, WPA 2, WPA Personal, WPA Enterprise

Port: USB 2.0

Audio Recording: User-configurable on/off (default=off)

Device Classification: Class III and internally powered per EN 60601-1

Design Standards: Meets applicable requirements of EN 60601-1, EN 60601-1-11, IEC 60601-2-4

Environmental

Operating Temperature: 0° to 50°C; 32° to 122°F

Storage Temperature: -30° to 70°C; -22° to 158°F

Humidity: 10% to 95% relative humidity, non-condensing

Vibration: IEC 60068-2-64, Random, Spectrum A.4, Table A.8, Cat. 3b; RTCA/DO-160G, Fixed Wing Aircraft, Section 8.6, Test Cat. H, Aircraft Zone 1 and 2 ; EN1789, Sweep per EN 60068-2-6 Test Fc

Shock: IEC 60068-2-27; 100G

Altitude: -381 m to 4,573 m; -1,250 to 15,000 ft

Particle and Water Ingress: IP55

Drop Test: 1 meter; 3.28 ft

Battery

Battery Capacity: Typical new battery running at an ambient temperature of +20° C to +25° C (68° F to 77° F) can provide 140 defibrillator discharges at maximum energy (200 joules), or 6 hours of continuous monitoring (with 2-minute CPR periods). *Note:* CPR periods shorter than 2 minutes can decrease the operating time that can be obtained from a new battery.

Type: Disposable, sealed lithium manganese dioxide

Battery Standby Life (once installed): 5 years with weekly self-test. Battery end of life indicated by blank status window (typical remaining shocks: 9).

Battery Shelf Life: Store for up to 2 years at 23°C (77°F) prior to installing in ZOLL AED 3 BLS to maintain battery life detailed above.

Temperature: 0°C to 50°C (32°F to 122°F)

Humidity: 10% to 95% (non-condensing)

Weight: 317.5 grams; 0.7 lbs

Size: (H x W x D) 27.75 mm x 133 mm x 88 mm; 1.0 in x 5.16 in x 3.5 in

Nominal Voltage: 12 volts

CPR Stat-Padz

Shelf Life: 2 years

Conductive Gel: Polymer Hydrogel

Conductive Element: Tin

Packaging: Multilayer foil laminate pouch

Impedance Class: Low

Cable Length: 110 (+/-3.8) cm; 56 (+/- 1.5) in

Design Standards: Meets requirements of IEC 60601-2-4

ZOLL AED 3 BLS Carry Bag

Size: (H x W x D) 29.2 cm x 27.4 cm x 17.8 cm; 11.5 in x 10.8 in x 7.0 in

Weight: 3.4 kg; 7.5 lbs (ZOLL AED 3 BLS with battery installed and CPR Uni-padz preconnected in carry bag)

Holds: ZOLL AED 3 BLS with battery inserted and back-up set of CPR Uni-padz

Specifications subject to change without notice.
Printed in U.S.A. MCN PP 1711 0276

ZOLL®

Waukesha Zoll 3 AED Placements 2026

Kettle Moraine School District 17
Elmbrook School District 15
Hamilton School District 15
Oconomowoc School District 5
Lake Country Lutheran School 5
Christ Lutheran School 4
Pewaukee School District 4
Stone Bank EL 3
Brookfield Christian School 3
Nature's Classroom Montessori 3
Prairie Hill Waldorf School 2
Holy Trinity School 2
Tree of Life School 1
Star of Bethlehem School 1
Maravilla Montessori School 1
St. Leonard School 1
New Berlin School District 1
Richmond School District 1

Wisconsin Masonic Foundation Board 2026/2027

1. Pam Burnham 262-443-0212 pjburnham06@outlook.com
2. Peder Culver 920-570-2872 peder.culver@gmail.com
3. Leo Cadavos Jr. 920-402-0713 lecavs20@gmail.com
4. Don Childers 414-258-8600 cocktailsbycountydon@gmail.com
5. Kevin Sorenson 715-581-0553 sorensonkevinr@gmail.com 27-29
6. Christopher Young 920-680-4948 chrisskipper68@gmail.com 27-29

DD Chairman-Ad Hoc

7. Danny Wohlfert 608-547-7537 dd8@wimasons.org

Grand Secretary-Ad Hoc

8. Mike Dewolf 414-316-0210 michael.dewolf33@icloud.com
9. Kevin Gruber 608-963-0941 gruberkk@yahoo.com

Senior Grand Warden-Ad Hoc

10. Matt Ivens 608-212-9053 mivens@gmail.com
11. Mike Reindl 262-210-9102 mreindl2008@wi.rr.com

Junior Grand Warden-Ad Hoc

12. George Eisenmann III 612-325-6692 george.eisenmann@wimasons.org

Deputy Grand Master-Ad Hoc

13. Earl Gunderson 715-495-5763 earl.gunderson@wimasons.org
14. Derek Henze 262-473-9585 derekhenze@gmail.com

Wisconsin Masonic Foundation Proposed Budget

	Year Ending 4/30/2020 Annual Budget	Year Ending 4/30/2020 Actual
INCOME:		
Donations/Contributions	320,000	326,955
Investment Income	450,000	686,000
Program Income	81,247	81,247
Interest Income	500	
Miscellaneous Income	0	0
Reinbursement:		53,655
R-WMF General Fund		
R-WMF Medical Endowment Fund		128,797
R-Masonic Home Endowment Fund		609,000
R-WMF Special Fund		294,860
Total Income & Reimbursements	**$ 851,747**	**$ 2,180,514**
EXPENSE:		
Salary/Wages	40,000	40,000
Payroll Tax	2,970	2,970
Employee Health/Welfare	975	975
401(K) Administration	24	24
401(K) Employer Match	245	245
Total Office Wages & Benefits	**$ 44,214**	**$ 44,214**
Administrative Fees	500	500
Development Fees	500	500
Building Expense	8,000	8,000
Office Fees	15,000	15,000
Supplies	4,000	4,000
Postage	5,000	5,000
Printing	13,000	13,000
Bank Fees	250	250
Accounting Fees	20,000	20,000
Legal Fees	2,500	2,500
Insurance - Professional	9,000	9,000
Other Professional Fees	90,000	90,000
Public Relations	2,000	2,000
Total General & Adminstrative Expense	**$ 169,750**	**$ 169,750**

Charitable Donations	1,416,536	1,416,536
Total Direct Charitable Donations	**$ 1,416,536**	**$ 1,416,536**
Travel	2,500	2,500
Meals	6,000	6,000
Hotel	2,500	2,500
Mileage	3,000	400
Bus/Transportation		
Rental	1,300	1,300
Certificates/Awards/Plaques	500	500
Dues & Memberships	250	250
Total Direct Program Expense	**$ 16,050**	**$ 13,450**
Total Expenses	**$ 1,646,550**	**$ 1,643,950**
NET INCOME	**($ 794,803)**	**$ 536,564**

Investment Fund Al
WMF General
WMF Medical
Home

olling average of th

Contracted Payouts: 4.5% 4 year r

WMF Special Fund

Year Ending 4/30/2021 Projected	Year Ending 4/30/2021 Actual	Year Ending 4/30/2022 Annual Budget	Year Ending 4/30/2022 Actual
755,000	792,516	400,000	335,000
800,000	41,052	850,000	793,000
95,000	80,403	95,000	0
0		0	9,127
			50,000
	165,968		
	52,803		150,000
	1,385,000		375,000
	312,855		135,000
$ 1,650,000	**$ 2,830,597**	**$ 1,345,000**	**$ 1,847,127**
40,000	37,696	40,000	39,000
2,970	2,860	2,970	3,168
975	975	975	975
24	24	24	24
245	250	245	260
$ 44,214	**$ 41,805**	**$ 44,214**	**$ 43,427**
500	500	500	500
500	607	500	600
8,000	7,648	8,000	7,648
15,000	15,000	15,000	15,000
4,000	807	4,000	1,500
5,000	3,560	5,000	3,500
13,000	13,000	13,000	13,000
250	250	250	250
20,000	20,000	20,000	20,000
2,500	2,500	2,500	1,500
9,000	9,000	9,000	9,000
90,000	90,000	90,000	91,000
1,000	1,000	2,000	500
$ 168,750	**$ 163,872**	**$ 169,750**	**$ 163,998**

1,150,500	2,342,575	1,282,170	1,300,000
$ 1,282,170	**$ 2,342,575**	**$ 1,237,381**	**$ 1,300,000**
1,000	1,500	6,000	3,000
6,000	2,500	6,000	750
1,200	0	1,200	0
375	450	750	750
500	250	500	300
500	150	500	300
250	200	250	250
$ 9,825	**$ 5,050**	**$ 15,200**	**$ 5,350**
$ 1,504,959	**$ 2,553,302**	**$ 1,466,545**	**$ 1,512,775**
$ 145,041	**$ 277,295**	**($ 121,545)**	**$ 334,352**

llocations: 5%, 4 year rolling average of the calendar year-end market value.

