

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

**Do not enter social security numbers on this form as it may be made public.**  
**Information about Form 990 and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

**2015**  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning , and ending**

<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>MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA</b>		<b>D</b> Employer identification number <b>23-0846955</b>
	Doing business as		<b>E</b> Telephone number <b>717-367-1121</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>ONE MASONIC DRIVE</b>		<b>G</b> Gross receipts \$ <b>219,045,911</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ELIZABETHTOWN PA 17022</b>		
<b>F</b> Name and address of principal officer: <b>RAYMOND T. DIETZ, R.W.G.M.</b> <b>ONE MASONIC DRIVE</b> <b>ELIZABETHTOWN PA 17022</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>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.MASONICVILLAGES.ORG</b>	<b>H(c)</b> Group exemption number <b>u</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>u</b>	<b>L</b> Year of formation: <b>1871</b>	<b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR CARING COMMUNITIES AND SERVICES ASSIST INDIVIDUALS, FAMILIES AND CHILDREN IN REALIZING THEIR POTENTIAL AND ENJOYING THE HIGHEST POSSIBLE QUALITY OF LIFE THROUGH THE TRADITIONS OF FREEMASONRY.</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>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>2874</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>996</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>4,157,141</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>-1,058,490</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>17,390,472</b> Current Year: <b>21,188,104</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>137,983,173</b> <b>143,911,764</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>39,718,519</b> <b>46,831,665</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,117,392</b> <b>4,783,181</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>199,209,556</b> <b>216,714,714</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,699,766</b> <b>2,945,924</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>93,138,120</b> <b>97,933,167</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>1,664,257</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>76,101,161</b> <b>81,108,846</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>171,939,047</b> <b>181,987,937</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>27,270,509</b> <b>34,726,777</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>1095017395</b> End of Year: <b>1078171949</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>468,274,964</b> <b>461,090,699</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>626,742,431</b> <b>617,081,250</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	Date
	<b>RAYMOND T. DIETZ</b> Type or print name and title	<b>R.W.G.M., CHAIRMAN</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>GREGORY P. HALL, CPA</b>	<b>GREGORY P. HALL, CPA</b>	<b>08/04/16</b>	<input checked="" type="checkbox"/>	<b>P00156653</b>
	Firm's name } <b>SMITH ELLIOTT KEARNS &amp; COMPANY, LLC</b>	Firm's EIN } <b>52-0783935</b>	Firm's address } <b>19 BROOKWOOD AVE, STE 101</b> <b>CARLISLE, PA 17015</b>		
				Phone no.	<b>717-243-9104</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**OUR CARING COMMUNITIES AND SERVICES ASSIST INDIVIDUALS, FAMILIES AND CHILDREN IN REALIZING THEIR POTENTIAL AND ENJOYING THE HIGHEST POSSIBLE QUALITY OF LIFE THROUGH THE TRADITIONS OF FREEMASONRY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

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

4a (Code: ) (Expenses \$ **156,439,160** including grants of \$ ) (Revenue \$ **144,414,114** )  
**CONTINUING CARE RETIREMENT COMMUNITY:**

**PROVIDED A WIDE VARIETY OF HEALTHCARE AND RESIDENTIAL SERVICES TO AN AGGREGATE ELDERLY RESIDENT POPULATION AVERAGING APPROXIMATELY 2,800 THROUGHOUT THE YEAR AT FIVE DIFFERENT CAMPUSES.**

**CONTINUED SIGNIFICANT RENOVATIONS TO THE NURSING AND PERSONAL CARE FACILITIES AT THE ELIZABETHTOWN LOCATION. THESE RENOVATIONS HAVE AN AGGREGATE PROJECTED COST OF APPROXIMATELY \$42.0 MILLION.**

**COMPLETED CONSTRUCTION OF A 60-UNIT RETIREMENT LIVING APARTMENT BUILDING AT**

4b (Code: ) (Expenses \$ **2,048,047** including grants of \$ ) (Revenue \$ **5,240** )  
**CHILDREN'S HOME:**

**PROVIDED A HOMELIKE ATMOSPHERE AND FINANCIAL SUPPORT FOR A RESIDENT POPULATION AVERAGING APPROXIMATELY 37 CHILDREN THROUGHOUT THE YEAR AT THE CHILDREN'S HOME FREE OF CHARGE.**

4c (Code: ) (Expenses \$ **206,442** including grants of \$ ) (Revenue \$ )  
**COMMUNITY SERVICE:**

**PROVIDED HOME ASSISTANCE TO PEOPLE NOT RESIDING IN ONE OF MASONIC VILLAGES' FIVE LOCATIONS. THE COST OF THIS PROGRAM WAS \$42,804.**

**OPERATED AN OUTREACH PROGRAM THAT PROVIDED INFORMATION AND REFERRAL SERVICES TO PEOPLE NEEDING HELP WITH VARIOUS ASPECTS OF LONG-TERM CARE, INCLUDING GOVERNMENTAL PROGRAMS AVAILABLE, SELECTING A LONG-TERM CARE FACILITY, INSURANCE, TRANSPORTATION, AND COUNSELING. THE COST OF THIS PROGRAM WAS \$1,886.**

**AWARDED SCHOLARSHIPS TOTALING \$109,202 TO LOCAL STUDENTS WHO ATTEND OR**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 158,693,649**

