

**Return of Organization Exempt From Income Tax**

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

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MESSIAH HOME</b> Doing business as <b>MESSIAH LIFEWAYS AT MESSIAH VILL</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>100 MT. ALLEN DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>MECHANICSBURG, PA 17055</b> <b>F</b> Name and address of principal officer: <b>KARL J. BRUMMER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>23-1458000</b>  <b>E</b> Telephone number <b>(717) 697-4666</b>  <b>G</b> Gross receipts \$ <b>56,951,547.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.MESSIAHVILLAGE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: <b>1896</b>		<b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MINISTRY THAT RESPONSIBLY ENHANCES THE LIVES OF OLDER ADULTS WITH CHRIST-LIKE LOVE.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>1</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>515</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>254</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>1,911,380.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>44,062,883.</b>	<b>45,342,425.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,495,366.</b>	<b>1,862,734.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>942,784.</b>	<b>1,172,258.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>51,412,413.</b>	<b>49,885,831.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>18,327,050.</b>	<b>17,076,630.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>31,164,837.</b>	<b>34,650,799.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>49,491,887.</b>	<b>51,727,429.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,920,526.</b>	<b>-1,841,598.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>178,549,269.</b>	<b>184,171,333.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>133,039,679.</b>	<b>134,464,548.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>45,509,590.</b>	<b>49,706,785.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JARROD LEO, CFO</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KERRI N. BOGDA, CPA</b>	Preparer's signature <b>KERRI N. BOGDA, CPA</b>
	Date <b>11/15/23</b>	Check if self-employed <input checked="" type="checkbox"/> PTIN <b>P00760402</b>
	Firm's name <b>BAKER TILLY US, LLP</b>	Firm's EIN <b>39-0859910</b>
	Firm's address <b>1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601</b>	Phone no. <b>717.740.4863</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO BE "A MINISTRY THAT RESPONSIBLY ENHANCES THE LIVES OF OLDER ADULTS WITH CHRIST-LIKE LOVE."

CONTINUED ON SCHEDULE "O".

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 42,823,488. including grants of \$ 0. ) (Revenue \$ 45,342,425. ) FOR MESSIAH HOME D/B/A MESSIAH LIFEWAYS AT MESSIAH VILLAGE ("MESSIAH VILLAGE") THE FISCAL YEAR ENDING JUNE 30, 2023 CONTINUED TO SEE STAFFING SHORTAGES ESPECIALLY IN NURSING AND PERSONAL CARE. HOWEVER, RESIDENTIAL LIVING (RL) FINISHED THE YEAR ABOVE BUDGET WITH A CUMULATIVE YEAR END OCCUPANCY RATE OF 96.41%, 1.88% ABOVE THE BUDGETED GOAL OF 94.53%. TOTAL MONTHLY FEE REVENUE FOR RESIDENTIAL LIVING WAS \$8.2M WHICH WAS \$100,000 ABOVE THE BUDGETED GOAL OF \$8.1M. AN ACTIVE APPLICANT PIPELINE OF FUTURE RESIDENTS REMAINED STEADY.

CONTINUED SCHEDULE O.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses 42,823,488.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed PA
- 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  
KARL J. BRUMMER, PRESIDENT/CEO - 717-697-4666  
100 MT. ALLEN DRIVE, MECHANICSBURG, PA 17055

**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) KARL J. BRUMMER CHAIR/PRESIDENT	14.00 26.00	X		X				0.	213,453.	29,200.
(2) KIM VALVO VP OF OPERATIONS/VICE CHAIR	25.00 15.00	X		X				40,718.	106,637.	12,134.
(3) ALICIA TITUS SENIOR VICE PRESIDENT	15.00 25.00			X				0.	150,587.	2,232.
(4) JESSICA MLADENOFF CLINICAL MANAGER	40.00 0.00					X		117,557.	0.	20,042.
(5) CHRISTINA WEBER VP OF CSS AND HR	15.00 25.00			X				0.	107,372.	26,791.
(6) MERIMA SALKIC NURSING CNA	40.00 0.00					X		114,477.	0.	14,472.
(7) KIMBERLY BUTLER NHA	40.00 0.00					X		120,394.	0.	1,907.
(8) RUPAK GYAWALI NURSING RN	40.00 0.00					X		114,703.	0.	1,589.
(9) DAWN SPURLIN NURSING SUPERVISOR	40.00 0.00					X		112,473.	0.	1,774.
(10) MATTHEW GALLARDO VP OF RES. SER. (UNTIL 8/31/22)	0.00 0.00			X				3,273.	97,957.	12,230.
(11) JARROD LEO CFO (AS OF 3/27/23)	10.00 30.00			X				0.	0.	0.
(12) ALISA MILLER INTERIM CFO (UNTIL 3/37/23)	10.00 30.00			X				0.	0.	0.
(13) MITCHELL MARTIN BOARD MEMBER	1.00 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			
<b>1b Subtotal</b> .....							623,595.	676,006.	122,371.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							623,595.	676,006.	122,371.	

**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 12

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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
CURA HOSPITALITY LLC PO BOX 743676, ATLANTA, GA 30374	DINING SERVICES PROVIDER	6,490,698.
ADVANTAGECARE REHABILITATION, INC. 5035 CLAIRTON BLVD., PITTSBURGH, PA 15236	OUTSOURCED REHABILITATION	2,037,913.
SHARON SHIPMAN, TAX COLLECTOR, 275 CIMBERLAND PKWY #325, MECHANICSBURG, PA	TAXES	1,321,610.
PPL ELECTRIC UTILITIES 2 PO BOX 25222, LEHIGH VALLEY, PA 18002	ELECTRICITY	681,422.
COMMERCIAL FLOORING PROFESSIONALS, INC. 1004 RANA VILLA AVE., CAMP HILL, PA 17011	FLOORING/LABOR	373,977.