2018	2019	2020	2021
$ 1,380,285.87	$ 1,378,231.70	$ 1,411,107.94	$ 1,514,815.10
$ 3,475,351.90	$ 4,131,908.33	$ 4,599,553.21	$ 5,265,858.15
$ 13,227,284.68	$ 15,116,658.95	$ 14,952,590.99	$ 16,492,309.33

e calendar year-end market value

$ 4,886,473.70	$ 5,870,716.13	$ 6,369,178.79	$ 7,926,314.23

Year Ending 4/30/2023 Annual Budget	Year Ending 4/30/2023 Projected	Year Ending 4/30/2024 Proposed Budget	Prop
375,000	446,000	395,000	
750,000	650,000	634,750	
0	0	0	
750	750	750	
30,642	39,303	38,000	
94,187	221,653	200,000	
322,295	780,435	760,000	
121,543	121,543	115,000	
$ 1,694,417	**$ 2,213,684**	**$ 2,143,500**	
41,000	38,552	41,251	
3,200	2,700	2,889	
975	975	1,200	
24	24	24	
276	276	276	
$ 45,475	**$ 42,527**	**$ 45,640**	
500	22,701	24,000	
600	600	600	
7,648	7,648	4,500	
15,000	12,665	14,000	
1,500	807	1,000	
3,500	1,500	2,000	
13,000	13,150	12,500	
250	250	250	
20,000	32,904	30,000	
1,500	1,500	1,500	
9,000	9,000	9,900	
91,000	90,000	88,000	
500	500	2,500	
$ 163,998	**$ 193,225**	**$ 190,750**	

1,300,000	1,300,000	1,300,000	
$ 1,300,000	**$ 1,300,000**	**$ 1,300,000**	
3,000	5,463	5,463	
750	3,716	3,000	
0	0	0	
750	750	650	
300	300	0	
300	300	750	
250	250	250	
$ 5,350	**$ 10,779**	**$ 10,113**	
$ 1,514,823	**$ 1,546,531**	**$ 1,546,503**	
$ 179,594	**$ 667,153**	**$ 596,997**	

	Calculation		Budget
2022			
$ 1,131,898.00	$ 72,301.93		$ 72,301.93
$ 4,138,840.00	$ 223,616.77		$ 223,616.77
$ 12,939,366.00	$ 757,644.98		$ 757,644.98
$ 6,434,275.00	$ 314,631.56		$ 314,631.56
			$ 1,368,195.25

Year Ending 4/30/2024 posed Budget
395,000
634,750
0
750
38,000
200,000
760,000
115,000
$ 2,143,500
41,251
2,889
1,200
24
276
$ 45,640
24,000
600
4,500
14,000
1,000
2,000
12,500
250
30,000
1,500
9,900
88,000
2,500
$ 190,750

1,300,000	
$ 1,300,000	
5,463	
	3,000
	0
	650
	0
	750
	250
	$ 10,113
	$ 1,546,503
	$ 596,997

$	67,950.66
$	226,702.00
$	743,761.57

$	332,506.05
$	1,370,920.27

Wisconsin Masonic Foundation Proposed Budget
Fiscal 2026-2027

	Year Ending 4/30/2022 Actual	Year Ending 4/30/2023 Actual	Year Ending 4/30/2024 Actual	Year Ending 4/30/2025 Adopted Budget	Year Ending 4/30/2026 Proposed Budget	Year Ending 4/30/2027 Proposed Budget	
Income							
Donations/Contributions	$335,000	$502,389	$602,771	$395,000	$450,000	$450,000	
WMF General Fund Investment Income	$793,000	$51,502	$42,265	$67,240	$72,214	$115,011	actual off calc
Program Management Income	$0	$48,785	$47,096	$189,319	$203,910	$223,659	actual off calc
Miscellaneous Income	$9,127	$0	$56,205	$750	$750	$750	
Total Income	**$1,137,127**	**$602,676**	**$748,337**	**$652,308**	**$726,873**	**$789,420**	
Reimbursements:							
R-WMF Medical Endowment Fund	$221,653	$201,797	$95,147	$233,033	$239,798	$242,311	actuals off calc
R-Masonic Home Endowment Fund	$780,435	$760,000	$734,231	$734,353	$736,936	$733,907	actuals off calc
R-WMF Special Fund	$227,721	$227,497	$265,434	$316,913	$335,970	$328,189	actuals off calc
Total Reimbursements	**$1,229,809**	**$1,189,294**	**$1,094,812**	**$1,284,298**	**$1,312,704**	**$1,304,407**	
Total Income & Reimbursements	**$2,366,936**	**$1,791,970**	**$1,843,149**	**$1,936,606**	**$2,039,577**	**$2,093,827**	
Expenses:							
Salary/Wages - Executive Director	$39,000	$39,882	$39,660	$43,699	$45,884	$75,000	5% increase
Salary/Wages - Administrative						$15,000	
Payroll Tax	$3,168	$2,700	$3,013	$3,310	$3,476	$7,200	
Employee Health/Welfare	$975	$975	$1,200	$2,136	$2,243	$2,355	
401(K) Administration	$24	$24	$24	$577	$606	$636	
401(K) Employer Match	$260	$276	$276	$2,035	$2,137	$2,244	
Total Office Wages & Benefits	**$43,427**	**$43,857**	**$44,173**	**$51,759**	**$54,346**	**$102,436**	
Administrative Fees	$500	$33,532	$500	$500	$500	$500	
Development Fees	$600	$6,000	$6,087	$600	$600	$600	
Building Expense	$7,648	$7,648	$5,736	$0	$0	$0	
Office Fees	$15,000	$7,923	$3,012	$10,140	$10,140	$10,140	
Supplies	$1,500	$807	$3,000	$1,000	$1,000	$1,000	
Postage	$3,500	$3,300	$6,454	$804	$804	$804	
Printing	$13,000	$13,150	$12,500	$4,500	$4,500	$4,500	
Bank Fees	$250	$250	$250	$250	$250	$250	
Accounting/Audit Fees	$20,000	$32,904	$30,000	$35,110	$35,110	$35,110	
Legal Fees	$1,500	$1,500	$1,500	$0	$0	$0	
Insurance - Professional (BOD)	$9,000	$9,000	$9,900	$9,900	$9,900	$9,900	
Money Management Fees	$91,000	$90,000	$88,000	$102,726	$111,637	$84,725	actual off calc
Public Relations	$500	$1,500	$2,500	$3,000	$53,000	$100,000	
Social Media Development and Services		$5,500	$500	$500	$30,000	$10,000	Website
Total General & Adminstrative Expense	**$163,998**	**$213,014**	**$169,939**	**$169,032**	**$257,442**	**$257,530**	actual off calc
Charitable Donations	$1,300,000	$1,336,476	$1,337,670	$1,351,538	$1,384,918	$1,419,418	actual off calc
Total Direct Charitable Donations	**$1,300,000**	**$1,336,476**	**$1,337,670**	**$1,351,538**	**$1,384,918**	**$1,419,418**	

Travel	$3,000	$5,463	$4,500	$5,463	$5,463	$1,000
Meals	$750	$3,716	$2,658	$3,000	$3,000	$3,000
Hotel	$0	$0	$0	$0	$0	$0
Mileage	$750	$750	$750	$650	$650	$10,000
Rental	$300	$300	$0	$0	$0	$0
Certificates/Awards/Plaques	$300	$300	$300	$750	$750	$750
Dues & Memberships	$250	$250	$0	$250	$250	$250
Total Direct Program Expense	**$5,350**	**$10,779**	**$8,208**	**$10,113**	**$10,113**	**$15,000**
Total Expenses	**$1,512,775**	**$1,604,126**	**$1,559,990**	**$1,582,441**	**$1,706,820**	**$1,794,384**
NET INCREASE	**$854,161**	**$187,844**	**$283,159**	**$354,165**	**$332,758**	**$299,443**

Calculation of 5% distribution, 4 year rolling average of the calendar Y/E market value.							
	2020	**2021**	**2022**	**2023**	**2024**	**2025**	**Calculation**
WMF General	$ 1,411,107.94	$ 1,514,815.10	$ 1,131,898.00	$ 1,321,343.78	$ 1,809,061.17	$ 4,938,585.43	$ 115,011.10
WMF Medical	$ 4,599,553.21	$ 5,265,858.15	$ 4,138,840.00	$ 4,638,352.00	$ 5,140,799.42	$ 5,466,877.89	$ 242,310.87
Home Endowment	$ 14,952,590.99	$ 16,492,309.33	$ 12,939,366.00	$ 14,363,946.14	$ 15,159,267.88	$ 16,250,011.40	$ 733,907.39
Contracted Payouts @ 4.5% ; Rolling average of the calendar Y/E market value							
WMF Special Fund	$ 6,369,178.79	$ 7,926,314.23	$ 6,434,275.00	$ 7,440,272.79	$ 8,063,115.18	$ 7,234,674.51	$ 328,188.80
Total	*$ 27,332,430.93*	*$ 31,199,296.81*	*$ 24,644,379.00*	*$ 27,763,914.71*	*$ 30,172,243.65*	*$ 33,890,149.23*	*$ 1,419,418.16*

WISCONSIN MASONIC FOUNDATION
Dousman, Wisconsin

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED APRIL 30, 2025 AND 2024

CPAs | CONSULTANTS | WEALTH ADVISORS

CLAconnect.com

WISCONSIN MASONIC FOUNDATION
TABLE OF CONTENTS
YEARS ENDED APRIL 30, 2025 AND 2024

CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Directors
Wisconsin Masonic Foundation
Dousman, Wisconsin

Report on the Financial Statements

We have audited the accompanying financial statements of Wisconsin Masonic Foundation, which comprise the statements of financial position as of April 30, 2025 and 2024, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Wisconsin Masonic Foundation as of April 30, 2025 and 2024, and the changes in net assets and its cash flows 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 (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Wisconsin Masonic Foundation 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 Wisconsin Masonic Foundation's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

Auditors' 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 auditors' 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 GAAS 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 GAAS, 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 Wisconsin Masonic Foundation'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.