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<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? If "Yes," complete Schedule I, Parts I and III	<b>X</b>	
<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? If "Yes," complete Schedule J	<b>X</b>	
<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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<b>X</b>	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<b>X</b>
<b>c</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?		<b>X</b>
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<b>X</b>
<b>25a</b>	<b>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? If "Yes," complete Schedule L, Part I		<b>X</b>
<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? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>X</b>	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<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? If "Yes," complete Schedule R, Part I	<b>X</b>	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	<b>X</b>	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<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)? If "Yes," complete Schedule R, Part V, line 2	<b>X</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>X</b>	
<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? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>u</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JEFFREY W. COY, R.W.G.T. CHAIRMAN	2.30 21.62	X		X				0	50,000	0
(2) ROBERT J. BATEMAN, R.W.G.M DIRECTOR	2.30 20.70	X						0	145,003	0
(3) RAYMOND T. DIETZ, R.W.D.G.M. DIRECTOR	2.30 20.62	X						0	50,000	0
(4) S. EUGENE HERRITT R.W.S.G.W. DIRECTOR	2.30 20.93	X						0	50,000	0
(5) THOMAS GAMON, IV, R.W.J.G.W. DIRECTOR	2.30 20.62	X						0	50,000	0
(6) MARK A. HAINES, R.W.G.S. DIRECTOR	2.30 40.62	X						0	145,688	39,388
(7) THOMAS F. TOSCANI DIRECTOR	2.30 0.00	X						0	0	0
(8) JEFF A. BIDDLE DIRECTOR	2.30 0.00	X						0	0	0
(9) TIMOTHY P. TEMPLETON DIRECTOR	2.30 0.00	X						0	0	0
(10) PAUL E. REICHART DIRECTOR	2.30 0.00	X						0	0	0
(11) WILLIAM H. DICKEY, JR DIRECTOR	2.30 0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>DAVID L. REINER</b>	2.30									
DIRECTOR	0.00	X						0	0	
(13) <b>ADAM C. HEESE</b>	2.30									
DIRECTOR	0.00	X						0	0	
(14) <b>JOSEPH E. MURPHY</b>	40.00									
CHIEF EXECUTIVE OFFI	1.08			X				416,397	0	
(15) <b>BETH A. BOSSERT</b>	40.00									
COO HEALTH CARE SERV	0.00			X				199,260	0	
(16) <b>WILLIAM J. PRAZENICA</b>	40.00									
CHIEF FINANCIAL OFFI	1.39			X				228,998	0	
(17) <b>RAYMOND E. TIERNEY</b>	40.00									
COO RETIREMENT LIVIN	0.00			X				225,316	0	
(18) <b>JENNIFER SCHWALM</b>	40.00									
CHIEF MISSION DEVELO	0.00					X		231,550	0	
(19) <b>CLAUDIA STEPHENS</b>	40.00									
CHIEF HUMAN RESOURCE	0.00					X		201,415	0	
<b>1b Sub-total</b>							<b>u</b>	<b>1,502,936</b>	<b>490,691</b>	<b>193,637</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>u</b>	<b>539,009</b>		<b>66,826</b>
<b>d Total (add lines 1b and 1c)</b>							<b>u</b>	<b>2,041,945</b>	<b>490,691</b>	<b>260,463</b>

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 **u 59**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>WARFEL CONSTRUCTION CO., INC</b> <b>EAST PETERSBURG PA 17520</b>	<b>1110 ENTERPRISE ROAD</b> <b>CONSTRUCTION</b>	<b>12,298,363</b>
<b>WOHLSEN CONSTRUCTION COMPANY</b> <b>LANCASTER PA 17604</b>	<b>548 STEEL WAY P.O. BOX 7066</b> <b>CONSTRUCTION</b>	<b>12,033,603</b>
<b>MURRAY SECURAS RISK MGMT</b> <b>LANCASTER PA 17608</b>	<b>39 N. DUKE ST. P.O. BOX 1728</b> <b>INSURANCE</b>	<b>1,943,907</b>
<b>GENESIS REHABILITATION SERVICES</b> <b>KENNETT SQUARE PA 19348</b>	<b>101 EAST STATE ST</b> <b>REHAB SERVICES</b>	<b>1,565,103</b>
<b>CMC INC</b> <b>GAP PA 17527</b>	<b>795 CHESTNUT STREET</b> <b>CONSTRUCTION</b>	<b>1,280,829</b>

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 **u**

51



**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>ALVIN H. BLITZ</b>	40.00									
CHIEF DIRECTOR OF GI	0.00					X	181,352	0	28,785	
(21) <b>CINDY PHILLIPS</b>	40.00									
EXECUTIVE DIRECTOR	0.00					X	179,371	0	17,459	
(22) <b>LEONARD WEISER, JR</b>	40.00									
EXECUTIVE DIRECTOR	0.00					X	178,286	0	20,582	
<b>1b Sub-total</b>							<b>u</b>	<b>539,009</b>		<b>66,826</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>u</b>			

**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 **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
<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? If "Yes," complete Schedule J for such individual	4	
<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? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</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>1,146,631</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>20,041,473</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>86,969</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>		<b>21,188,104</b>			
<b>Program Service Revenue</b>		<b>Busn. Code</b>					
	<b>2a</b> RESIDENT REVENUE	<b>623000</b>	<b>142,785,550</b>	<b>142,785,550</b>			
	<b>b</b> RETIREMENT LIVING OTHER OPERA	<b>623000</b>	<b>432,858</b>	<b>432,858</b>			
	<b>c</b> MISCELLANEOUS PROGRAM SERVICE	<b>623000</b>	<b>377,344</b>	<b>377,344</b>			
	<b>d</b> CHILD DAY CARE CENTER GRANTS	<b>623000</b>	<b>91,870</b>	<b>91,870</b>			
	<b>e</b> CLINICAL PROVIDER SUPPORT	<b>623000</b>	<b>85,432</b>	<b>85,432</b>			
	<b>f</b> All other program service revenue	<b>623000</b>	<b>138,710</b>	<b>138,710</b>			
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>		<b>143,911,764</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>10,081,945</b>			<b>10,081,945</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	<b>774,527</b>				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)	<b>774,527</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>		<b>774,527</b>		<b>774,527</b>	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>31,989,838</b>				
		(ii) Other	<b>7,239,566</b>				
	<b>b</b> Less: cost or other basis & sales exps.	<b>-4,686,848</b>	<b>7,166,532</b>				
	<b>c</b> Gain or (loss)	<b>36,676,686</b>	<b>73,034</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>		<b>36,749,720</b>		<b>36,749,720</b>	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>1,271,512</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>	<b>0</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>		<b>1,271,512</b>		<b>1,271,512</b>		
	<b>Miscellaneous Revenue</b>	<b>Busn. Code</b>					
<b>11a</b> ASHLAR CREATIVE SOLUTIONS, LL	<b>541610</b>	<b>1,584,488</b>			<b>1,584,488</b>		
<b>b</b> ACACIA SERVICES, LLC	<b>722100</b>	<b>1,086,828</b>			<b>1,086,828</b>		
<b>c</b> CATERING INCOME	<b>722320</b>	<b>65,826</b>			<b>65,826</b>		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		<b>2,737,142</b>				
<b>12 Total revenue.</b> See instructions.	<b>u</b>		<b>216,714,714</b>	<b>143,911,764</b>	<b>4,008,654</b>	<b>47,606,192</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,784,449	2,784,449		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	161,475	161,475		
<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	1,181,836		1,181,836	
<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	75,046,248	67,012,612	7,193,222	840,414
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,775,989	3,224,475	501,185	50,329
<b>9</b> Other employee benefits	12,364,983	11,514,782	777,912	72,289
<b>10</b> Payroll taxes	5,564,111	4,923,964	581,526	58,621
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	124,745	86,245	38,500	
<b>b</b> Legal	828,433	240,353	225,879	362,201
<b>c</b> Accounting	60,317		60,317	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,550,071	8,294,058	2,231,590	24,423
<b>12</b> Advertising and promotion	998,500	641,909	320,184	36,407
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	7,651,099	7,235,478	403,886	11,735
<b>17</b> Travel	204,656	76,781	59,256	68,619
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	5,834,737	5,574,333	260,404	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	22,510,358	19,766,901	2,742,327	1,130
<b>23</b> Insurance	1,432,549	258,977	1,173,572	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER OPERATING SUPPLIES	17,454,726	17,267,271	174,819	12,636
<b>b</b> REPAIRS AND MAINTENANCE	3,874,740	2,176,982	1,685,489	12,269
<b>c</b> LOSS ON REFUNDING OF DEBT	2,548,159	2,548,159		
<b>d</b> REAL ESTATE TAXES	2,146,454	2,107,281	39,173	
<b>e</b> All other expenses	4,889,302	2,797,164	1,978,954	113,184
<b>25</b> Total functional expenses. Add lines 1 through 24e	181,987,937	158,693,649	21,630,031	1,664,257
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	46,162,443	2	27,452,504
	3 Pledges and grants receivable, net	413,192	3	411,960
	4 Accounts receivable, net	8,224,716	4	9,690,241
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	3,139,182	7	2,630,221
	8 Inventories for sale or use	2,122,341	8	2,313,998
	9 Prepaid expenses and deferred charges	1,371,293	9	1,592,869
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 653,336,154		
	b Less: accumulated depreciation	10b 295,771,941	10c 357,564,213	
	11 Investments—publicly traded securities	641,621,838	11	631,185,425
	12 Investments—other securities. See Part IV, line 11	45,402,740	12	40,539,620
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,088,069	15	4,790,898
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1095017395	16	1078171949	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	63,461,011	17	47,940,556
	18 Grants payable		18	
	19 Deferred revenue	94,783,365	19	101,820,625
	20 Tax-exempt bond liabilities	194,649,051	20	189,806,273
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,649,904	21	1,951,313
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	111,731,633	25	119,571,932
	26 <b>Total liabilities.</b> Add lines 17 through 25	468,274,964	26	461,090,699
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	333,462,627	27	337,421,782
	28 Temporarily restricted net assets	80,412,487	28	70,733,957
	29 Permanently restricted net assets	212,867,317	29	208,925,511
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	626,742,431	33	617,081,250	
34 Total liabilities and net assets/fund balances	1095017395	34	1078171949	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>216,714,714</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>181,987,937</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>34,726,777</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>626,742,431</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-53,321,669</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>8,933,711</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>617,081,250</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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.  
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA**