**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 30



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	250,289.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,258,125.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			1,508,414.			
Program Service Revenue	<b>2 a</b> NET RESIDENT SERVICE	Business Code					
		623000	45,329,481.	45329481.			
	<b>b</b> RENTAL INCOME - AFFILIATE	531120	12,944.	12,944.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			45,342,425.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,903,143.			1903143.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			291,001.				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	248,558.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	42,443.				
	<b>d</b> Net rental income or (loss) .....			42,443.		42,443.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			6,776,749.				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	6,664,002.	153,156.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	112,747.	-153,156.			
<b>d</b> Net gain or (loss) .....			-40,409.		-40,409.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> MEALS	Business Code					
		900099	533,073.		533,073.		
	<b>b</b> BARBER/BEAUTY	812900	231,888.		231,888.		
	<b>c</b> FITNESS & WELLNESS	900099	101,300.		101,300.		
	<b>d</b> All other revenue .....	900099	263,554.		263,554.		
<b>e Total.</b> Add lines 11a-11d .....			1,129,815.				
<b>12 Total revenue.</b> See instructions .....			49,885,831.	45342425.	0.	3034992.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	13,887,694.	11,756,739.	2,130,955.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	141,606.	119,878.	21,728.	
<b>9</b> Other employee benefits .....	2,028,101.	1,716,905.	311,196.	
<b>10</b> Payroll taxes .....	1,019,229.	862,837.	156,392.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	5,676,579.		5,676,579.	
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	232,543.		232,543.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,455,897.	9,391,151.	64,746.	
<b>12</b> Advertising and promotion .....	600.	600.		
<b>13</b> Office expenses .....	746,775.	728,758.	18,017.	
<b>14</b> Information technology .....	451,971.	292,534.	159,437.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,834,210.	2,834,210.		
<b>17</b> Travel .....	35,562.	35,554.	8.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	6,633.	3,370.	3,263.	
<b>20</b> Interest .....	3,186,561.	3,186,561.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	7,259,804.	7,259,804.		
<b>23</b> Insurance .....	248,457.	248,457.		
<b>24</b> 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.)				
<b>a MEALS/FOOD</b>	2,079,347.	2,075,344.	4,003.	
<b>b REPAIRS &amp; MAINTENANCE</b>	1,000,239.	999,703.	536.	
<b>c MEDICAL SUPPLIES</b>	461,033.	460,259.	774.	
<b>d NURSING HOME ASSESSMENT</b>	359,873.	359,873.		
<b>e</b> All other expenses .....	614,715.	490,951.	123,764.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	51,727,429.	42,823,488.	8,903,941.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,431,426.	<b>1</b>	2,919,907.
	<b>2</b> Savings and temporary cash investments .....	8,094,551.	<b>2</b>	10,020,285.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,118,300.	<b>4</b>	1,279,622.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	689,844.	<b>9</b>	566,616.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 198,946,144.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 100,676,694.	100,409,390.	<b>10c</b> 98,269,450.
	<b>11</b> Investments - publicly traded securities .....	60,444,307.	<b>11</b>	66,313,684.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,361,451.	<b>15</b>	4,801,769.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	178,549,269.	<b>16</b>	184,171,333.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,352,691.	<b>17</b>	4,884,708.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	33,242,697.	<b>19</b>	34,463,603.
	<b>20</b> Tax-exempt bond liabilities .....	79,046,324.	<b>20</b>	77,240,726.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	52,756.	<b>21</b>	42,981.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	17,345,211.	<b>25</b>	17,832,530.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	133,039,679.	<b>26</b>	134,464,548.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	25,284,983.	<b>27</b>	27,595,609.
	<b>28</b> Net assets with donor restrictions .....	20,224,607.	<b>28</b>	22,111,176.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	45,509,590.	<b>32</b>	49,706,785.
<b>33</b> Total liabilities and net assets/fund balances .....	178,549,269.	<b>33</b>	184,171,333.	

**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	49,885,831.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,727,429.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,841,598.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,509,590.
5	Net unrealized gains (losses) on investments	5	4,409,242.
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	1,629,551.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	49,706,785.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?		X
3b	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		

Form 990 (2022)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> MESSIAH HOME	<b>Employer identification number</b> 23-1458000
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1515529.	1642184.	3321649.	1911380.	1508414.	9899156.
<b>2</b> 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	46369017.	49850975.	43312473.	44062883.	45342425.	228937773
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	47884546.	51493159.	46634122.	45974263.	46850839.	238836929
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	1,460.	1,910.	5,600.	2,880.	39,407.	51,257.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b	1,460.	1,910.	5,600.	2,880.	39,407.	51,257.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						238785672

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	47884546.	51493159.	46634122.	45974263.	46850839.	238836929
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2080483.	1861053.	1646834.	2425354.	2194144.	10207868.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2080483.	1861053.	1646834.	2425354.	2194144.	10207868.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1245787.	1111013.	741,716.	947,370.	1129815.	5175701.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	51210816.	54465225.	49022672.	49346987.	50174798.	254220498

**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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	93.93 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	16	93.90 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	4.02 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	18	3.98 %

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>	Yes	No	
<b>2a</b>			
<b>b</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? <i>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.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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	<b>Total annual distributions.</b> 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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.)

**SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**

**BARBER-BEAUTY**

2018 AMOUNT: \$ 297,127.

2019 AMOUNT: \$ 202,214.

2020 AMOUNT: \$ 144,171.

2021 AMOUNT: \$ 202,802.

2022 AMOUNT: \$ 231,888.

**DRY CLEANING REVENUE**

2019 AMOUNT: \$ 133.

2021 AMOUNT: \$ 10.

**FITNESS AND WELLNESS**

2018 AMOUNT: \$ 82,647.

2019 AMOUNT: \$ 70,827.

2020 AMOUNT: \$ 4,818.

2021 AMOUNT: \$ 52,204.

2022 AMOUNT: \$ 101,300.

**INTERDEPARTMENT CHARGES**

2018 AMOUNT: \$ 96,367.

2019 AMOUNT: \$ 81,906.

2020 AMOUNT: \$ 37,160.

2021 AMOUNT: \$ 51,960.

2022 AMOUNT: \$ 85,400.

**MEAL REVENUE**

**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.)

2018 AMOUNT: \$ 580,150.

2019 AMOUNT: \$ 557,567.

2020 AMOUNT: \$ 323,235.

2021 AMOUNT: \$ 384,631.

2022 AMOUNT: \$ 533,073.

**OTHER RESIDENT SERVICES**

2019 AMOUNT: \$ 51,568.

2020 AMOUNT: \$ 57,463.

2021 AMOUNT: \$ 90,070.

2022 AMOUNT: \$ 93,975.

**OTHER REVENUE**

2018 AMOUNT: \$ 85,000.

2019 AMOUNT: \$ 1,683.

2020 AMOUNT: \$ 3,869.

2022 AMOUNT: \$ 31,917.

**PASTORAL SERVICE REVENUE**

2019 AMOUNT: \$ 88,327.

2020 AMOUNT: \$ 89,205.

2021 AMOUNT: \$ 84,764.

2022 AMOUNT: \$ 5,213.

**PATHWAYS**

2020 AMOUNT: \$ 77,757.

2021 AMOUNT: \$ 73,311.

**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.)

2022 AMOUNT: \$ 34,856.

TRANSPORTATION

2018 AMOUNT: \$ 104,496.

2019 AMOUNT: \$ 56,788.

2020 AMOUNT: \$ 4,038.

2021 AMOUNT: \$ 7,618.

2022 AMOUNT: \$ 12,193.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**MESSIAH HOME**

Employer identification number

**23-1458000**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization  <b>MESSIAH HOME</b>	Employer identification number  <b>23-1458000</b>
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**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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>157,326.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>145,926.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>89,027.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>88,886.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>70,527.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)



Name of organization <b>MESSIAH HOME</b>	Employer identification number <b>23-1458000</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>69,866.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>61,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>33,836.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>32,200.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>21,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization <b>MESSIAH HOME</b>	Employer identification number <b>23-1458000</b>
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**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
13	<hr/> <hr/> <hr/>	\$ 11,800.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 10,150.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 8,082.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization <b>MESSIAH HOME</b>	Employer identification number <b>23-1458000</b>
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**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
19	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>5,073.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>MESSIAH HOME</b>	Employer identification number  <b>23-1458000</b>
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**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
25	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization <b>MESSIAH HOME</b>	Employer identification number <b>23-1458000</b>
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**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
22	SALE OF 100 SHARES OF APA CORP STOCK _____ _____ _____	\$ <u>4,083.</u>	<u>03/02/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>MESSIAH HOME</b>	Employer identification number <b>23-1458000</b>
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **MESSIAH HOME** Employer identification number **23-1458000**

**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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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 in (a) .....	2c
d Number of conservation easements included in (c) 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? .....

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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 ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

**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 on 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	19,866,026.	24,805,978.	19,640,895.	20,335,169.	18,830,909.
b Contributions	1,028,718.	225,467.	1,225,654.	197,168.	1,218,591.
c Net investment earnings, gains, and losses	2,258,485.	-3,843,379.	5,042,409.	318,758.	1,285,669.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,463,060.	1,322,040.	1,102,980.	1,210,200.	1,000,000.
f Administrative expenses					
g End of year balance	21,690,169.	19,866,026.	24,805,978.	19,640,895.	20,335,169.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
  - b Permanent endowment 100 %
  - c Term endowment .0000 %
- 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   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		1,687,156.		1,687,156.
b Buildings		152,281,696.	68,237,650.	84,044,046.
c Leasehold improvements				
d Equipment		36,096,083.	27,618,011.	8,478,072.
e Other		8,881,209.	4,821,033.	4,060,176.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				98,269,450.



**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ENTRANCE FEES	16,548,730.
(3) SPLIT INTEREST OBLIGATIONS	214,635.
(4) DUE TO AFFILIATES	1,069,165.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	55,940,639.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,409,242.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,397,008.	
e	Add lines 2a through 2d	2e		5,806,250.
3	Subtract line 2e from line 1	3		50,134,389.
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	-248,558.	
c	Add lines 4a and 4b	4c		-248,558.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		49,885,831.

**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	51,743,444.
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	248,558.	
e	Add lines 2a through 2d	2e		248,558.
3	Subtract line 2e from line 1	3		51,494,886.
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	232,543.	
c	Add lines 4a and 4b	4c		232,543.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		51,727,429.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

MESSIAH LIFEWAYS AT MESSIAH VILLAGE MAINTAINS PERSONAL CARE ACCOUNTS FOR RESIDENTS WHO HAVE EXHAUSTED THEIR FUNDS AND ARE RECEIVING BENEVOLENT CARE OR ARE ON MEDICAL ASSISTANCE. MESSIAH LIFEWAYS AT MESSIAH VILLAGE DEPOSITS FUNDS RECEIVED FOR RESIDENTS' PERSONAL USE IN A COLLECTIVE PATIENT CHECKING ACCOUNT THAT IS KEPT SEPARATE FROM OUR FACILITY'S OPERATING ACCOUNTS AND THERE IS AN INDIVIDUAL ACCOUNTING OF EACH RESIDENT'S SHARE OF THE FUNDS AND INTEREST IN THE ACCOUNT.