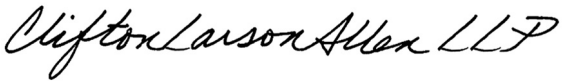
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Wisconsin Masonic Foundation's ability to continue as a going concern for a reasonable period of time.

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.

Board of Directors
Wisconsin Masonic Foundation

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of activities are presented for purposes of additional analysis and are not a required part of the financial statements. 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 audit 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



CliftonLarsonAllen LLP

Milwaukee, Wisconsin
October 8, 2025

WISCONSIN MASONIC FOUNDATION
STATEMENTS OF FINANCIAL POSITION
APRIL 30, 2025 AND 2024

	2025	2024
ASSETS		
Cash	$ 338,431	$ 134,646
Contributions Receivable	209,161	230,508
Prepaid Insurance	11,399	9,990
Investments	30,265,907	28,500,155
Total Assets	$ 30,824,898	$ 28,875,299
LIABILITIES AND NET ASSETS		
LIABILITIES		
Scholarship Checks Issued and Outstanding	$ 48,148	$ 46,398
Accounts Payable	98,876	66,929
Donations Payable	188,155	184,141
Gift Annuities Payable	44,182	49,817
Total Liabilities	379,361	347,285
NET ASSETS		
Without Restrictions		
General Operations	4,371,828	4,164,212
Designated for Hiram's Helpers	81,816	57,156
Designated for Narrin Scholarship	27,413	26,977
Designated for Gift Annuity Plans	197,780	193,970
Designated for Veterans Assistance	79,181	79,814
Designated for Soccer Program	(78,954)	(70,880)
Total Without Restrictions	4,679,064	4,451,249
Endowment		
With Donor Restrictions:		
Time Restricted		
Purpose Restricted		
Special Funds	5,346,578	4,976,939
Youth Fund	580,902	522,209
Medical Fund	4,831,683	4,177,043
Home Endowment Fund	5,293,095	4,717,622
Total Purpose Restricted	16,052,258	14,393,813
Perpetual in Nature		
Special Funds	340,775	339,730
Home Endowment Fund	9,373,440	9,343,222
Total Perpetual in Nature	9,714,215	9,682,952
Total With Restrictions	25,766,473	24,076,765
Total Net Assets	30,445,537	28,528,014
Total Liabilities and Net Assets	$ 30,824,898	$ 28,875,299

See accompanying Notes to Financial Statements.

WISCONSIN MASONIC FOUNDATION
STATEMENT OF ACTIVITIES
YEAR ENDED APRIL 30, 2025

	Without Donor Restrictions	With Donor Restrictions	Total
SUPPORT AND REVENUE			
Contributions	$ 328,936	$ 365,751	$ 694,687
Interest and Dividends	74,213	980,985	1,055,198
Realized and Unrealized Gains on Investments	96,092	1,593,646	1,689,738
Other Revenues	71,475	-	71,475
Miscellanous Income	-	-	-
Net Assets Released from Restrictions	1,250,674	(1,250,674)	-
Total Support and Revenue	1,821,390	1,689,708	3,511,098
EXPENSES			
Program Expenses:			
Wisconsin Masonic Home, Inc.	735,205	-	735,205
High School Scholarship Programs:			
Matching Program	1,363	-	1,363
Perpetual Scholarship Program	42,119	-	42,119
Special Funds	380,812	-	380,812
Symbolic Lodge Health Care:			
Matching Program	58,370	-	58,370
Soccer Program	8,074	-	8,074
Other	245,387	-	245,387
Total Program Expenses	1,471,330	-	1,471,330
Fundraising	5,689	-	5,689
General and Administrative:			
Professional Fees	37,543	-	37,543
Administrative Fees	78,425	-	78,425
Total Expenses	1,593,575	-	1,593,575
CHANGE IN NET ASSETS	227,815	1,689,708	1,917,523
Net Assets - Beginning of Year	4,451,249	24,076,765	28,528,014
NET ASSETS - END OF YEAR	$ 4,679,064	25,766,473	$ 30,445,537

See accompanying Notes to Financial Statements.

WISCONSIN MASONIC FOUNDATION
STATEMENT OF ACTIVITIES
YEAR ENDED APRIL 30, 2024

	Without Donor Restrictions	With Donor Restrictions	Total
SUPPORT AND REVENUE			
Contributions	$ 491,488	$ 111,283	$ 602,771
Interest and Dividends	337,474	366,016	703,490
Realized and Unrealized Losses on Investments	42,265	2,100,128	2,142,393
Other Revenues	123	11,928	12,051
Miscellanous Income	56,205		56,205
Net Assets Released from Restrictions	1,174,417	(1,174,417)	-
Total Support and Revenue	2,101,972	1,414,938	3,516,910
EXPENSES			
Program Expenses:			
Wisconsin Masonic Home, Inc.	734,231	-	734,231
High School Scholarship Programs:			
Matching Program	7,419	-	7,419
Perpetual Scholarship Program	47,370	-	47,370
Special Funds	345,039	-	345,039
Symbolic Lodge Health Care:			
Matching Program	95,147	-	95,147
Soccer Program	14,846	-	14,846
Other	242,203	-	242,203
Total Program Expenses	1,486,255	-	1,486,255
Fundraising	6,087	-	6,087
General and Administrative:			
Professional Fees	26,762	-	26,762
Administrative Fees	32,557	-	32,557
Total Expenses	1,551,661	-	1,551,661
CHANGE IN NET ASSETS	550,311	1,414,938	1,965,249
Net Assets - Beginning of Year	3,900,938	22,661,827	26,562,765
NET ASSETS - END OF YEAR	$ 4,451,249	$ 24,076,765	$ 28,528,014

See accompanying Notes to Financial Statements.

WISCONSIN MASONIC FOUNDATION
STATEMENT FUNCTIONAL EXPENSES
YEAR ENDED APRIL 30, 2025

	Program Services								
	Scholarships Program	Wisconsin Masonic Home, Inc.	Special Funds	Symbolic Lodge Health Care Matching Program	Soccer Program	Other	Fundraising	Management and General	Total Expenses
Salaries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 44,045	$ 44,045
Payroll Taxes	-	-	-	-	-	-	-	3,351	3,351
Benefits Paid	-	-	-	-	-	-	-	14,616	14,616
Scholarships and Donations	43,482	735,205	246,541	58,370	-	245,387	-	-	1,328,985
Fees	-	-	134,271	-	-	-	-	38,131	172,402
Travel	-	-	-	-	1,236	-	-	-	1,236
Meals and Entertainment	-	-	-	-	1,864	-	-	-	1,864
Printing and Postage Expense	-	-	-	-	4,974	-	-	2,583	7,557
Building Expense	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	3,258	3,258
Miscellaneous Expense	-	-	-	-	-	-	5,689	10,572	16,261
Total	$ 43,482	$ 735,205	$ 380,812	$ 58,370	$ 8,074	$ 245,387	$ 5,689	$ 116,556	$ 1,593,575

See accompanying Notes to Financial Statements.

WISCONSIN MASONIC FOUNDATION
STATEMENT FUNCTIONAL EXPENSES
YEAR ENDED APRIL 30, 2024

	Program Services								
	Scholarships Program	Wisconsin Masonic Home, Inc.	Special Funds	Symbolic Lodge Health Care Matching Program	Soccer Program	Other	Fundraising	Management and General	Total Expenses
Salaries	$ -	$ -	$ 24,034	$ -	$ -	$ -	$ -	$ 15,626	$ 39,660
Payroll Taxes	-	-	1,826	-	-	-	-	1,187	3,013
Benefits Paid	-	-	8,431	-	-	-	-	5,481	13,912
Scholarships and Donations	54,789	734,231	199,316	95,147	-	242,203	-	-	1,325,686
Fees	-	-	98,162	-	-	-	-	28,397	126,559
Travel	-	-	-	-	5,833	-	-	-	5,833
Meals and Entertainment	-	-	-	-	2,658	-	-	-	2,658
Printing and Postage Expense	-	-	1,878	-	6,355	-	-	1,221	9,454
Building Expense	-	-	3,476	-	-	-	-	2,260	5,736
Supplies	-	-	1,825	-	-	-	-	1,187	3,012
Miscellaneous Expense	-	-	6,091	-	-	-	6,087	3,960	16,138
Total	$ 54,789	$ 734,231	$ 345,039	$ 95,147	$ 14,846	$ 242,203	$ 6,087	$ 59,319	$ 1,551,661

See accompanying Notes to Financial Statements.