Employer identification number

**23-0846955**

**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 11, 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 or 990-EZ).)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<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) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						

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

**13** **First five 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>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 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) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,707,372	11,359,929	7,314,166	15,600,673	19,378,948	63,361,088
<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	126,286,800	126,391,214	132,363,726	137,983,173	143,911,764	666,936,677
<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	135,994,172	137,751,143	139,677,892	153,583,846	163,290,712	730,297,765
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	6,557	12,875	15,194	18,450	9,800	62,876
<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						
<b>c</b> Add lines 7a and 7b	6,557	12,875	15,194	18,450	9,800	62,876
<b>8 Public support.</b> (Subtract line 7c from line 6.)						730,234,889

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6	135,994,172	137,751,143	139,677,892	153,583,846	163,290,712	730,297,765
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,156,941	13,499,765	14,760,418	13,440,807	13,937,140	69,795,071
<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	14,156,941	13,499,765	14,760,418	13,440,807	13,937,140	69,795,071
<b>11</b> Net income from unrelated business activities not included in 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.)	1,103,007	759,346	1,027,721	2,287,679	2,737,142	7,914,895
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	151,254,120	152,010,254	155,466,031	169,312,332	179,964,994	808,007,731

**14 First five 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 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	90.37%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	90.08%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	9%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	9%

**19a 33 1/3% support tests—2015.** 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—2014.** 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
5b	<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?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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 in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 ( <b>see instructions</b> ):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity ( <b>see instructions</b> ).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>			
<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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<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? Provide details in <b>Part VI</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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	
<b>Section B - Minimum Asset Amount</b>		(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 (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 .....			
e From 2014 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 .....			
d Excess from 2014 .....			
e Excess from 2015 .....			

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

**PART III, LINE 12 - OTHER INCOME DETAIL**

**OTHER INCOME** \$ **7,914,895**



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

<b>Name of the organization</b> <b>MASONIC VILLAGES OF THE GRAND LODGE</b> <b>OF PENNSYLVANIA</b>	<b>Employer identification number</b> <b>23-0846955</b>
---	--

**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<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,861	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 6,051	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 7,921	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 30,665	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 24,048	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 64,396	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 39,071	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 46,527	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 23,592	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 12,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 22,615	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 250,626	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 15,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 12,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 147,695	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,569	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 6,572	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 6,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 14,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 9,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 6,116	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 25,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 23,709	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
31	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>79,535</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>35,537</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>10,595</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>6,292</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>10,170</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>44,167</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
37	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>97,521</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>6,322</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>82,164</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>41,984</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>42,449</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
43	..... ..... .....	\$ 40,537	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	..... ..... .....	\$ 417,976	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	..... ..... .....	\$ 170,219	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	..... ..... .....	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	..... ..... .....	\$ 38,822	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	..... ..... .....	\$ 17,787	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
49	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 114,207	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 47,962	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 1,419,927	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 146,443	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 39,943	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
55	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 45,961	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 57,362	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,091	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 22,905	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
61	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 70,301	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 94,640	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,971,003	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 238,185	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
67	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 20,148	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
73	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... 5,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
79	..... ..... .....	\$ ..... <b>7,275</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	..... ..... .....	\$ ..... <b>7,354</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	..... ..... .....	\$ ..... <b>50,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	..... ..... .....	\$ ..... <b>5,575</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	..... ..... .....	\$ ..... <b>10,480</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	..... ..... .....	\$ ..... <b>6,631</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
85	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>5,300</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>5,525</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>18,945</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>10,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<p>.....</p> <p>.....</p> <p>.....</p>	\$ ..... <b>100,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
91	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 21,261	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 7,630	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 38,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
97	..... ..... .....	\$ ..... <b>5,600</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	..... ..... .....	\$ ..... <b>12,767</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	..... ..... .....	\$ ..... <b>15,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	..... ..... .....	\$ ..... <b>11,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	..... ..... .....	\$ ..... <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	..... ..... .....	\$ ..... <b>7,279</b>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
103	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 45,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
104	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 507,590	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MASONIC VILLAGES OF THE GRAND LODGE</b>	Employer identification number <b>23-0846955</b>
--	---

**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
102	VARIOUS CHILDRENS GIFTS ..... ..... .....	\$ 7,279	12/15/15
103	COLLECTION OF TRAINS ..... ..... .....	\$ 45,000	11/25/15
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA

Employer identification number

23-0846955

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 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 u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
- 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:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance	242,988,433	237,972,761	210,574,656	192,484,110	196,550,089
<b>b</b> Contributions	921,314	466,613	841,616	2,207,590	2,856,080
<b>c</b> Net investment earnings, gains, and losses	-2,943	13,866,118	35,949,475	24,397,895	1,949,722
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	9,997,201	9,317,059	9,392,986	8,514,939	8,871,781
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	233,909,603	242,988,433	237,972,761	210,574,656	192,484,110