**PART V, LINE 4:**

INVESTMENT RETURN ON THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE AVAILABLE FOR TRANSFER TO OPERATIONS TO HELP OFFSET THE COSTS OF

**Part XIII** Supplemental Information (continued)

BENEVOLENT CARE, LIFELONG LEARNING AND MUSIC THERAPY. THE INVESTMENT POLICY OF MESSIAH HOME ESTABLISHES THE METHOD FOR DETERMINING THE AMOUNT THAT CAN BE TRANSFERRED WHICH MUST BE APPROVED BY THE BOARD PRIOR TO THE BEGINNING OF THE YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST OBLIGATIONS	17,075.
CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENT	1,581,116.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	31,360.
INVESTMENT EXPENSES NETTED TO REVENUES ON THE FINANCIALS	-232,543.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,397,008.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-248,558.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	248,558.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED TO REVENUES ON THE FINANCIALS	232,543.
--	----------

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**MESSIAH HOME**

Employer identification number

**23-1458000**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KARL J. BRUMMER CHAIR/PRESIDENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	213,453.	0.	0.	1,738.	27,462.	242,653.
(2) KIM VALVO VP OF OPERATIONS/VICE CHAIR	(i)	40,718.	0.	0.	0.	3,443.	44,161.
	(ii)	106,637.	0.	0.	1,632.	7,059.	115,328.
(3) ALICIA TITUS SENIOR VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	150,587.	0.	0.	1,619.	613.	152,819.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III** Supplemental Information

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

PART I, LINE 3:

THE PRESIDENT'S COMPENSATION IS DETERMINED BY MESSIAH LIFEWAYS (RELATED ORGANIZATION) USING THE FOLLOWING METHOD: COMPENSATION SURVEY/STUDY, COMPENSATION COMMITTEE, BOARD/COMPENSATION COMMITTEE APPROVED.

**SCHEDULE K  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

Name of the organization

MESSIAH HOME

Employer identification number  
23-1458000

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
CUMBERLAND COUNTY A MUNICIPAL AUTHORITY	23-6003119	230614NE5	12/06/18	8,469,941.	SEE PART VI					X	X
WEST SHORE AREA B AUTHORITY - SERIES A	23-2179305	95581QAL3	05/01/15	259999920.	SEE PART VI					X	X
WEST SHORE AREA C AUTHORITY - SERIES BC	23-2179305	000000000	10/28/15	72975000.	SEE PART VI					X	X
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			1,260,000.	6,665,000.	20,045,753.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue			8,506,503.	26,131,596.	72,975,000.			
4 Gross proceeds in reserve funds			759,896.	1,965,888.				
5 Capitalized interest from proceeds					2,372,723.			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			367,927.	519,998.	262,733.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				6,028,255.	70,339,544.			
11 Other spent proceeds			7,378,680.	17,617,292.				
12 Other unspent proceeds				159.				
13 Year of substantial completion		2018		2018	2018			

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

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

Schedule K (Form 990) 2022

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.10 %		.00 %		1.55 %		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		%
<b>6</b> Total of lines 4 and 5		.10 %		.00 %		1.55 %		%
<b>7</b> Does the bond issue meet the private security or payment test?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

**Part IV Arbitrage**

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



**Part IV Arbitrage (continued)**

	A		B		C		D
	Yes	No	Yes	No	Yes	No	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X			
<b>b</b> Name of provider	PNC BANK, NATIONAL						
<b>c</b> Term of hedge	4.0000000						
<b>d</b> Was the hedge superintegrated?				X			
<b>e</b> Was the hedge terminated?				X			
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X			
<b>b</b> Name of provider							
<b>c</b> Term of GIC							
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X			X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  
 (A) ISSUER NAME: WEST SHORE AREA AUTHORITY - SERIES A  
 DATE THE REBATE COMPUTATION WAS PERFORMED: 10/25/2021

SCHEDULE K, PART I, BOND ISSUES:  
 (A) ISSUER NAME: CUMBERLAND COUNTY MUNICIPAL AUTHORITY  
 (F) DESCRIPTION OF PURPOSE: REFINANCE SERIES A 2008 (ISSUE DATE 02/14/08) WHICH WAS FOR CCRC RENOVATION AND COTTAGE EXPANSION

(A) ISSUER NAME: WEST SHORE AREA AUTHORITY  
 (F) DESCRIPTION OF PURPOSE: REFINANCE SERIES B 2008 (ISSUE DATE 02/14/08) AND 2009 BANK QUALIFIED DEBT (ISSUED 09/02/09); CAPITAL RENOVATIONS

(A) ISSUER NAME: WEST SHORE AREA AUTHORITY  
 (F) DESCRIPTION OF PURPOSE: CONSTRUCTION OF PROJECT ENVISION AND PAYMENT OF PARTIAL COSTS OF ISSUANCE

SCHEDULE K, PART II, LINE 3:  
 TOTAL PROCEEDS OF ISSUE FOR BONDS A & B REPORTED ON PART II, LINE 3



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

MESSIAH HOME

Employer identification number

23-1458000

FORM 990, ITEM C, DOING BUSINESS AS:

MESSIAH LIFEWAYS AT MESSIAH VILLAGE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTENTIONAL AND MEANINGFUL COMMUNITY LIFE IS CENTRAL TO ACHIEVING THE ORGANIZATION'S MISSION OF LIVING "LIFE.EMBRACED." WE BELIEVE LIFE CAN BE ENHANCED WHEN PERSONS HAVE OPPORTUNITIES TO PURSUE THEIR OWN GROWTH WITH AN INWARD JOURNEY OF THE BODY, MIND AND SOUL, HAVE OPPORTUNITIES TO JOURNEY OUTWARD AND CARE FOR AND SHARE THEIR HEARTS AND HANDS WITH OTHERS, AND HAVE OPPORTUNITIES TO JOYOUSLY JOURNEY TOGETHER WITH OTHERS AND BUILD RESPECTFUL, PARTICIPATORY RELATIONSHIPS.