WISCONSIN MASONIC FOUNDATION
STATEMENTS OF CASH FLOWS
YEARS ENDED APRIL 30, 2025 AND 2024

	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	$ 1,917,523	$ 1,965,249
Adjustments to Reconcile Change in Net Assets to Net Cash Used by Operating Activities:		
Interest and Dividends Restricted for the Holtan Fund	(892)	(130)
Realized and Unrealized Returns on Investments	(1,689,738)	(2,142,393)
Contributions Received for Restricted Purposes	(365,751)	(111,283)
Effects of Changes in Operating Assets and Liabilities:		
Contributions Receivable	21,347	59,516
Liabilities	32,076	(49,997)
Net Cash Used by Operating Activities	(86,844)	(279,038)
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from Sale of Investments	4,849,021	2,744,447
Purchases of Investments	(4,925,035)	(2,594,245)
Net Cash Provided by (Used in) Investing Activities	(76,014)	150,202
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from Restricted Contributions	365,751	111,283
Interest and Dividends Restricted for the Holtan Fund	892	130
Net Cash Provided by Financing Activities	366,643	111,413
NET INCREASE (DECREASE) IN CASH	203,785	(17,423)
Cash - Beginning of Year	134,646	152,069
CASH - END OF YEAR	$ 338,431	$ 134,646

See accompanying Notes to Financial Statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Wisconsin Masonic Foundation (the Foundation) was organized on July 9, 1925. The Foundation provides ongoing support to the Wisconsin Masonic Home, Inc. (the Home), matching scholarships to local area high schools of member lodges, support to hospitals and health care facilities in Wisconsin, and makes restricted charitable contributions to others in accordance with the wishes of the donor. The Foundation's revenues are derived primarily from contributions and investment earnings. The fiscal year ends on April 30. Significant accounting policies followed by the Foundation are as follows.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, expenses, gains, losses, and other changes in net assets during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Foundation considers all highly-liquid investments available for current use with an initial maturity of three months or less to be cash equivalents. The Foundation maintains its cash balances at commercial banks.

Investments

Investments are reported at fair value and are held by a trustee. Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The trustee executes investment transactions at the direction of investment managers.

Unrealized appreciation and/or depreciation is recognized in the statements of activities. The determination of realized gains or losses on sales of securities is based on cost and is determined using the specific identification method. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Risks and Uncertainties

The Foundation maintains various investments, including mutual funds, which are exposed to various risks including, but not limited to, interest rate, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Donations Payable

Donations payable represent unconditional promises to pay grants and awards to other organizations or individuals for purposes consistent with the Organization's mission. The payments are scheduled to occur over the next fiscal year.

Gift Annuities

The Foundation administers split-interest agreements, which are primarily charitable gift annuity plans. Assets are invested and payments are made to donors and/or other beneficiaries in accordance with the respective agreements. Revenue from charitable gift annuities is recognized at the date the agreement is established, net of the liability recorded for the present value of the estimated future payments to be made to the respective donors and/or other beneficiaries. The present value of payments to beneficiaries of charitable gift annuities is calculated using discount rates, which represent the risk-free rates in existence at the date of the gift. Gains or losses resulting from changes in assumptions and accretions of the discount are recorded as increases or decreases in net assets in the statements of activities.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor- or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Without Donor Restrictions

Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. Net assets without donor restrictions of the Foundation consist of the following:

General – This represents the portion of funds without donor restrictions available for the general operating purposes of the Foundation.

Board Designated – This represents the portion of general funds that has been set aside by the board for the specific programs noted on the face of the statements of financial position. These amounts can be undesignated by the board by board resolution.

With Donor Restrictions

Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions

Contributions, including unconditional promises to give, are recognized in the period received. Conditional promises are not recognized until they become unconditional, that is when the conditions on which they depend are substantially met. No conditional contributions exist at April 30, 2025 and 2024.

Contributions (Continued)

The Foundation reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Donated property is recorded at fair value at date of donation, which is then treated as cost. Contributions represented by bequests are recorded when the Foundation receives notice from the donor's estate that it is a beneficiary to the estate.

If necessary, the carrying amount of contributions receivable is reduced by a valuation allowance that reflects management's best estimate of amounts that will not be collected. The allowance is based on management's assessment of the collectability of specific contributions. All contributions or portions thereof deemed to be uncollectible are written off to the allowance for doubtful accounts.

Program Expenses

Wisconsin Masonic Home, Inc.

The Foundation administers the Wisconsin Masonic Home Endowment Fund (the Endowment Fund). Contributions to this fund are invested in perpetuity and are not expendable. The net investment income of this fund is restricted for use in the general operations of the Wisconsin Masonic Home, Inc. (the Home), an affiliated organization.

High School Scholarship Programs

The Foundation administers two high school scholarship programs. Under these programs, the Foundation disburses matching or fully funded scholarships to Wisconsin area high schools as designated by member Masonic lodges or Masonic fraternity members. These scholarships are paid from the general unrestricted operating funds of the Foundation.

Special Funds

This represents various endowment contributions received, in which the Foundation administers the funds in accordance with the donor's specific instructions. These funds are restricted primarily for scholarships and for distributions to other Masonic organizations.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Program Expenses (Continued)

Symbolic Lodge Health Care Matching Program

Under this program, the Foundation's Medical fund will match funds submitted by Wisconsin Masonic Lodges toward contributions for three different areas. First, they will match health agencies, equipment and programs related to health services that improve the quality of life in Wisconsin. Second, they will match first responders that provide health and emergency services in Wisconsin. Third, they will match rehabilitation programs that relate to health and wellness and have demonstrated positive outcomes.

Wisconsin Masonic Center

This program supports the rebuilding and structural expenses of the Wisconsin Masonic Center located in Madison, Wisconsin. These proceeds are provided by contributions from the Grand Lodge Free and Accepted Masons.

Soccer Program

This program hosts annual all-star soccer games for Wisconsin's graduating scholar athletes. The proceeds from the games provide funding for an annual youth soccer camp that teaches soccer fundamentals and sportsmanship to underprivileged youth.

Wisconsin Masonic Journal - Widows' Subscriptions

The Foundation pays annual subscription fees to the Wisconsin Masonic Journal on behalf of widowed spouses of Masonic fraternity members. These costs are included in other program expenses on the statements of activities.

Other

All other programs that are not significant to the financial statements.

Income Taxes

A provision for income taxes has not been made, nor is required, in the financial statements as the Foundation is exempt from state and federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC).

NOTE 2 LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restriction limiting their use, within one year of the statement of financial position date, comprise the following as of April 30:

	2025	2024
Cash and Cash Equivalents	$ 338,431	$ 134,646
Contributions Receivable	209,161	230,508
Investments	30,265,907	28,500,155
Total Financial Assets	30,813,499	28,865,309
Less Net Assets with Donor Restrictions	(25,766,473)	(24,076,765)
Less Board Designations:		
Designated for Hiram's Helpers	(81,816)	(57,156)
Designated for Narrin Scholarship	(27,413)	(26,977)
Designated for Gift Annuity Plans	(197,780)	(193,970)
Designated for Veterans Assistance	(79,181)	(79,814)
Total	$ 4,660,836	$ 4,430,627

The Foundation endowment funds consist of donor-restricted endowments and funds designated by the board as endowments. Income from donor-restricted endowments is restricted for specific purposes, with the exception of the amounts available for general use. Donor-restricted endowment funds are not available for general expenditure.

The Foundation board designations of $305,041 and $381,493 as of April 30, 2025 and 2024, respectively, are designated for specific purposes. Although the Foundation does not intend to spend from these board-designated assets, these amounts could be made available if necessary.

NOTE 3 INVESTMENTS

The fair value and cost of the investments are as follows as of April 30:

	2025		2024	
	Cost	Fair Value	Cost	Fair Value
Money Market Funds	$ 15,137	$ 15,137	$ 46,285	$ 46,285
Mutual Funds	26,402,284	30,076,066	26,167,255	28,327,014
Exchange-Traded Funds	80,476	174,704	136,672	126,856
Total	$ 26,497,897	$ 30,265,907	$ 26,350,212	$ 28,500,155

NOTE 4 FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish a 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 or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Foundation 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.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset 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.
Following is a description of the valuation methodologies used at April 30, 2025 and 2024, for assets measured at fair value.

Money Market Funds are valued at their net asset value.

Mutual Funds are valued at quoted market prices, which represent the net asset value of shares held by the Foundation at year-end.