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

- a** Board designated or quasi-endowment **u** 0.51 %
- b** Permanent endowment **u** 71.98 %
- c** Temporarily restricted endowment **u** 27.51 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**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
<b>1a</b> Land		5,139,578		5,139,578
<b>b</b> Buildings		408,396,131	147,873,124	260,523,007
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		221,743,078	136,146,633	85,596,445
<b>e</b> Other		18,057,367	11,752,184	6,305,183
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		<b>u</b>		<b>357,564,213</b>

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>REFUNDABLE FEES</b>	<b>74,972,137</b>
(3) <b>INTEREST RATE SWAP AGREEMENTS</b>	<b>24,921,867</b>
(4) <b>ANNUITIES PAYABLE</b>	<b>19,677,928</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>119,571,932</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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	219,062,602
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	2,347,888	
	e Add lines 2a through 2d		2e	2,347,888
3	Subtract line 2e from line 1		3	216,714,714
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	216,714,714

**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	181,987,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	181,987,937
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	181,987,937

**Part XIII Supplemental Information.**

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

**PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE**

MASONIC VILLAGES OWNS COLLECTIONS OF MASONIC MEMORABILIA, PAINTINGS, ANTIQUE FURNITURE, FARM EQUIPMENT, AND OTHER ARTIFACTS RELATED TO THE HISTORY OF MASONIC VILLAGES. THESE COLLECTIONS ARE LOCATED AT THE ELIZABETHTOWN, PENNSYLVANIA CAMPUS. THE COLLECTIONS, WHICH WERE PRIMARILY ACQUIRED THROUGH CONTRIBUTIONS SINCE MASONIC VILLAGES' INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED BALANCE SHEETS. CONTRIBUTED COLLECTION ITEMS ARE NOT RECOGNIZED AS REVENUE IN THE CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS.

**PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION**

THE ORGANIZATION MAINTAINS FUNDS FOR ITS RESIDENTS AS A SERVICE TO THESE

**Part XIII Supplemental Information** (continued)

INDIVIDUALS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE MASONIC VILLAGES ENDOWMENTS WERE ESTABLISHED TO ASSIST MASONIC VILLAGES AND PROVIDE BENEVOLENT CARE TO RESIDENTS OF THE CAMPUSES.

PART X - FIN 48 FOOTNOTE

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE ORGANIZATIONS TO DISCLOSE SIGNIFICANT TAX POSITIONS THAT ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT MAY ULTIMATELY BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THE EFFECTS OF TAX POSITIONS ARE RECOGNIZED IN FINANCIAL STATEMENTS IF, IN THE OPINION OF MANAGEMENT, THE TAX POSITION WOULD MORE LIKELY THAN NOT BE SUSTAINED UPON AN EXAMINATION BY THE TAXING AUTHORITIES, INCLUDING THE RESOLUTION OF ANY APPLICABLE APPEALS OR LITIGATION. MASONIC VILLAGES' MOST SIGNIFICANT TAX POSITION IS THAT IT IS EXEMPT FROM PAYMENT OF FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, MASONIC VILLAGES HAS NOT REPORTED ANY INCOME TAX EXPENSE IN THE STATEMENTS OF OPERATIONS AND THE STATEMENTS OF CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014. MASONIC VILLAGES HAS NOT RECORDED LIABILITIES FOR INCOME TAXES OR UNRECOGNIZED INCOME TAX BENEFITS IN THE BALANCE SHEETS AS OF DECEMBER 31, 2015 AND 2014. THE TAX YEARS SUBSEQUENT TO 2011 MAY BE SUBJECT TO REVIEW BY FEDERAL, STATE, AND LOCAL TAXING AUTHORITIES.

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

INTEREST RATE SWAP AGREEMENTS \$ 2,347,888

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
u Attach to Form 990.

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

u Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**MASONIC VILLAGES OF THE GRAND LODGE  
OF PENNSYLVANIA**

Employer identification number

**23-0846955**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>CENTRAL AMERICA AND CARIBBEAN</b>					
(1)			<b>HEDGE FUND</b>		<b>569,569</b>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b> .....					<b>569,569</b>
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)					<b>569,569</b>

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) .....  Yes  No

Schedule F (Form 990) 2015

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**PART I, LINE 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND CARIBBEAN	\$	0 \$ 569,569

Public Inspection Copy

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA Employer identification number 23-0846955

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include FRIENDSHIP FIRE AND HOSE COMPANY, THE MASONIC LIBRARY AND MUSEUM OF PHILADELPHIA, RHEEMS FIRE COMPANY, and ELIZABETHTOWN AREA EDUCATION FOUNDATION.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CONTRIBUTION/ASSISTANCE	38	52,272		FMV	
2 SCHOLARSHIPS	55	109,203		FMV	
3					
4					
5					
6					
7					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

MASONIC VILLAGES' GRANTS SCHOLARSHIPS THAT ORIGINATE FROM A VARIETY OF DIFFERENT FUNDS. THE SCHOLARSHIPS ARE GRANTED BASED UPON THE FOLLOWING

**GENERAL CRITERIA:**

- \* APPLICANTS MUST DEMONSTRATE FINANCIAL NEED.
- \* APPLICANTS MUST DEMONSTRATE ACADEMIC ACHIEVEMENT.

IN ADDITION BASED UPON DONOR RESTRICTIONS, CERTAIN INDIVIDUAL SCHOLARSHIPS MAY BE LIMITED TO RESIDENTS OF THE CHILDREN'S HOME, RELATIVES OF MASONS, CERTAIN FIELDS OF STUDY, AND PERFORMANCE OF VOLUNTEER SERVICES AT THE



**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**MASONIC VILLAGES OF THE GRAND LODGE  
OF PENNSYLVANIA**

Employer identification number

**23-0846955**

**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 (e.g., 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 in line 1a?