OUR DREAM IS TO INSPIRE EVERYONE 55 AND BETTER TO MORE FULLY EMBRACE LIFE; TO NOT FEAR GROWING OLDER, BUT TO RE-IMAGINE THE JOURNEY OF AGING AS A TIME OF PURPOSE, ZEST, AND FAITH-FILLED LIVING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE SHORTAGE OF QUALIFIED AND CAPABLE CAREGIVERS, A NATIONAL ISSUE, IN NURSING AND PERSONAL CARE CONTRIBUTED TO IMPACTING OUR ABILITY TO TAKE ADMISSIONS PERIODICALLY THROUGHOUT THE YEAR IN BOTH AREAS. THE CENSUS GOAL FOR THE FISCAL YEAR WAS ADJUSTED ACCORDINGLY.

PERSONAL CARE (ENHANCED LIVING) FINISHED THE YEAR WITH A CUMULATIVE OCCUPANCY OF 80.98% AS COMPARED TO A BUDGETED GOAL OF 85.37%. NURSING CARE ENDED THE YEAR WITH A CUMULATIVE OCCUPANCY RATE OF 83.27%, AGAINST THE BUDGETED GOAL OF 91.85%.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization MESSIAH HOME	Employer identification number 23-1458000
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MESSIAH VILLAGE WAS AWARDED BEST NURSING FACILITY BY THE SENTINEL'S BEST OF CUMBERLAND COUNTY, AND NEWSWEEK (BEST NURSING HOMES) RATING NUMBER 4 IN PA.

THE CENTER FOR VITALITY & WELLNESS LOCATED IN VILLAGE SQUARE ENDED THE FISCAL YEAR WITH 1,419 OUTSIDE COMMUNITY MEMBER VISITS. ACTIVE RESIDENT MEMBERS CAME IN AT 117, WITH AN AVERAGE OF 1,024 VISITS PER MONTH. PERSONAL TRAINING AND NUTRITION CONSULTATIONS WERE INTRODUCED AS OFFERINGS BRINGING IN AN AVERAGE OF 50 SESSIONS PER MONTH.

THOSE WITH COVERAGE AND BENEFITS THROUGH SILVERSNEAKERS, SILVER FIT AND PRIME MEMBERSHIPS WENT AS HIGH AS 1,826 VISITS (265 MEMBERS PER MONTH). IN TOTAL THERE WERE 368 TOTAL RESIDENT AND COMMUNITY ACTIVE WELLNESS MEMBERS FOR THE 2023 FISCAL YEAR.

PATHWAYS INSTITUTE FOR LIFELONG LEARNING ENROLLED 590 MEMBERS IN A VARIETY OF LIFELONG LEARNING COURSES TAUGHT BY PROFESSORS FROM AREA COLLEGES AND UNIVERSITIES AS WELL AS SUCCESSFUL BUSINESS AND CIVIC LEADERS IN THE REGION. PATHWAYS INSTITUTE CONSISTENTLY DRAWS MEMBERSHIP FROM THE SURROUNDING COMMUNITY. LAST YEAR, 249 OUT OF 590 MEMBERS WHO ATTENDED WERE FROM THE CAPITAL REGION, WHILE 73 WERE RESIDENTS OF MESSIAH LIFEWAYS AT MESSIAH VILLAGE.

VOLUNTEERS AGAIN PLAYED A VITAL ROLE IN ENHANCING LIFE ON THE MESSIAH VILLAGE CAMPUS. THEIR GENEROSITY AND GIVING OF THEIR TIME AND TALENTS IMPACTS NEARLY EVERY ASPECT OF LIFE AT MESSIAH VILLAGE. THEY HELPED TRANSPORT RESIDENTS TO SALON APPOINTMENTS, RAN AND MAINTAINED BOTH THE

Name of the organization MESSIAH HOME	Employer identification number 23-1458000
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PAXTON ST AND KATIE'S CORNER GIFT SHOPS, PLANTED AND WATERED FLOWERS, AND HELPED MAINTAIN OUR BEAUTIFUL CAMPUS, OFFERED THEIR MUSICAL TALENTS IN THE NURSING NEIGHBORHOODS, AND MADE BEAUTIFUL QUILTS AND HAND-CRAFTED ITEMS TO BENEFIT THE AUXILIARY. THROUGH THE FISCAL YEAR, 267 ACTIVE VOLUNTEERS GAVE 12,064 HOURS OF SERVICE TO MESSIAH VILLAGE. A WONDERFUL EFFORT AND MUCH APPRECIATED EFFORT NONETHELESS.

TO LEARN MORE, VISIT MESSIAHLIFEWAYS.ORG.

FORM 990, PART VI, SECTION A, LINE 3:

ADVANTAGECARE REHABILITATION, INC. IS UNDER CONTRACT TO PERFORM ALL REHABILITATIVE SERVICES FOR RESIDENTS OF MESSIAH HOME AND IS UNDER THE SUPERVISION OF THE VP OF OPERATIONS.

CURA HOSPITALITY LLC IS UNDER CONTRACT TO PERFORM ALL DINING SERVICES FOR MESSIAH HOME AND IS UNDER THE SUPERVISION OF THE VP OF OPERATIONS.