Exchange Traded Funds are valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Foundation believes its valuation method is 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.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Foundation's assets at fair value as of April 30, 2025:

	Level 1	Level 2	Level 3	Total
Money Market	$ -	$ 15,137	$ -	$ 15,137
Mutual Funds				
Taxable Bond	7,608,182	-	-	7,608,182
Small Cap	1,296,141	-	-	1,296,141
Mid Cap Value	2,373,303	-	-	2,373,303
Large Cap	8,478,823	-	-	8,478,823
Emerging Markets	2,240,091	-	-	2,240,091
International	5,333,837	-	-	5,333,837
Alternative	2,745,689	-	-	2,745,689
Exchange Traded Funds				
Bond	92,808	-	-	92,808
Large Cap	78,414	-	-	78,414
Emerging Markets	1,584	-	-	1,584
International	1,898	-	-	1,898
Total Assets at Fair Value	$ 30,250,770	$ 15,137	$ -	$ 30,265,907

The following table sets forth by level, within the fair value hierarchy, the Foundation's assets at fair value as of April 30, 2024:

	Level 1	Level 2	Level 3	Total
Money Market Funds	$ -	$ 46,285	$ -	$ 46,285
Mutual Funds				
Taxable Bond Funds	4,798,658	-	-	4,798,658
Small Cap	970,094	-	-	970,094
Mid Cap Value	2,284,696	-	-	2,284,696
Large Cap	8,285,520	-	-	8,285,520
Emerging Markets	2,339,814	-	-	2,339,814
International	7,150,745	-	-	7,150,745
Alternative	2,497,487	-	-	2,497,487
Exchange Traded Funds				
Taxable Bond Funds	53,710	-	-	53,710
Corporate Bonds	5,183	-	-	5,183
Small Cap	1,775	-	-	1,775
Large Cap	47,595	-	-	47,595
Emerging Markets	3,874	-	-	3,874
International	14,719	-	-	14,719
Total Assets at Fair Value	$ 28,453,870	$ 46,285	$ -	$ 28,500,155

NOTE 5 HIGH SCHOOL SCHOLARSHIP PROGRAMS

The Foundation sponsors a general high school scholarship program whereby the Foundation matches funds, submitted by the Wisconsin Masonic Lodges, toward scholarships for college bound high school students. During fiscal 2021-22, the Foundation changed their policy and are now having lodges submit their component directly to the school of their choice. As a result of this change the amounts submitted by various lodges for matching by the Foundation were $-0- and $-0- in 2025 and 2024, respectively. This program distributed matching scholarship funds of $42,119 and $47,370 during the years ended April 30, 2025 and 2024, respectively.

The Foundation also sponsors a special high school scholarship program. Under this program, the Wisconsin Masonic Lodges or individuals can make a one-time contribution of an amount between $5,000 and $25,000 and the Foundation will grant a perpetual scholarship between the amounts of $400 and $2,000, proportional to the amount of the contribution made, as defined in the program. The Foundation has received $1,265,655 in contributions since the inception of the program. The income generated from these funds is used for general purposes, including funding these scholarships. Contributions received related to this program totaled $-0- in 2025 and 2024. This program resulted in scholarship distributions of $0 and $6,035 in 2025 and 2024, respectively.

In February of 2019, the board approved the process of terminating this program which included the notification of all contributing members and ending all matching scholarships in future years.

NOTE 6 SYMBOLIC LODGE HEALTH CARE MATCHING PROGRAM

The Foundation sponsors the Symbolic Lodge Health Care Matching Program whereby the Foundation will match funds submitted by Wisconsin Masonic Lodges, pursuant to certain guidelines as specified by the Foundation’s board of directors, toward contributions to local community hospitals or health care centers. Amounts submitted by various lodges for matching by the Foundation were approximately $1,000 in 2025 and 2024, respectively. Matching distributions paid by the Foundation under this program were approximately $171,000 and $297,000 in 2025 and 2024, respectively. During 2025 and 2024, the medical fund provided fire suppressant solutions at a cost of approximately $59,000 and $19,000, respectively.

NOTE 7 GIFT ANNUITIES

At April 30, 2025 and 2024, assets amounting to $197,778 and $193,969 relate to gift annuity plans. As required by the state of Wisconsin, these funds are held in a separate account. Included in gift annuities payable shown in the statements of financial position is the present value of the estimated future payments to be made to beneficiaries. The discount rate used in the present value calculations range from .01% to . 01% for the years ended April 30, 2025 and 2024. There were no amounts received under the gift annuity program for the years ended April 30, 2025 and 2024.

NOTE 8 RELATED PARTY TRANSACTIONS

The Foundation is affiliated with the Grand Lodge Free and Accepted Masons of Wisconsin (the Grand Lodge) through their representation on the board of directors. Facilities costs as well as certain general administrative, clerical, and fundraising services are generally provided by the Grand Lodge. The Foundation expensed $64,525 and $64,048 in 2025 and 2024, respectively, for such costs. Accounts payable to the Grand Lodge for these costs were $-0- at April 30, 2025 and 2024.

The Foundation received contributions from the Grand Lodge totaling $-0- to support the Wisconsin Masonic Center Foundation Inc. during the fiscal periods ending April 30, 2025 and 2024. The Foundation has paid out $-0- to support the Wisconsin Masonic Center Foundation Inc. during the fiscal periods ending April 30, 2025 and 2024.

The Foundation is also affiliated with the Home through shared representation on the board of directors. The Foundation has a payable to the Home of $60,914 and $60,794 for earnings on the Endowment Fund at April 30, 2025 and 2024, respectively. The Foundation made total contributions to the home of $735,205 and $734,231 during the fiscal periods ending April 30, 2025 and 2024, respectively.

NOTE 9 ENDOWMENTS

The Foundation endowment (the Endowment) consists of eight individual funds established by a donors to provide annual funding for specific activities and general operations.

The Foundation board of directors has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the date of the donor-restricted endowment funds, unless there are explicit donor stipulations to the contrary. At April 30, 2025 and 2024, there were no such donor stipulations. As a result of this interpretation, we retain in perpetuity (a) the original value of initial and subsequent gift amounts (including promises to give net of discount and allowance for doubtful accounts) donated to the Endowment and (b) any accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added. Donor-restricted amounts not retained in perpetuity are subject to appropriation for expenditure by us in a manner consistent with the standard of prudence prescribed by UPMIFA. Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purpose of the Foundation and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Foundation
- The investment policies of the Foundation

NOTE 9 ENDOWMENTS (CONTINUED)

Investment and Spending Policies

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to the programs supported by the endowments. The endowment assets are invested in a manner that is intended to earn an annual compound rate of return, net of all fees and expenses, greater than 5%. Additionally, the investment strategy should result in a return, net of all fees and expenses, 3% over the Consumer Price Index over a rolling five-year period.

The Foundation relies on a total return strategy in which investment returns are achieved through capital appreciation and current yield (interest and dividends). The Foundation targets a diversified asset allocation that emphasizes equity and fixed income securities to achieve its long-term objectives within prudent risk constraints.

The Foundation has a policy of appropriating 5% of the endowment funds' average balance over the prior four years for distribution on an annual basis. In establishing this policy, the Foundation considered the long-term expected returns on its endowment investments. Accordingly, over the long-term, the Foundation expects the current spending policy will allow its endowment to retain the original fair value of the gift.

The Foundation had the following change in endowment net assets for the years ended April 30, 2025 and 2024:

	2025	2024
Endowment Net Assets - Beginning of Year	$ 24,076,765	$ 22,661,827
Investment Return, Net	2,574,631	2,466,144
Contributions	365,751	111,283
Other Program Revenues	-	11,928
Appropriation of Endowment Assets Pursuant to Spending-Rate Policy	(1,250,674)	(1,174,417)
Endowment Net Assets - End of Year	$ 25,766,473	$ 24,076,765

From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). The Foundation has interpreted UPMIFA to permit spending from underwater endowments in accordance with prudent measures required under law. At April 30, 2023, funds with original gift values of $109,812, fair values of $97,836, and deficiencies of $11,976 were reported in net assets with donor restrictions. No funds were underwater at April 30, 2024.

NOTE 10 CONCENTRATIONS OF CREDIT RISK

The Foundation maintains a significant portion of its cash and investments in two financial institutions located in Milwaukee, Wisconsin. Balances on deposit are insured by the Federal Deposit Insurance Corporation (FDIC) and Securities Investor Protection Corporation (SIPC), respectively, up to specified limits. Balances in excess of these limits are uninsured.

NOTE 11 SUBSEQUENT EVENTS

Management evaluated subsequent events through October 8, 2025, the date the accompanying financial statements were available to be issued. Events or transactions occurring after April 30, 2025, but prior to October 8, 2025 that provided additional evidence about conditions that existed at April 30, 2025, have been recognized in the accompanying financial statements for the year ended April 30, 2025. Events or transactions that provided evidence about conditions that did not exist at April 30, 2025 but arose before the accompanying financial statements were available to be issued have not been recognized in the accompanying financial statements for the year ended April 30, 2025.