**3** Indicate which, if any, of the following the filing 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 checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" 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:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> Receive a severance payment or change-of-control payment?                             | <b>4a</b> |  | <b>X</b> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | <b>4b</b> |  | <b>X</b> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?    | <b>4c</b> |  | <b>X</b> |

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:

- |                                    |           |  |          |
|------------------------------------|-----------|--|----------|
| <b>a</b> The organization?         | <b>5a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? | <b>5b</b> |  | <b>X</b> |

If "Yes" to 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:

- |                                    |           |  |          |
|------------------------------------|-----------|--|----------|
| <b>a</b> The organization?         | <b>6a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? | <b>6b</b> |  | <b>X</b> |

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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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 are not 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 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 MARK A. HAINES, R.W.G.S. DIRECTOR	(i) 0	0	0	0	0	0	0
	(ii) 145,688	0	0	7,592	31,796	185,076	0
2 JOSEPH E. MURPHY CHIEF EXECUTIVE OFFI	(i) 416,397	0	0	20,681	14,838	451,916	0
	(ii) 0	0	0	0	0	0	0
3 BETH A. BOSSERT COO HEALTH CARE SERV	(i) 199,260	0	0	12,115	11,508	222,883	0
	(ii) 0	0	0	0	0	0	0
4 WILLIAM J. PRAZENICA CHIEF FINANCIAL OFFI	(i) 228,998	0	0	13,849	6,550	249,397	0
	(ii) 0	0	0	0	0	0	0
5 RAYMOND E. TIERNEY COO RETIREMENT LIVIN	(i) 225,316	0	0	13,806	18,518	257,640	0
	(ii) 0	0	0	0	0	0	0
6 JENNIFER SCHWALM CHIEF MISSION DEVELO	(i) 231,550	0	0	13,867	16,498	261,915	0
	(ii) 0	0	0	0	0	0	0
7 CLAUDIA STEPHENS CHIEF HUMAN RESOURCE	(i) 201,415	0	0	12,019	0	213,434	0
	(ii) 0	0	0	0	0	0	0
8 ALVIN H. BLITZ CHIEF DIRECTOR OF GI	(i) 181,352	0	0	10,993	17,792	210,137	0
	(ii) 0	0	0	0	0	0	0
9 CINDY PHILLIPS EXECUTIVE DIRECTOR	(i) 179,371	0	0	10,909	6,550	196,830	0
	(ii) 0	0	0	0	0	0	0
10 LEONARD WEISER, JR EXECUTIVE DIRECTOR	(i) 178,286	0	0	9,915	10,667	198,868	0
	(ii) 0	0	0	0	0	0	0
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(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.

Public Inspection Copy

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

u Attach to Form 990.

u Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization

**MASONIC VILLAGES OF THE GRAND LODGE  
OF PENNSYLVANIA**

Employer identification number  
**23-0846955**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A LANCASTER COUNTY HOSPITAL AUTHORITY</b>	<b>23-6648018</b>	<b>514045ZG1</b>	<b>04/01/08</b>	<b>144,950,000</b>	<b>SEE PART VI.</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B LANCASTER COUNTY HOSPITAL AUTHORITY</b>	<b>23-6648018</b>	<b>514045ZM8</b>	<b>11/18/10</b>	<b>106,705,000</b>	<b>SEE PART VI.</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>C LANCASTER COUNTY HOSPITAL AUTHORITY</b>	<b>23-6648018</b>		<b>12/19/13</b>	<b>39,025,000</b>	<b>SEE PART VI.</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>D LANCASTER COUNTY HOSPITAL AUTHORITY</b>	<b>23-6648018</b>	<b>514045F99</b>	<b>02/12/15</b>	<b>49,545,009</b>	<b>SEE PART VI</b>		<b>X</b>		<b>X</b>		<b>X</b>

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired .....	<b>109,280,000</b>		<b>23,840,000</b>		<b>2,420,000</b>		<b>245,000</b>	
<b>2</b> Amount of bonds legally defeased .....			<b>14,190,000</b>					
<b>3</b> Total proceeds of issue .....	<b>144,950,000</b>		<b>106,705,000</b>		<b>39,025,000</b>		<b>49,545,009</b>	
<b>4</b> Gross proceeds in reserve funds .....								
<b>5</b> Capitalized interest from proceeds .....								
<b>6</b> Proceeds in refunding escrows .....							<b>48,815,413</b>	
<b>7</b> Issuance costs from proceeds .....					<b>191,100</b>		<b>728,913</b>	
<b>8</b> Credit enhancement from proceeds .....								
<b>9</b> Working capital expenditures from proceeds .....								
<b>10</b> Capital expenditures from proceeds .....					<b>38,833,900</b>			
<b>11</b> Other spent proceeds .....	<b>144,950,000</b>		<b>106,750,000</b>				<b>683</b>	
<b>12</b> Other unspent proceeds .....								
<b>13</b> Year of substantial completion .....	<b>2008</b>		<b>2010</b>		<b>2015</b>		<b>2015</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue? .....	<b>X</b>		<b>X</b>			<b>X</b>	<b>X</b>	
<b>15</b> Were the bonds issued as part of an advance refunding issue? .....		<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	
<b>16</b> Has the final allocation of proceeds been made? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	

**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? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	<b>X</b>		<b>X</b>			<b>X</b>	<b>X</b>	

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	<b>X</b>		<b>X</b>			<b>X</b>	<b>X</b>	
<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? .....	<b>X</b>		<b>X</b>				<b>X</b>	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<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 ..... <b>u</b>	<b>0.46</b> %		<b>0.51</b> %				<b>0.04</b> %	
<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 ..... <b>u</b>								
<b>6</b> Total of lines 4 and 5 .....	<b>0.46</b> %		<b>0.51</b> %				<b>0.04</b> %	
<b>7</b> Does the bond issue meet the private security or payment test? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<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? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	

**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? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	
<b>b</b> Exception to rebate? .....	<b>X</b>		<b>X</b>		<b>X</b>			<b>X</b>
<b>c</b> No rebate due? .....		<b>X</b>		<b>X</b>	<b>X</b>			<b>X</b>
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? .....	<b>X</b>		<b>X</b>		<b>X</b>			<b>X</b>
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		<b>X</b>	<b>X</b>			<b>X</b>		<b>X</b>
<b>b</b> Name of provider .....	WELLS FARGO							
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....				<b>X</b>				
<b>e</b> Was the hedge terminated? .....				<b>X</b>				

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<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?		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	

**Part V Procedures To Undertake Corrective Action**

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

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

**SCHEDULE K - DATE REBATE COMPUTATION PERFORMED**

**LANCASTER COUNTY HOSPITAL AUTHORITY 12/10/15**

**SCHEDULE K - ADDITIONAL INFORMATION**

**LANCASTER COUNTY HOSPITAL AUTHORITY**

**SCHEDULE K, PART I, BOND ISSUES:**

**LANCASTER HOSPITAL AUTHORITY HEALTH CARE REVENUE BONDS SERIES OF 2008**

**DESCRIPTION OF PURPOSE: REFUNDING OF 1999, 2001, 2002 AND 2004 BOND ISSUES.**

**LANCASTER HOSPITAL AUTHORITY HEALTH CARE REVENUE BONDS SERIES OF 2010**

**DESCRIPTION OF PURPOSE: AMEND AND RESTATEMENT OF SERIES OF 1996, AND SERIES 2008, A, B, AND C BONDS.**

**LANCASTER HOSPITAL AUTHORITY HEALTH CARE REVENUE BONDS SERIES OF 2013**

**DESCRIPTION OF PURPOSE: RENOVATION OF NURSING CENTER AND CONSTRUCTION OF 60 SENIOR LIVING APARTMENTS.**

**LANCASTER HOSPITAL AUTHORITY HEALTH CARE REVENUE BONDS SERIES OF 2015**

**DESCRIPTION OF PURPOSE: CURRENT REFUNDING OF 2008 SERIES C BONDS (ISSUED ON 4/1/08 AND RESTATED AND AMENDED IN 2010) AND ADVANCE REFUNDING OF SERIES 2006 BONDS (ISSUED ON 11/14/06) AND PAYMENT OF THE COST OF TERMINATING THE INTEREST RATE SWAP ENTERED INTO IN CONNECTION WITH THE 2008 SERIES C BONDS.**