THERE IS A MANAGEMENT AGREEMENT BETWEEN MESSIAH HOME AND ITS PARENT, MESSIAH LIFEWAYS, FOR CERTAIN MANAGEMENT FUNCTIONS, INCLUDING ACCOUNTING, HR, ADMINISTRATION, INFORMATION SERVICES, ETC.

FORM 990, PART VI, SECTION A, LINE 6:

MESSIAH LIFEWAYS ("ML") IS THE SOLE MEMBER OF MESSIAH HOME.

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

MESSIAH LIFEWAYS IS THE SOLE MEMBER OF MESSIAH HOME AND ELECTS THE BOARD OF DIRECTORS. THE CEO OF ML SERVES AS CHAIR OF THE BOARD AND THE CFO OF ML SERVES AS SECRETARY-TREASURER ACCORDING TO BY-LAWS. A VICE CHAIR IS ELECTED

Name of the organization

MESSIAH HOME

Employer identification number

23-1458000

ANNUALLY FROM THE REMAINING BOARD MEMBERS WHICH CURRENTLY INCLUDE 1  
INDEPENDENT MEMBER AND 1 ADDITIONAL OFFICER OF ML.

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

SOLE MEMBER, MESSIAH LIFEWAYS, MUST APPROVE CERTAIN TRANSACTIONS (IE  
BORROWING, BUDGETS, PURCHASES, FUNDRAISING, CHANGE IN OPERATIONS ETC),  
AMENDMENTS TO ARTICLES AND BYLAWS ETC. AS LISTED IN ARTICLE IV SECTION 4.2.

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

MANAGEMENT REVIEWED THE FORM 990 IN DETAIL. THE FORM 990 WAS THEN POSTED ON  
THE BOARD WEBSITE FOR MEMBER ACCESS AND REVIEW. DURING THEIR NOVEMBER  
MEETING OF THE FINANCE & SHARED SERVICES COMMITTEE OF THE MESSIAH LIFEWAYS  
BOARD, THE FORMS 990 OF MESSIAH LIFEWAYS AND EACH OF ITS CONTROLLED  
ENTITIES WERE REVIEWED BEFORE BEING FILED WITH THE IRS. THE REVIEW WAS LED  
BY THE CFO.

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

ANNUALLY BOARD MEMBERS AND EXECUTIVE TEAM AFFIRM IN WRITING THEIR AWARENESS  
AND COMPLIANCE WITH THE CODE OF ETHICS AND CONDUCT POLICY AND CONFLICT OF  
INTEREST POLICY. ALL ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST AND  
AGREE TO REFRAIN FROM PARTICIPATING IN ANY DELIBERATIONS, DECISIONS, OR  
VOTING RELATING TO THE MATTER. THE POLICY IS MONITORED BY MANAGEMENT OF  
MESSIAH LIFEWAYS. CORPORATE COMPLIANCE & RISK MANAGEMENT VERIFIES THAT ALL  
FORMS ARE COMPLETED AND SIGNED ANNUALLY. ANY VIOLATIONS OF THE POLICY WILL  
BE HANDLED AS DEEMED NECESSARY IN ACCORDANCE WITH THE POLICY. ANY MEMBER  
WHO INTENTIONALLY VIOLATES THE POLICY MAY BE REMOVED FROM THE BOARD.

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

Name of the organization MESSIAH HOME	Employer identification number 23-1458000
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THE MESSIAH LIFEWAYS BOARD OF DIRECTORS HAS A "PRESIDENTIAL RELATIONS COMMITTEE" WHICH CONDUCTS AN ANNUAL REVIEW OF THE PRESIDENT. THIS COMMITTEE HAS THE SAME COMPOSITION AS THE EXECUTIVE COMMITTEE. IN ADDITION TO ESTABLISHING THIS COMMITTEE THE BOARD HAS ESTABLISHED A POLICY TO GUIDE THE WORK OF THE COMMITTEE. THE PURPOSE OF THE COMMITTEE IS TO CONDUCT THE ANNUAL PERFORMANCE EVALUATION OF THE PRESIDENT, REVIEW PAST GOALS AND ESTABLISH FUTURE GOALS, SHARE A SUMMARY OF THE EVALUATION WITH THE FULL BOARD, AND RECOMMEND TERMS OF COMPENSATION TO THE FULL BOARD. IN DETERMINING COMPENSATION, THE BOARD REVIEWS SALARY DATA FROM VARIOUS SOURCES SUCH AS TRADE ASSOCIATION AND HEALTHCARE ALLIANCES. THEIR REVIEW IS DOCUMENTED IN THE BOARD MINUTES.

REGARDING OTHER OFFICERS OF THE ORGANIZATION, THE PRESIDENT CONDUCTS AN ANNUAL PERFORMANCE EVALUATION. IN DETERMINING THE OFFICERS' COMPENSATION, THE PRESIDENT REVIEWS SALARY DATA FROM APPROPRIATE TRADE ASSOCIATIONS AND ALLIANCES. THE BOARD OF DIRECTORS GIVES FINAL APPROVAL OF THE COMPENSATION OF THESE OFFICERS INDIRECTLY THROUGH REVIEW AND APPROVAL OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE ([WWW.MESSIAHLIFEWAYS.ORG](http://WWW.MESSIAHLIFEWAYS.ORG)), AND UPON REQUEST. ADDITIONALLY THE FINANCIAL STATEMENTS ARE INCORPORATED INTO THE DISCLOSURE STATEMENT PREPARED FOR MESSIAH HOME AND MESSIAH FAMILY SERVICES, AS REQUIRED BY THE DEPARTMENT OF INSURANCE. MESSIAH ALSO POSTS THE AUDITED STATEMENTS OUT TO THE EMMA WEBSITE ([WWW.EMMA.MSRB.ORG](http://WWW.EMMA.MSRB.ORG))

Name of the organization <b>MESSIAH HOME</b>	Employer identification number <b>23-1458000</b>
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## FORM 990, PART VII, SECTION A:

ALISA MILLER, INTERIM CFO, RECEIVES COMPENSATION FROM KAIROS HEALTH SYSTEMS, INC. THIS CORPORATION IS REIMBURSED FOR SERVICES ALISA MILLER PROVIDES TO MESSIAH GROUP. THE AMOUNT REIMBURSED DURING THE FISCAL YEAR 2022-23 WAS \$91,974.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## MAINTENANCE AGREEMENTS:

PROGRAM SERVICE EXPENSES	268,701.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	268,701.