WISCONSIN MASONIC FOUNDATION
SCHEDULES OF ACTIVITIES – DONOR PURPOSE RESTRICTIONS
YEAR ENDED APRIL 30, 2025
(SEE INDEPENDENT AUDITORS' REPORT)

		Designated					
	General Operations	Hiram's Helpers	Narrin Scholarship	Gift Annuity	Veterans Assistance	Soccer Program	Total
SUPPORT AND REVENUE							
Contributions	$ 306,257	$ 22,679	$ -	$ -	$ -	$ -	$ 328,936
Interest and Dividends	62,431	857	1,286	8,442	1,197	-	74,213
Realized and Unrealized Return (Loss) on Investment	95,529	1,311	2,053	(4,632)	1,831	-	96,092
Other Program Revenues	71,475	-	-	-	-	-	71,475
Miscellanous Income		-	-	-	-	-	-
Net Assets Released from Restrictions	1,250,674	-	-	-	-	-	1,250,674
Total Support and Revenue	1,786,366	24,847	3,339	3,810	3,028	-	1,821,390
EXPENSES							
Program Expenses:							
Wisconsin Masonic Home, Inc.	735,205	-	-	-	-	-	735,205
High School Scholarship Programs:							
Matching Program	-	-	1,363	-	-	-	1,363
Perpetual Scholarship Program	42,119	-	-	-	-	-	42,119
Special Funds	380,812	-	-	-	-	-	380,812
Symbolic Lodge Health Care Matching Program	58,370	-	-	-	-	-	58,370
Soccer Program	-	-	-	-	-	8,074	8,074
Other	240,624	-	1,363	-	3,400	-	245,387
Total Program Expenses	1,457,130	-	2,726	-	3,400	8,074	1,471,330
Fundraising	5,507	76	-	-	106	-	5,689
General and Administrative:							
Professional Fees	37,100	111	177	-	155	-	37,543
Administrative Fees	78,425	-	-	-	-	-	78,425
Miscellaneous Expenses	588	-	-	-	-	-	588
Total Expenses	1,578,750	187	2,903	-	3,661	8,074	1,593,575
CHANGE IN NET ASSETS	207,616	24,660	436	3,810	(633)	(8,074)	227,815
Net Assets - Beginning of Year	4,164,212	57,156	26,977	193,970	79,814	(70,880)	4,451,249
NET ASSETS - END OF YEAR	$ 4,371,828	$ 81,816	$ 27,413	$ 197,780	$ 79,181	$ (78,954)	$ 4,679,064

WISCONSIN MASONIC FOUNDATION
SCHEDULES OF ACTIVITIES – DONOR PURPOSE RESTRICTIONS (CONTINUED)
YEAR ENDED APRIL 30, 2025
(SEE INDEPENDENT AUDITORS' REPORT)

	Special Funds												
	Eiring Masonic Charitable Trust	Excelsior Tool Grant Scholarship	Excelsior School Scholarship	Hayne Scholarship	Hayne Wisconsin Masonic Journal	Holtan Scholarship	Rabino Scholarship	Walton Fund	Scottish Rite	Ozaukee Lodge	Humphrey Fund	Adela E. Helwig Charitable Trust	George Walter Scholarship Fund
SUPPORT AND REVENUE													
Contributions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interest and Dividends	17,461	3,778	1,397	2,837	4,302	4,281	1,245	785	1,225	501	26,375	3,809	5,976
Realized and Unrealized Returns on Investments	27,872	6,030	2,230	4,528	6,868	-	1,986	1,252	1,956	799	42,100	6,083	9,540
Total Support and Revenue Before Net Assets Released from Restrictions	45,333	9,808	3,627	7,365	11,170	4,281	3,231	2,037	3,181	1,300	68,475	9,892	15,516
Net Assets Released from Restrictions:													
Program Expenses:													
Scholarships	-	3,997	1,479	2,990	4,552	5,400	1,317	830	-	529	-	-	6,323
Masonic Entities	18,475	-	-	-	-	-	-	-	1,045	-	-	4,032	-
Other	-	-	-	-	-	-	-	-	-	-	27,904	-	-
Total Program Expenses	18,475	3,997	1,479	2,990	4,552	5,400	1,317	830	1,045	529	27,904	4,032	6,323
Professional Fees	2,394	518	192	389	590	709	171	108	168	69	3,616	522	819
Administrative Fees	1,201	420	155	315	478	258	85	87	136	56	2,933	217	233
Total Net Assets Released from Restrictions	22,070	4,935	1,826	3,694	5,620	6,367	1,573	1,025	1,349	654	34,453	4,771	7,375
INTERFUND TRANSFER	-	-	-	-	-	8,106	-	-	-	-	-	-	-
CHANGE IN NET ASSETS	23,263	4,873	1,801	3,671	5,550	6,020	1,658	1,012	1,832	646	34,022	5,121	8,141
Net Assets - Beginning of Year	226,695	78,203	30,364	59,517	90,265	48,739	16,109	16,455	25,708	10,499	553,336	41,014	43,901
NET ASSETS - END OF YEAR	$ 249,958	$ 83,076	$ 32,165	$ 63,188	$ 95,815	$ 54,759	$ 17,767	$ 17,467	$ 27,540	$ 11,145	$ 587,358	$ 46,135	$ 52,042

WISCONSIN MASONIC FOUNDATION
SCHEDULES OF ACTIVITIES – DONOR PURPOSE RESTRICTIONS (CONTINUED)
YEAR ENDED APRIL 30, 2025
(SEE INDEPENDENT AUDITORS' REPORT)

	Special Funds													
	Hiram's Helpers Fund	Horsfall Fund	Hillsboro Masonic Scholarship Fund	Dopp Fund	Heilborn Fund	Woods Fund	Gillett Fund	Lodge 13 Fund	Three Pillars	Krause Scholarship Fund	Dousman OES Fund	Poynette Fund	Freiwald Fund	Emil Ewald Family Scholarship Fund
SUPPORT AND REVENUE														
Contributions	$ 100	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interest and Dividends	27,220	6,166	2,321	10,169	983	56,688	568	2,444	826	1,270	655	1,708	1,715	2,384
Realized and Unrealized Returns on Investments	43,448	9,843	3,706	16,231	1,570	90,486	906	3,901	1,320	2,028	1,043	2,728	2,736	3,804
Total Support and Revenue Before Net Assets Released from Restrictions	70,768	16,009	6,027	26,400	2,553	147,174	1,474	6,345	2,146	3,298	1,698	4,436	4,451	6,188
Net Assets Released from Restrictions:														
Program Expenses:														
Scholarships	-	4,000	-	10,759	-	60,224	601	2,500	-	1,340	692	1,808	1,814	2,108
Masonic Entities	22,736	-	2,000	-	1,041	-	-	-	1,000	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Program Expenses	22,736	4,000	2,000	10,759	1,041	60,224	601	2,500	1,000	1,340	692	1,808	1,814	2,108
Professional Fees	3,732	845	318	1,394	135	7,773	78	335	113	174	90	234	235	327
Administrative Fees	3,027	686	258	1,131	109	6,303	63	272	92	89	73	190	191	265
Total Net Assets Released from Restrictions	29,495	5,531	2,576	13,284	1,285	74,300	742	3,107	1,205	1,603	855	2,232	2,240	2,700
CHANGE IN NET ASSETS	41,273	10,478	3,451	13,116	1,268	72,874	732	3,238	941	1,695	843	2,204	2,211	3,488
Net Assets - Beginning of Year	571,051	129,370	48,706	213,335	20,632	1,189,285	11,910	51,274	17,345	16,787	13,713	35,851	35,963	50,000
NET ASSETS - END OF YEAR	$ 612,324	$ 139,848	$ 52,157	$ 226,451	$ 21,900	$1,262,159	$ 12,642	$ 54,512	$ 18,286	$ 18,482	$ 14,556	$ 38,055	$ 38,174	$ 53,488

WISCONSIN MASONIC FOUNDATION
SCHEDULES OF ACTIVITIES – DONOR PURPOSE RESTRICTIONS (CONTINUED)
YEAR ENDED APRIL 30, 2025
(SEE INDEPENDENT AUDITORS' REPORT)

	Special Funds												
	Alma Fund	Myron Reed Fund	Balint Fund	Lafayette Lodge	Antigo Lodge #231	Beggs Foundation	Sun Prairie Lodge #143	Victory Fund	Laflin St. James Fund	Soccer Fund	John Matt Elmbrook	James Hays	Cook
SUPPORT AND REVENUE													
Contributions	$ -	$ -	$ 2,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,314	$ -	$ -	$ -
Interest and Dividends	4,522	4,869	1,454	3,398	1,121	1,633	3,403	4,386	2,599	8,324	1,198	5,087	1,320
Realized and Unrealized Returns on Investments	7,218	7,772	2,320	5,425	1,788	2,606	5,431	7,001	4,150	13,286	1,914	8,119	2,108
Total Support and Revenue Before Net Assets Released from Restrictions	11,740	12,641	5,774	8,823	2,909	4,239	8,834	11,387	6,749	32,924	3,112	13,206	3,428
Net Assets Released from Restrictions:													
Program Expenses:													
Scholarships	4,000	1,000	500	3,010	1,000	1,500	3,600	4,640	2,751	8,540	1,269	5,383	1,000
Masonic Entities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Program Expenses	4,000	1,000	500	3,010	1,000	1,500	3,600	4,640	2,751	8,540	1,269	5,383	1,000
Professional Fees	620	668	199	466	154	224	467	601	356	1,141	164	697	181
Administrative Fees	503	541	162	378	125	182	378	488	289	926	133	566	147
Total Net Assets Released from Restrictions	5,123	2,209	861	3,854	1,279	1,906	4,445	5,729	3,396	10,607	1,566	6,646	1,328
CHANGE IN NET ASSETS	6,617	10,432	4,913	4,969	1,630	2,333	4,389	5,658	3,353	22,317	1,546	6,560	2,100
Net Assets - Beginning of Year	94,866	102,149	30,493	71,298	23,503	34,246	71,386	92,013	54,541	174,628	25,154	106,712	27,701
NET ASSETS - END OF YEAR	$ 101,483	$ 112,581	$ 35,406	$ 76,267	$ 25,133	$ 36,579	$ 75,775	$ 97,671	$ 57,894	$ 196,945	$ 26,700	$ 113,272	$ 29,801