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

**SCHEDULE K, PART IV, 4B AND 4C:**

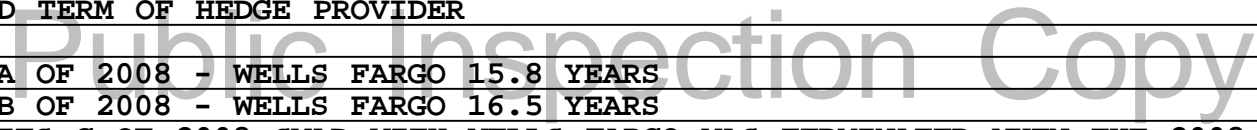
**NAME AND TERM OF HEDGE PROVIDER**

SERIES A OF 2008 - WELLS FARGO 15.8 YEARS

SERIES B OF 2008 - WELLS FARGO 16.5 YEARS

THE SERIES C OF 2008 SWAP WITH WELLS FARGO WAS TERMINATED WHEN THE 2008

SERIES C BONDS WERE CURRENTLY REFUNDED ON 2/12/2015.



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

Open To Public Inspection

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

MASONIC VILLAGES OF THE GRAND LODGE  
OF PENNSYLVANIA

Employer identification number

23-0846955

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... u \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... u \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

**Total** ..... u \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) <b>KIM W. JEFFREYS</b>	<b>FORMER MEMBER</b>	<b>142,886</b>	<b>SEE PART V</b>		<b>X</b>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART V - ADDITIONAL INFORMATION**

**MR. JEFFREYS, A FORMER MEMBER OF THE COMMITTEE ON MASONIC HOMES (BOARD OF DIRECTOR POSITION) IS A PRINCIPAL IN THE FIRM OF WEBBER MURPHY FOX, INC. WHICH IS PROVIDING CONSTRUCTION MANAGEMENT SERVICES FOR THE SEWICKLEY NURSING FACILITY RENOVATIONS.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MASONIC VILLAGES OF THE GRAND LODGE  
OF PENNSYLVANIA**

Employer identification number

**23-0846955**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>5,825</b>	<b>ESTIMATED FMV</b>
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles	<b>X</b>	<b>4</b>	<b>48,700</b>	<b>ESTIMATED FMV</b>
19 Food inventory				
20 Drugs and medical supplies	<b>X</b>	<b>10</b>	<b>12,200</b>	<b>ESTIMATED FMV</b>
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>GIFT CARDS/TICKETS</b> )	<b>X</b>	<b>8</b>	<b>14,630</b>	<b>COST</b>
26 Other <b>u</b> ( <b>BIKES</b> )	<b>X</b>	<b>1</b>	<b>4,426</b>	<b>ESTIMATED FMV</b>
27 Other <b>u</b> ( <b>FOOD AND SERVICES</b> )	<b>X</b>	<b>1</b>	<b>1,188</b>	<b>ESTIMATED FMV</b>
28 Other <b>u</b> ( )				

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

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



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

Public Inspection Copy

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

**2015**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

MASONIC VILLAGES OF THE GRAND LODGE  
OF PENNSYLVANIA

Employer identification number

23-0846955

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

THE LAFAYETTE HILL LOCATION WITH A COST OF APPROXIMATELY \$21.0 MILLION.

RESIDENTS BEGAN OCCUPYING THE NEW BUILDING IN AUGUST 2015.

COMPLETED RENOVATIONS TO THE SEWICKLEY LOCATION'S NURSING FACILITY TO

CONVERT THE FORMAT FROM THE TRADITIONAL NURSING HOME MODEL TO A

NEIGHBORHOOD DESIGN MODEL. THE COST OF THESE RENOVATIONS TOTALED

APPROXIMATELY \$22.8 MILLION.

PROVIDED CHARITY CARE AND CARE NOT FULLY REIMBURSED BY MEDICAL ASSISTANCE

TOTALING APPROXIMATELY \$22.2 MILLION.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

WILL ATTEND HIGHER EDUCATION INSTITUTIONS AND TO QUALIFYING FAMILIES FOR  
CHILD DAY CARE SERVICES.

CONTRIBUTED APPROXIMATELY \$2,222,000 TO THE MASONIC LIBRARY AND MUSEUM OF

PENNSYLVANIA (A NATIONAL HISTORIC LANDMARK) AND APPROXIMATELY \$475,000 TO

THE PENNSYLVANIA MASONIC YOUTH FOUNDATION (BOTH ARE 501(C)(3) CHARITABLE

ORGANIZATIONS), PROVIDING FUNDING TO HELP THEM FULFILL THEIR RESPECTIVE

MISSIONS.

PROVIDED MEETING AND CONFERENCE FACILITIES AT NO COST OR REDUCED COST FOR

USE BY SEVERAL NOT-FOR-PROFIT AND COMMUNITY ORGANIZATIONS.

Name of the organization

Employer identification number

MASONIC VILLAGES OF THE GRAND LODGE

23-0846955

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE GRAND LODGE OF PENNSYLVANIA ELECTS THE MEMBERS OF MASONIC VILLAGES' GOVERNING BODY (MASONIC VILLAGES BOARD OF DIRECTORS). GRAND LODGE HAS

ESTABLISHED THE MASONIC VILLAGES BOARD OF DIRECTORS UNDER AND SUBJECT TO SUCH RULES AND REGULATIONS AS MAY BE APPROVED BY THE GRAND LODGE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

THE GRAND LODGE OF PENNSYLVANIA ELECTS THE MEMBERS OF MASONIC VILLAGES' GOVERNING BODY (MASONIC VILLAGES BOARD OF DIRECTORS). GRAND LODGE IS THE SOLE MEMBER OF THE MASONIC VILLAGES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FIRST DRAFT OF THE FORM 990 IS INITIALLY REVIEWED BY THE FINANCE OFFICE STAFF. THE SECOND DRAFT, INCORPORATING ANY CHANGES REQUESTED BY THE FINANCE OFFICE, IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT BEFORE THE FINAL VERSION IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED ANNUALLY BY EACH OF THE OFFICERS AND DIRECTORS. THESE STATEMENTS ARE REVIEWED AND APPROVED BY THE BOARD CHAIRMAN, CHIEF EXECUTIVE OFFICER AND CHIEF HUMAN RESOURCES AND COMPLIANCE OFFICER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ANNUAL COMPENSATION OF MASONIC VILLAGES' CHIEF EXECUTIVE OFFICER AND OTHER OFFICERS IS REVIEWED BY MASONIC VILLAGES' CHIEF HUMAN RESOURCES OFFICER USING INDUSTRY-SPECIFIC SALARY SURVEY DATA. COMPENSATION OF THE

Name of the organization

Employer identification number

MASONIC VILLAGES OF THE GRAND LODGE

23-0846955

CHIEF EXECUTIVE OFFICER IS APPROVED BY THE BOARD OF DIRECTORS.