## CONSULTING:

PROGRAM SERVICE EXPENSES	112,719.
MANAGEMENT AND GENERAL EXPENSES	2,746.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	115,465.

## OUTSIDE LABOR:

PROGRAM SERVICE EXPENSES	9,009,731.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,009,731.

## CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	0.
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Name of the organization <b>MESSIAH HOME</b>	Employer identification number <b>23-1458000</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	62,000.
<b>FUNDRAISING EXPENSES</b>	0.
<b>TOTAL EXPENSES</b>	62,000.
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	9,455,897.

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

<b>CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE</b>	31,360.
<b>CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENT</b>	1,581,116.
<b>CHANGE IN VALUE OF SPLIT-INTEREST OBLIGATIONS</b>	17,075.
<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	1,629,551.



**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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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	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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		
<b>s</b> Other transfer of cash or property from related organization(s)		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 VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

Mail to:

Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120

See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

# Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certificate number: 15617  
(N/A if initial registration)

Fiscal year ended: 06/30/2023  
MM DD YYYY

FEIN: 23-1458000

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: MESSIAH HOME

Check if name change and give previous name \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_

SEE ATTACHED

3. Contact person: JARROD LEO, CFO Contact's E-mail: JLEO@MESSIAHLIFEWAYS.ORG

4. Principal address of organization: \_\_\_\_\_ Mailing address: (if different than principal address): \_\_\_\_\_

100 MT. ALLEN DRIVE

MECHANICSBURG

PA 17055

County: CUMBERLAND

Phone number: (717) 697-4666

800 number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email (if different than Contact's email): \_\_\_\_\_

Website: WWW.MESSIAHVILLAGE.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):  
NON-PROFIT CORPORATION

Where established: MECHANICSBURG, PA

Date established:\* 04/13/1896

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

**MESSIAH HOME**

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

SEE ATTACHED

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7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

- §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

**Items 8 and 9 are required to be completed by initial registrants only**

8. Date organization first solicited contributions from Pennsylvania residents: \_\_\_\_\_  
 MM DD YYYY  
 Other \_\_\_\_\_
9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.  
 \_\_\_\_\_  
 MM DD YYYY  
 Other \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.



**MESSIAH HOME**

10. Has the organization been granted IRS tax-exempt status?  Yes  No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified?  Yes  No  
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?  Yes  No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.

If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT MAIL, TELEPHONE, WEBSITE, SPECIAL EVENTS, PERSONAL CONTACT, AND DONOR CULTIVATION.

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

SEE STATEMENT 1

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes  No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)  Yes  No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: \_\_\_\_\_  
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 2

**MESSIAH HOME**

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 3

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization")  Yes  No  Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes  No  Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

MESSIAH LIFEWAYS

Legal name of parent organization

102391

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 4

**MESSIAH HOME**

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

WILLIAM CODER, VP OF DONOR DEVELOPMENT

100 MT. ALLEN DRIVE MECHANICSBURG, PA 17055

B. Have final responsibility for the custody of contributions:

KARL J. BRUMMER, PRESIDENT

100 MT. ALLEN DRIVE MECHANICSBURG, PA 17055

C. Have final responsibility for final distribution of contributions:

KARL J. BRUMMER, PRESIDENT

100 MT. ALLEN DRIVE MECHANICSBURG, PA 17055

D. Are responsible for custody of financial records:

JARROD LEO, CFO

100 MT. ALLEN DRIVE MECHANICSBURG, PA 17055

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?  Yes  No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\*  Yes  No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*  
 Yes  No

\*\* (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?  Yes  No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?  Yes  No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?  Yes  No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

**MESSIAH HOME**

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

**I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).**

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

**JARROD LEO, CFO**  
\_\_\_\_\_

Type or print name and title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Other Authorized Officer

\_\_\_\_\_  
Date

**KARL J. BRUMMER, PRESIDENT**  
\_\_\_\_\_

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

BCO-10 P3,4

STATEMENT 1

FOR MESSIAH HOME D/B/A MESSIAH LIFEWAYS AT MESSIAH VILLAGE ("MESSIAH VILLAGE") THE FISCAL YEAR ENDING JUNE 30, 2023 CONTINUED TO SEE STAFFING SHORTAGES ESPECIALLY IN NURSING AND PERSONAL CARE. HOWEVER, RESIDENTIAL LIVING (RL) FINISHED THE YEAR ABOVE BUDGET WITH A CUMULATIVE YEAR END OCCUPANCY RATE OF 96.41%, 1.88% ABOVE THE BUDGETED GOAL OF 94.53%. TOTAL MONTHLY FEE REVENUE FOR RESIDENTIAL LIVING WAS \$8.2M WHICH WAS \$100,000 ABOVE THE BUDGETED GOAL OF \$8.1M. AN ACTIVE APPLICANT PIPELINE OF FUTURE RESIDENTS REMAINED STEADY.