WISCONSIN MASONIC FOUNDATION
SCHEDULES OF ACTIVITIES – DONOR PURPOSE RESTRICTIONS (CONTINUED)
YEAR ENDED APRIL 30, 2025
(SEE INDEPENDENT AUDITORS' REPORT)

	John Matt Reed	Humphery Smith Scholarship	Janesville	Social Lodge	Sri Vasudevan Scholarship	St. John's Lodge 57	Ecklund Lodge 358	Losse Lodge 358	Grand Master's Appeal Support	Masonic Youth Scholarships	Youth Fund	Medical Fund	Home Endowment Fund	Total
SUPPORT AND REVENUE														
Contributions	$ -	$ 7,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 250	$ 314,869	$ -	$ 335,533
Interest and Dividends	1,271	3,111	326	511	7,510	1,269	1,020	1,016	1,534	2,556	24,892	173,516	529,158	980,093
Realized and Unrealized Returns on Investments	2,030	4,967	520	816	11,988	2,024	1,628	1,623	2,448	4,081	39,732	270,699	878,699	1,585,387
Total Support and Revenue Before Net Assets Released from Restrictions	3,301	15,078	846	1,327	19,498	3,293	2,648	2,639	3,982	6,637	64,874	759,084	1,407,857	2,901,013
Net Assets Released from Restrictions:														
Program Expenses:														
Scholarships	1,346	3,186	-	500	5,000	1,342	1,000	1,000	1,304	2,174	-	-	-	168,308
Masonic Entities	-	-	-	-	-	-	-	-	-	-	-	58,370	735,205	843,904
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	27,904
Total Program Expenses	1,346	3,186	-	500	5,000	1,342	1,000	1,000	1,304	2,174	-	58,370	735,205	1,040,116
Professional Fees	174	427	45	70	1,030	174	140	139	210	351	3,413	23,936	72,176	134,271
Administrative Fees	141	346	36	57	835	141	113	113	171	284	2,768	22,138	25,003	76,287
Total Net Assets Released from Restrictions	1,661	3,959	81	627	6,865	1,657	1,253	1,252	1,685	2,809	6,181	104,444	832,384	1,250,674
CHANGE IN NET ASSETS	1,640	11,119	765	700	12,633	1,636	1,395	1,387	2,297	3,828	58,693	654,640	575,473	1,650,339
Net Assets - Beginning of Year	26,679	65,277	6,840	10,720	157,557	26,606	21,396	21,333	32,180	53,634	522,209	4,177,043	4,717,622	14,393,813
NET ASSETS - END OF YEAR	$ 28,319	$ 76,396	$ 7,605	$ 11,420	$ 170,190	$ 28,242	$ 22,791	$ 22,720	$ 34,477	$ 57,462	$ 580,902	$ 4,831,683	$ 5,293,095	$ 16,052,258

WISCONSIN MASONIC FOUNDATION
SCHEDULES OF ACTIVITIES – DONOR PERPETUAL RESTRICTIONS
YEAR ENDED APRIL 30, 2025
(SEE INDEPENDENT AUDITORS' REPORT)

	Special Funds							
	Eiring Masonic Charitable Trust	Holtan Scholarship	Rabino Scholarship	Adela E. Helwig Charitable Trust	George Walter Scholarship Fund	Krause Scholarship Fund	Home Endowment Fund	Total
SUPPORT AND REVENUE								
Contributions	$ -	$ -	$ -	$ -	$ -	$ -	$ 30,218	$ 30,218
Interest and Dividends	-	892	-	-	-	-	-	892
Realized and Unrealized Return on Investments	-	8,259	-	-	-	-	-	8,259
Total Support and Revenue	-	9,151	-	-	-	-	30,218	39,369
Transfer	-	(8,106)	-	-	-	-	-	(8,106)
CHANGE IN NET ASSETS	-	1,045	-	-	-	-	30,218	31,263
Net Assets - Beginning of Year	139,638	59,812	10,000	38,932	81,485	9,863	9,343,222	9,682,952
NET ASSETS - END OF YEAR	$ 139,638	$ 60,857	$ 10,000	$ 38,932	$ 81,485	$ 9,863	$ 9,373,440	$ 9,714,215

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
WISCONSIN MASONIC FOUNDATION

Taxpayer identification number (TIN)
39-6044637

Number, street, and room or suite no. If a P.O. box, see instructions.
228 MASON WAY

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
DOUSMAN, WI 53118

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of CHRISTINA JESTER
228 MASON WAY - DOUSMAN, WI 53118
Telephone No. (262) 965-2200 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MARCH 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning MAY 1, 20 24, and ending APR 30, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. NONE

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning MAY 1, 2024 **and ending** APR 30, 2025

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ termin-ated
- [ ] Amended return
- [ ] Applica-tion pending

C Name of organization
WISCONSIN MASONIC FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 228 MASON WAY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code DOUSMAN, WI 53118

F Name and address of principal officer: PETER TOURVILLE
SAME AS C ABOVE

D Employer identification number 39-6044637

E Telephone number (262) 965-2200

G Gross receipts $ 2,006,392.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.WISC-FREEMASONRY.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1925 **M** State of legal domicile: WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE SCHOLARSHIPS TO COLLEGE BOUND HIGH SCHOOL STUDENTS THROUGHOUT WISCONSIN.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	602,771.	694,687.
9	Program service revenue (Part VIII, line 2g)	1,088.	71,475.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,043,660.	1,240,230.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,168.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,714,687.	2,006,392.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,325,686.	1,328,985.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,585.	62,012.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 5,689.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	169,390.	202,578.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,551,661.	1,593,575.
19	Revenue less expenses. Subtract line 18 from line 12	163,026.	412,817.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	28,875,299.	30,824,898.
21	Total liabilities (Part X, line 26)	347,285.	379,361.
22	Net assets or fund balances. Subtract line 21 from line 20	28,528,014.	30,445,537.

Part II Signature Block

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

Sign Here

Signed by: Peter T Tourville
Signature of officer — Date: 1/21/2026

PETER TOURVILLE, CURRENT PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KRISTEN DONLEVY	KRISTEN DONLEVY	01/19/26	[ ]	P01670215

Firm's name CLIFTONLARSONALLEN LLP — Firm's EIN 41-0746749

Firm's address 10401 W INNOVATION DR, STE 300
WAUWATOSA, WI 53226 — Phone no. 414-476-1880

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CREATED FOR THE PURPOSES OF ENCOURAGING CHARITY, BENEVOLENCE, EDUCATION AND PHILANTHROPY, AND OF SECURING GREATER UNIFORMITY OF PURPOSES, POWERS AND DUTIES OF ADMINISTRATION IN THE MANAGEMENT AND CONTROL OF PROPERTY GIVEN, DEVISED OR BEQUEATHED FOR CHARITABLE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 42,119. including grants of $ 42,119.) (Revenue $)
SCHOLARSHIPS TO SCHOOLS

4b (Code:) (Expenses $ 1,286,866. including grants of $ 1,286,866.) (Revenue $)
CONTRIBUTIONS TO WISCONSIN MASONIC HOME AND OTHER PHILANTHROPIC ORGANIZATIONS

4c (Code:) (Expenses $ 8,074. including grants of $) (Revenue $)
YOUTH SOCCER PROGRAM

4d Other program services (Describe on Schedule O.)
(Expenses $ 134,271. including grants of $) (Revenue $)

4e Total program service expenses 1,471,330.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed WI