Public Inspection Copy

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ANNUAL COMPENSATION OF MASONIC VILLAGES CHIEF EXECUTIVE OFFICER AND OTHER OFFICERS IS REVIEWED BY MASONIC VILLAGES CHIEF HUMAN RESOURCES AND COMPLIANCE OFFICER USING INDUSTRY-SPECIFIC SALARY SURVEY DATA.

COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED

MAINE, MARYLAND, MASSACHUSETTS, MINNESOTA, MISSISSIPPI, MICHIGAN,

NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA,

NORTH DAKOTA, OHIO, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA,

TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, MISSOURI

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

INFORMATION IS PROVIDED BY THE ORGANIZATION TO THE REQUESTING INDIVIDUAL BASED UPON THEIR REQUEST. AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE ON THE MASONIC VILLAGES WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

NET UNREALIZED APPRECIATION ON INTEREST RATE SWAP	\$	2,347,888
---	----	-----------

CHANGE IN PENSION LIABILITY	\$	6,585,823
-----------------------------	----	-----------

TOTAL	\$	8,933,711
-------	----	-----------

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MASONIC VILLAGES OF THE GRAND LODGE  
OF PENNSYLVANIA**

Employer identification number  
**23-0846955**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACACIA SERVICES, LLC ONE MASONIC DRIVE 26-0802515 ELIZABETHTOWN PA 17022	PART VII	PA	1,090,765	153,363	MASONIC VI
(2) ASHLAR CREATIVE SOLUTIONS, INC. ONE MASONIC DRIVE 46-3066105 ELIZABETHTOWN PA 17022	PART VII	PA	1,584,488	1,059,859	MASONIC VI
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GRAND LODGE OF FREE AND ACCEPTED MA ONE NORTH BROAD STREET 23-6407467 PHILADELPHIA PA 19107	PART VII	PA	501C10		N/A		X
(2) MASONIC CHARITIES FUND ONE MASONIC DRIVE 23-2720910 ELIZABETHTOWN PA 17022	PART VII	PA	501C3	7	GRAND LODG		X
(3) PENNSYLVANIA MASONIC YOUTH FOUNDATI 1244 BAINBRIDGE ROAD 23-2188997 ELIZABETHTOWN PA 17022	PART VII	PA	501C3	7	GRAND LODG		X
(4) MASONIC LIBRARY AND MUSEUM OF PENNS ONE NORTH BROAD STREET 23-2608317 PHILADELPHIA PA 19107	PART VII	PA	501C3	7	GRAND LODG		X
(5) THE I.L.C CORPORATION ONE MASONIC DRIVE 23-1616834 ELIZABETHTOWN PA 17022	PART VII	PA	501C3	11B	MASONIC	X	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MASONIC VILLAGES OF THE GRAND LODGE  
OF PENNSYLVANIA**

Employer identification number  
**23-0846955**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>PENNSYLVANIA ACACIA INSURANCE</b> 126 COLLEGE STREET, SUITE 420 42-1566974 BURLINGTON VT 05421	<b>PART VII</b>	<b>VT</b>	<b>501C3</b>	<b>11C</b>	<b>MASONIC</b>	<b>X</b>	
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**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 alloc.?		(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	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

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

**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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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) PENNSYLVANIA ACACIA INSURANCE COMPA	P	218,000	
(2) THE ILC CORPORATION	L	10	
(3) ACACIA SERVICES, LLC	L	145,898	
(4) ACACIA SERVICES, LLC	J	191,544	
(5) ACACIA SERVICES, LLC	D	1,081,578	
(6) GRAND LODGE OF PA	P	31,134	



**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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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) THE ILC CORPORATION	G	3,185	
(2) THE ILC CORPORATION	D	9,612	
(3) ACACIA SERVICES, LLC	A	188,977	
(4) ASHLAR CREATIVE SOLUTIONS, LLC	D	147,142	
(5) ASHLAR CREATIVE SOLUTIONS, LLC	L	831,391	
(6) ASHLAR CREATIVE SOLUTIONS, LLC	A	3,377	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

**SCHEDULE R - ADDITIONAL INFORMATION**

**PART I:**

**ACACIA SERVICES, LLC: OPERATE RESTAURANT AND CATERING SERVICES.**

**ASHLAR CREATIVE SOLUTIONS, INC.: CONSULTING SERVICES PROVIDED TO THE LONG-TERM CARE INDUSTRY.**

**PART II:**

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

**MASONIC CHARITIES FUND: DISTRIBUTES CHARITABLE DONATIONS TO QUALIFYING CHARITABLE ORGANIZATIONS.**

**PENNSYLVANIA MASONIC YOUTH FOUNDATION: PROVIDE GUIDANCE TO MASONICALLY RELATED YOUTH GROUPS.**

**MASONIC LIBRARY AND MUSEUM OF PENNSYLVANIA: MAINTAIN AND OPERATE THE LIBRARY AND MUSEUM IN THE MASONIC TEMPLE.**

**THE I.L.C. CORPORATION: PROVIDE MANAGERIAL AND OPERATIONAL SERVICES FOR RETIREMENT COMMUNITIES.**

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

Form **990-T**

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

OMB No. 1545-0687

**2015**

Department of the Treasury  
Internal Revenue Service

For calendar year 2015 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
**u** Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
**u** Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) ( <b>3</b> )</p> <p><input type="checkbox"/> 408(e)      <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A      <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>MASONIC VILLAGES OF THE GRAND LODGE</b></p> <p><b>OF PENNSYLVANIA</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p><b>ONE MASONIC DRIVE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>ELIZABETHTOWN PA 17022</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p><b>23-0846955</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)</p> <p><b>541610   111000</b></p>
<p><b>C</b> Book value of all assets at end of year</p> <p><b>1078171949</b></p>		<p><b>F</b> Group exemption number (See instructions.) <b>u</b></p>
<p><b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation    <input type="checkbox"/> 501(c) trust    <input type="checkbox"/> 401(a) trust    <input type="checkbox"/> Other trust</p>		