THE SHORTAGE OF QUALIFIED AND CAPABLE CAREGIVERS, A NATIONAL ISSUE, IN NURSING AND PERSONAL CARE CONTRIBUTED TO IMPACTING OUR ABILITY TO TAKE ADMISSIONS PERIODICALLY THROUGHOUT THE YEAR IN BOTH AREAS. THE CENSUS GOAL FOR THE FISCAL YEAR WAS ADJUSTED ACCORDINGLY.

PERSONAL CARE (ENHANCED LIVING) FINISHED THE YEAR WITH A CUMULATIVE OCCUPANCY OF 80.98% AS COMPARED TO A BUDGETED GOAL OF 85.37%. NURSING CARE ENDED THE YEAR WITH A CUMULATIVE OCCUPANCY RATE OF 83.27%, AGAINST THE BUDGETED GOAL OF 91.85%.

MESSIAH VILLAGE WAS AWARDED BEST NURSING FACILITY BY THE SENTINEL'S BEST OF CUMBERLAND COUNTY, AND NEWSWEEK (BEST NURSING HOMES) RATING NUMBER 4 IN PA.

THE CENTER FOR VITALITY & WELLNESS LOCATED IN VILLAGE SQUARE ENDED THE FISCAL YEAR WITH 1,419 OUTSIDE COMMUNITY MEMBER VISITS. ACTIVE RESIDENT MEMBERS CAME IN AT 117, WITH AN AVERAGE OF 1,024 VISITS PER MONTH. PERSONAL TRAINING AND NUTRITION CONSULTATIONS WERE INTRODUCED AS OFFERINGS BRINGING IN AN AVERAGE OF 50 SESSIONS PER MONTH.

THOSE WITH COVERAGE AND BENEFITS THROUGH SILVERSNEAKERS, SILVER FIT AND PRIME MEMBERSHIPS WENT AS HIGH AS 1,826 VISITS (265 MEMBERS PER MONTH). IN TOTAL THERE WERE 368 TOTAL RESIDENT AND COMMUNITY ACTIVE WELLNESS MEMBERS FOR THE 2023 FISCAL YEAR.

PATHWAYS INSTITUTE FOR LIFELONG LEARNING ENROLLED 590 MEMBERS IN A VARIETY OF LIFELONG LEARNING COURSES TAUGHT BY PROFESSORS FROM AREA COLLEGES AND UNIVERSITIES AS WELL AS SUCCESSFUL BUSINESS AND CIVIC LEADERS IN THE REGION. PATHWAYS INSTITUTE CONSISTENTLY DRAWS MEMBERSHIP FROM THE SURROUNDING COMMUNITY. LAST YEAR, 249 OUT OF 590 MEMBERS WHO ATTENDED WERE FROM THE CAPITAL REGION, WHILE 73 WERE RESIDENTS OF MESSIAH LIFEWAYS AT MESSIAH VILLAGE.

VOLUNTEERS AGAIN PLAYED A VITAL ROLE IN ENHANCING LIFE ON THE MESSIAH VILLAGE CAMPUS. THEIR GENEROSITY AND GIVING OF THEIR TIME AND TALENTS IMPACTS NEARLY EVERY ASPECT OF LIFE AT MESSIAH VILLAGE. THEY HELPED TRANSPORT RESIDENTS TO SALON APPOINTMENTS, RAN AND MAINTAINED BOTH THE PAXTON ST AND KATIE'S CORNER GIFT SHOPS, PLANTED AND WATERED FLOWERS, AND HELPED MAINTAIN OUR BEAUTIFUL CAMPUS, OFFERED THEIR MUSICAL TALENTS IN THE NURSING NEIGHBORHOODS, AND MADE BEAUTIFUL QUILTS AND HAND-CRAFTED ITEMS TO BENEFIT THE AUXILIARY. THROUGH THE FISCAL YEAR, 267 ACTIVE VOLUNTEERS GAVE 12,064 HOURS OF SERVICE TO MESSIAH VILLAGE. A WONDERFUL EFFORT AND MUCH APPRECIATED EFFORT NONETHELESS.

TO LEARN MORE, VISIT [MESSIAHLIFEWAYS.ORG](http://MESSIAHLIFEWAYS.ORG).

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 3

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

NAME AND ADDRESS

TITLE

KARL J. BRUMMER  
100 MT. ALLEN DRIVE  
MECHANICSBURG, PA 17055

CHAIR/PRESIDENT

NAME AND ADDRESS

TITLE

KIM VALVO  
100 MT. ALLEN DRIVE  
MECHANICSBURG, PA 17055

VP OF OPERATIONS/VICE CHAIR

NAME AND ADDRESS

TITLE

ALICIA TITUS  
100 MT. ALLEN DRIVE  
MECHANICSBURG, PA 17055

SENIOR VICE PRESIDENT

NAME AND ADDRESS

TITLE

CHRISTINA WEBER  
100 MT. ALLEN DRIVE  
MECHANICSBURG, PA 17055

VP OF CSS AND HR

NAME AND ADDRESS

TITLE

MATTHEW GALLARDO  
  
100 MT. ALLEN DRIVE  
MECHANICSBURG, PA 17055

VP OF RES. SER. (UNTIL  
8/31/22)

NAME AND ADDRESS

TITLE

JARROD LEO  
100 MT. ALLEN DRIVE  
MECHANICSBURG, PA 17055

CFO (AS OF 3/27/23)

NAME AND ADDRESS

TITLE

ALISA MILLER  
100 MT. ALLEN DRIVE  
MECHANICSBURG, PA 17055

INTERIM CFO (UNTIL 3/37/23)

NAME AND ADDRESS

TITLE

MITCHELL MARTIN  
100 MT. ALLEN DRIVE  
MECHANICSBURG, PA 17055

BOARD MEMBER