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

CHRISTINA JESTER - (262) 965-2200
228 MASON WAY, DOUSMAN, WI 53118

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER TOURVILLE PRESIDENT/BOARD MEMBER	1.00	X		X				0.	0.	0.
(2) JEFF SCHOENFELDT VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) MATT IVENS SECRETARY	1.00	X		X				0.	0.	0.
(4) PAUL WHARTON TREASURER	1.00	X		X				0.	0.	0.
(5) DON CHILDERS BOARD MEMBER	1.00	X						0.	0.	0.
(6) KEVIN GRUBER BOARD MEMBER	1.00	X						0.	0.	0.
(7) MIKE REINDL BOARD MEMBER	1.00	X						0.	0.	0.
(8) TOM STEVENS BOARD MEMBER	1.00	X						0.	0.	0.
(9) JEFF THIELE BOARD MEMBER	1.00	X						0.	0.	0.
(10) JIM BECKER BOARD MEMBER	1.00	X						0.	0.	0.
(11) MICHAEL A. DEWOLF BOARD MEMBER	1.00	X						0.	0.	0.
(12) DEREK HENZE BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	694,687.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			694,687.			
Program Service Revenue			**Business Code**				
	2a JUMP BAG PROGRAM		900099	54,202.	54,202.		
	b FST PROGRAM		900099	9,988.	9,988.		
	c AED PROGRAM		900099	6,750.	6,750.		
	d MISC		900099	535.	535.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			71,475.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,055,198.			1055198.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	185,032.				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	185,032.				
	d Net gain or (loss)			185,032.			185,032.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			2,006,392.	71,475.	0.	1240230.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,258,212.	1,258,212.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,773.	70,773.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	58,661.		58,661.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,351.		3,351.	
11 Fees for services (nonemployees):				
a Management	172,402.	134,271.	38,131.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	10,815.	4,974.	5,841.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,236.	1,236.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	18,125.	1,864.	10,572.	5,689.
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,593,575.	1,471,330.	116,556.	5,689.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	134,646.	1	338,431.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	230,508.	3	209,161.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,990.	9	11,399.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	28,500,155.	11	30,265,907.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	28,875,299.	16	30,824,898.
Liabilities	17	Accounts payable and accrued expenses	66,929.	17	98,876.
	18	Grants payable	280,356.	18	280,485.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	347,285.	26	379,361.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,451,249.	27	4,679,064.
	28	Net assets with donor restrictions	24,076,765.	28	25,766,473.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	28,528,014.	32	30,445,537.
	33	Total liabilities and net assets/fund balances	28,875,299.	33	30,824,898.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,006,392.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,593,575.
3	Revenue less expenses. Subtract line 2 from line 1	3	412,817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,528,014.
5	Net unrealized gains (losses) on investments	5	1,504,706.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,445,537.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
WISCONSIN MASONIC FOUNDATION

Employer identification number
39-6044637

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	792,516.	335,033.	502,389.	602,771.	694,687.	2927396.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	792,516.	335,033.	502,389.	602,771.	694,687.	2927396.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						882,401.
6 **Public support.** Subtract line 5 from line 4.						2044995.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	792,516.	335,033.	502,389.	602,771.	694,687.	2927396.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	676,011.	793,933.	882,174.	703,490.	1055198.	4110806.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						7038202.

12 Gross receipts from related activities, etc. (see instructions) 12 151,250.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 29.06 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 29.80 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☒

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE FILING ORGANIZATION MAINTAINS ONGOING SUPPORT TO THE WISCONSIN MASONIC HOME, INC., A SENIOR LIVING FACILITY OPEN TO THE GENERAL PUBLIC. IN ADDITION, THE FILING ORGANIZATION ALSO PROVIDES SCHOLARSHIPS TO LOCAL AREA HIGH SCHOOLS AND SUPPORT TO HOSPITALS AND HEALTH CARE FACILITIES. ALL OF WHICH ARE OPEN TO THE GENERAL PUBLIC.

THE FOUNDATION SENDS OUT AN ANNUAL APPEAL FOR CONTRIBUTIONS TO RAISE FUNDS. THE FILING ORGANIZATION ALSO ADMINISTERS THE WISCONSIN MASONIC HOME ENDOWMENT FUND. CONTRIBUTIONS TO THE FUND ARE INVESTED IN PERPETUITY AND ARE NOT EXPENDABLE. THE BOARD OF THE FOUNDATION OVERSEES ALL CONTRIBUTIONS, AND ENSURES DONOR CONTRIBUTIONS ARE USED IN ACCORDANCE WITH THE FOUNDATION'S MISSION.

THE FOUNDATION'S REVENUE IS DIRECTLY DERIVED FROM CONTRIBUTIONS AND INVESTMENT EARNINGS. THE INVESTMENT EARNINGS ARE OUTPACING CONTRIBUTIONS AT THIS TIME. HOWEVER, THE ENDOWMENT FUND IS RESITRICTED TO USE AND THE CONTRIBUTIONS ARE WHAT RUNS THE DAY TO DAY OPERATIONS OF THE ORGANIZATION.

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

WISCONSIN MASONIC FOUNDATION

Employer identification number

39-6044637

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: WISCONSIN MASONIC FOUNDATION

Employer identification number: 39-6044637

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 30,218.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 11,303.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 312,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: WISCONSIN MASONIC FOUNDATION

Employer identification number: 39-6044637

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 13,220.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 60,441.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: WISCONSIN MASONIC FOUNDATION

Employer identification number: 39-6044637

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
WISCONSIN MASONIC FOUNDATION	39-6044637

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WISCONSIN MASONIC FOUNDATION

Employer identification number
39-6044637

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

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

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,076,765.	22,661,827.	23,325,621.	26,200,192.	20,222,682.
b Contributions	365,751.	123,211.	231,439.	213,375.	666,707.
c Net investment earnings, gains, and losses	2,574,631.	2,466,144.	322,455.	-1,746,330.	7,423,332.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,250,674.	1,174,417.	1,217,688.	1,341,616.	-2,112,529.
f Administrative expenses					
g End of year balance	25,766,473.	24,076,765.	22,661,827.	23,325,621.	26,200,192.

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

a Board designated or quasi-endowment 40.3500 %
b Permanent endowment 41.6700 %
c Term endowment 17.9800 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	3,511,098.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,504,706.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	1,504,706.
3	Subtract line 2e from line 1			3	2,006,392.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,006,392.

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

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

1	Total expenses and losses per audited financial statements			1	1,593,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,593,575.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,593,575.

Part XIII Supplemental Information

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

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WISCONSIN MASONIC FOUNDATION

Employer identification number
39-6044637

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WISCONSIN MASONIC HOME, INC. 410 N MAIN STREET DOUSMAN, WI 53118	39-0813463	501(C)(3)	740,908.	0.			CARE OF THE ELDERLY
BEAVER DAM SCHOOL DISTRICT 705 MCKINLEY ST BEAVER DAM, WI 53916	39-6031224	170(C)(1)	60,224.	0.			COLLEGE SCHOLARSHIPS
CHILDREN'S DYSLEXIA CENTER UPPER WI - 616 GRAHAM AVE - EAU CLAIRE, WI 54701	04-3169620	501(C)(3)	20,101.	0.			DYSLEXIA PROGRAMS
CHILDREN'S DYSLEXIA CENTER MILW 3000 W WISCONSIN AVE MILWAUKEE, WI 53208	04-3169620	501(C)(3)	23,333.	0.			DYSLEXIA PROGRAMS
CHILDREN'S DYSLEXIA CENTER MADISON 301 WISCONSIN AVE MADISON, WI 53703	04-3169620	501(C)(3)	20,751.	0.			DYSLEXIA PROGRAMS
WISCONSIN AUTOMOBILE & TRUCK DEALERS ASSOCIATION - 150 E GILMAN ST, STE A100 - MADISON, WI 53703	39-1719902	501(C)(6)	7,007.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 6.

3 Enter total number of other organizations listed in the line 1 table ..... 1.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATC 700 W STATE ST MILWAUKEE, WI 53233	39-1341603	501(C)(3)	7,007.	0.			PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HIGH SCHOOL SCHOLARSHIP PROGRAM	92	43,482.	0.		
SUBSCRIPTION SPONSORSHIP	1	27,291.	0.		

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

PART I, LINE 2:
SCHOLARSHIPS TO EDUCATION INSTITUTIONS: THE WISCONSIN MASONIC FOUNDATION SPONSORS A HIGH SCHOOL SCHOLARSHIP PROGRAM WHEREBY THE FOUNDATION MATCHES FUNDS SUBMITTED BY THE WISCONSIN MASONIC LODGES, TOWARD SCHOLARSHIPS FOR COLLEGE BOUND HIGH SCHOOL STUDENTS.

CONTRIBUTIONS TO WISCONSIN MASONIC HOME: THE NET INVESTMENT INCOME OF THE FOUNDATION'S HOME ENDOWMENT FUND IS RESTRICTED TO USE FOR THE OPERATIONS OF THE WISCONSIN MASONIC HOME, AN AFFILATED ORGANIZATION.

OTHER CONTRIBUTIONS AND GRANTS - RESTRICTED FUNDS: GRANTS AND CONTRIBUTIONS PAID FROM RESTRICTED FUNDS ARE PAID TO EDUCATIONAL INSTITUTIONS AND PHILANTHROPIC ORGANIZATIONS IN ACCORDANCE WITH THE RESTRICTIONS IMPOSED BY THE ORIGINAL DONORS.

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WISCONSIN MASONIC FOUNDATION

Employer identification number
39-6044637

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BENEVOLENT, EDUCATIONAL OR PHILANTHROPIC PURPOSES.

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING IT WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WISCONSIN MASONIC FOUNDATION

Employer identification number
39-6044637

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
GRAND LODGE FREE AND ACCEPTED MASONS OF WISCONSIN - 39-0129695, 36275 SUNSET DRIVE, DOUSMAN, WI 53118	SUPPORT CHARITABLE ORGANIZATIONS	WISCONSIN	501(C)(10)	N/A	N/A		X
WISCONSIN MASONIC HOME, INC. - 39-0813463 410 N MAIN STREET DOUSMAN, WI 53118	ELDERLY HOUSING AND HEALTH CARE	WISCONSIN	501(C)(3)	LINE 7	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) (Rev. 1-2025)**

LHA 432161 10-23-24

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

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

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.