**H** Describe the organization's primary unrelated business activity.  
**u** **SEE STATEMENT 1**

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

**J** The books are in care of **u** **WILLIAM J. PRAZENICA, CFO** Telephone number **u** **717-367-1121**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <b>1,271,512</b>			
b	Less returns and allowances			
<b>c</b> Balance ..... <b>u</b>		<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>	<b>-148,487</b>	
3	Gross profit. Subtract line 2 from line 1c	<b>3</b>	<b>1,419,999</b>	<b>1,419,999</b>
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions; attach schedule) <b>SEE STMT 2</b>	<b>12</b>	<b>2,737,142</b>	<b>2,737,142</b>
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>4,157,141</b>	<b>4,157,141</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			<b>14</b>
15	Salaries and wages			<b>15</b> <b>2,017,378</b>
16	Repairs and maintenance			<b>16</b> <b>61,698</b>
17	Bad debts			<b>17</b>
18	Interest (attach schedule)			<b>18</b>
19	Taxes and licenses			<b>19</b> <b>284,092</b>
20	Charitable contributions (See instructions for limitation rules)			<b>20</b>
21	Depreciation (attach Form 4562)	<b>21</b>	<b>285,220</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b> <b>285,220</b>
23	Depletion			<b>23</b>
24	Contributions to deferred compensation plans			<b>24</b>
25	Employee benefit programs			<b>25</b> <b>90,060</b>
26	Excess exempt expenses (Schedule I)			<b>26</b>
27	Excess readership costs (Schedule J)			<b>27</b>
28	Other deductions (attach schedule) <b>SEE STATEMENT 3</b>			<b>28</b> <b>2,477,183</b>
29	<b>Total deductions.</b> Add lines 14 through 28			<b>29</b> <b>5,215,631</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>30</b> <b>-1,058,490</b>
31	Net operating loss deduction (limited to the amount on line 30)			<b>31</b>
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			<b>32</b> <b>-1,058,490</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			<b>33</b> <b>1,000</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			<b>34</b> <b>-1,058,490</b>

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  **See instructions** and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
**(1)** \$ \_\_\_\_\_ **(2)** \$ \_\_\_\_\_ **(3)** \$ \_\_\_\_\_

**b** Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
**(2)** Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 ▶ **35c** \_\_\_\_\_

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) ▶ **36** \_\_\_\_\_

**37 Proxy tax.** See instructions ▶ **37** \_\_\_\_\_

**38 Alternative minimum tax** **38** \_\_\_\_\_

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** \_\_\_\_\_

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a** \_\_\_\_\_

**b** Other credits (see instructions) **40b** \_\_\_\_\_

**c** General business credit. Attach Form 3800 (see instructions) **40c** \_\_\_\_\_

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** \_\_\_\_\_

**e Total credits.** Add lines 40a through 40d **40e** \_\_\_\_\_

**41** Subtract line 40e from line 39 **41** \_\_\_\_\_

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (att. sch.) **42** \_\_\_\_\_

**43 Total tax.** Add lines 41 and 42 **43** **0**

**44a** Payments: A 2014 overpayment credited to 2015 **44a** \_\_\_\_\_

**b** 2015 estimated tax payments **44b** \_\_\_\_\_

**c** Tax deposited with Form 8868 **44c** \_\_\_\_\_

**d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d** \_\_\_\_\_

**e** Backup withholding (see instructions) **44e** \_\_\_\_\_

**f** Credit for small employer health insurance premiums (Attach Form 8941) **44f** \_\_\_\_\_

**g** Other credits and payments:  Form 2439 \_\_\_\_\_  
 Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total **u** **44g** \_\_\_\_\_

**45 Total payments.** Add lines 44a through 44g **45** \_\_\_\_\_

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **u** **46** \_\_\_\_\_

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **u** **47** \_\_\_\_\_

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **u** **48** \_\_\_\_\_

**49** Enter the amount of line 48 you want: Credited to 2016 estimated tax **u** **Refunded u** **49** \_\_\_\_\_

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

**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **u** \_\_\_\_\_ **Yes** **No**  
**X**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. \_\_\_\_\_ **Yes** **No**  
**X**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **u** \$ \_\_\_\_\_ **Yes** **No**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **u** **COST METHOD**

<b>1</b> Inventory at beginning of year	<b>1</b>	<b>751,388</b>	<b>6</b> Inventory at end of year	<b>6</b>	<b>899,875</b>
<b>2</b> Purchases	<b>2</b>		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	<b>-148,487</b>
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>				<b>X</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>	<b>751,388</b>			

**Sign Here**

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

**u** \_\_\_\_\_ **u** **CHAIRMAN**

Signature of officer Date Title

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

**Paid Preparer Use Only**

Print/Type preparer's name: **GREGORY P. HALL, CPA** Preparer's signature: **GREGORY P. HALL, CPA** Date: **08/04/16** Check  if self-employed  PTIN: **P00156653**

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

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

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) **N/A**

(2)  
(3)  
(4)

Public Inspection Copy

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		

Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>
-------	-------	---

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <b>N/A</b>			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

**Totals** ..... **u** Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).

**Total dividends-received deductions** included in column 8 ..... **u**

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

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

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

**Totals** ..... **u** Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....	<b>u</b>			

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> .....	<b>u</b>					

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) ..	<b>u</b>					

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>u</b>					
<b>Totals, Part II</b> (lines 1-5) .....	<b>u</b>					

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on page 1, Part II, line 14 .....

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**

Public Inspection Copy

Description

AGRICULTURAL PRODUCTION, CATERING SERVICES, HEALTHCARE  
CONSULTING

**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**

Description

Amount

CATERING INCOME

\$ 65,826

ACACIA SERVICES, LLC

1,086,828

ASHLAR CREATIVE SOLUTIONS, LL

1,584,488

TOTAL

\$ 2,737,142



Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
PENSION COSTS	\$ 20,445
TRAINING AND EDUCATION	6,573
OFFICE AND POSTAGE	9,683
FERTILIZER	210,626
ELECTRICITY	9,261
FUEL	4,844
TELEPHONE	16,643
GAS AND OIL	21,928
LIVESTOCK PURCHASES	7,500
BANK SERVICE FEES	30,490
TRASH REMOVAL	10,618
VETERINARY SERVICES	11,711
OTHER SERVICES	175,975
LTD ADMIN FEES	10,022
AUDIT FEES	2,282
UNEMPLOY AND WORKERS COMP	71,841
FOOD	594,890
PRODUCE - RESALE	318,581
TRAVEL	12,976
HOUSING ALLOWANCE	13,461
BOND INTEREST EXPENSE	62,380
SERVICE AGREEMENTS	21,643
OPERATING LEASES	191,544
INSURANCE	6,043
LEGAL EXPENSES	3,054
COST OF CONTRIBUTED SERVICES	-274
CLASSIFIED ADVERTISING	33,045
INTEREST EXPENSE ON INTERCOMPANY	192,354
PROMOTION	21,525
ALLOCATED ADMIN COSTS	70,154
DEFERRED FINANCING COST	357
OPERATING SUPPLIES	193,799
GREENHOUSE	220
INVENTORY ADJUSTMENTS	120,275
EMPLOYEE RECOGNITION	60
SUBSCRIPTIONS AND PROFESSIONAL DUE	654
TOTAL	\$ <u>2,477,183</u>