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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

A Fo	r the	2009 ca	lendar vea	r, or tax year beginnin	g 10-01-2009 and ending	09-30-2010			Inspection
		pplicable		C Name of organization				D Employer id	entification number
☐ Add			Please use IRS	Masonic Charity Founda	cion of CT			06-143592	20
Nar	ne cha	nae	label or print or	Doing Business As				E Telephone n	umber
Init		_	type. See Specific					(203) 678-	7857
Ter			Instruc- tions.	Number and street (or F PO Box 70	O box if mail is not delivered t	o street address	) Room/suite	<b>G</b> Gross receipts	\$ 92,729,955
☐ Am		return n pending		City or town, state or co Wallingford, CT 06492	untry, and ZIP + 4				
, ,,,,,	, ilea cio i	rpending	E Nam	L ne and address of princ				ı	
				r A Kıng	прагопісег			ıs a group retur ates?	n for ┌ Yes
			Walling	ford,CT 06492				II affiliates includ	ded?
I Ta	x-exen	npt status	501(c)	) (3) ◀ (insert no )	1947(a)(1) or			up exemption nu	
J W	ebsite	e: <b>►</b> WW	/W MASON	ICARE ORG					
				ion Trust Association	Other 🕨		<b>L</b> Year of fo	rmation 1995	M State of legal domicile CT
Pa	1	Sum	•	o organization's missis	on or most significant activ	utios			
	*	-	hedule O	e organization's missio	on or most significant activ	illes			
<u>မ</u>									
Governance									
ē.	,	Charle					6 h	250/ 25:52 725	
<u>රි</u>	2				scontinued its operations				
	3		_	_	ing body (Part VI, line 1a)				
Activities &	4				of the governing body (Par	t VI, line 1b)			
를	5			nployees (Part V , line .				5	
ਤੂ	6			•	ecessary)			6	260
•				ted business revenue	•		a		
	b	Net unr	elated busi	ness taxable income f	om Form 990-T, line 34		T	7	Ь
								or Year	Current Year
g <sub>i</sub>	8				e 1 h)			7,996,848	5,103,486
anue	9	Progra	am service	revenue (Part VIII, lın	e 2g)			0	
Reven	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						1,409,262	9,611,687
ш.	11				ines 5,6d,8c,9c,10c,ar			54,618	109,555
	Total revenue—add lines 8 through 11 (must equal Part VIII) 12)							9,460,728	14,824,728
	13				X, column (A), lines 1-3)			52,000	48,600
	14	Benefi	ts paid to c	or for members (Part I)	, column (A), line 4) .				0
8	15	Saları 10)	es, other co	ompensation, employed	e benefits (Part IX, columr	(A), lines 5-		504,977	517,622
<u>8</u>	16a	Profes	sional fund	raising fees (Part IX, o	olumn (A), line 11e) .				0
Expenses	ь	Total fu	ndraising exp	enses (Part IX, column (D),	line 25) ► 0				
_	17	Other	expenses (	(Part IX, column (A), lı	nes 11a-11d, 11f-24f) .			2,800,741	2,694,152
	18	Total	expenses /	Add lines 13-17 (mus	t equal Part IX, column (A	), line 25)		3,357,718	3,260,374
	19	Reven	ue less exp	oenses Subtract line 1	8 from line 12			6,103,010	11,564,354
Net Assets or Fund Balances							_	g of Current Year	End of Year
988 898 898	20	Total	assets (Par	t X, line 16)				126,495,200	143,921,455
절절	21	Total	liabilities (F	Part X, line 26)				2,864,534	2,556,741
žZ	22	Netas	sets or fun	d balances Subtract I	ne 21 from line 20			123,630,666	141,364,714
Par	t II	Sign	ature Bl	ock					
					examined this return, including a aration of preparer (other than o				
Sign	1	***	***				2011	-08-10	
Here			ature of office	er			Date	-00-10	
		L R Sc	ott Thelen As	st Treasurer					
			or print nam						
		Drain			Date	Ch	eck ıf	Preparer's identi	ıfvına number
Paid		Preparer signatur			Date	sel	f	(see instructions	
Paid Prepa	arer's	F '	r 			em	polyed 🕨 🦵	1	
Use (		ıf self-er	ame (or yours nployed),	· •	EIN 🕨				
- 3 <del>-</del> C	-iiiy		and ZIP + 4	r —				DI .	
_		<u>L</u>						Phone no 🕨	
May t	he IR	S discus	s this retu	rn with the preparer sh	own above? (see instruction	ons)			┌ Yes ┌ No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Masonic Charity Foundation of CT will promote, solicit, secure and steward charitable gifts from the Masonic family and the community to benefit the residents and patients of Masonicare and its affiliates, as well as to build further its Endowment Fund, with emphasis on meeting donors' gift giving objectives. The Masonic Charity Foundation of CT will be recognized as a financially successful and fiscally responsible philanthropic organization benefiting the residents and patients served by Masonicare and its affiliates by offering a full complement of gift giving opportunities

4c	(Code	) (Expenses \$	including grants of	\$ ) (Revenue \$	)
4b	(Code	) (Expenses \$	including grants of	\$ ) (Revenue \$	)
	support as needed to the tax	exempt affiliates within the	Masonicare system	t to its difficaces, manages all investmen	to, provides mandarana enantable
4a	(Code	) (Expenses \$	2,533,793 including grants of	\$ 48,600 ) (Revenue \$ t to its affiliates, manages all investmen	) its provides financial and charitable
	Section 501(c)(3) and 50 allocations to others, the	O1(c)(4) organizations total expenses, and re	and section 4947(a)(1) tr venue, if any, for each pro		nount of grants and
4	If "Yes," describe these o	-		*******************************	
3	services?		significant changes in how	vit conducts, any program	┌ Yes ┌ No
	If "Yes," describe these r				
	Did the organization under the prior Form 990 or 99 If "Yes," describe these r	0-EZ?			┌ Yes ┌ No

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	<b>Julieuules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
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	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		Νo
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No				
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No				
<del>l</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο				
b	If "Yes," enter the name of the foreign country ►							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?							
ia	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?	6a		Νο				
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο				
,	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No				
	file Form 8282?	7c		Νo				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal							
	benefit contract?	7e		Νo				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο				
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo				
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No				
)	Sponsoring organizations maintaining donor advised funds.			110				
	Did the organization make any taxable distributions under section 4966?	9a		Νο				
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο				
LO	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12   10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
L1	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )							
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							

R Scott Thelen 22 Masonic Avenue Wallingford, CT 06492 (203) 678-7857

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

Se	ection A. Governing Body and Management			
	etion A. Governing body and Flanagement		Yes	No
1a	Enter the number of voting members of the governing body	.4		
ь		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	<del>-</del>		
_	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ne <b>9</b>		No
	ection B. Policies (This Section B requests information about policies not required by the Internal		•	•
Re	evenue Code.)		T	
4.0		10	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	17 <b>11</b>	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris to conflicts?	e <b>12b</b>	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	. 13	Yes	
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a   16a		N o
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶CT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website 🔽 Another's website 🔽 Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table	lab.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of	tne orga	anızatıoı	7 <b>F</b>

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, director, trustee o	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
William L Greene Member	1 00	х						0	0	0
Stephen B McPherson Asst Secretary	40 00	х		Х				0	822,536	18,755
Stephanie Boudreau Member	1 00	х						0	0	0
Robert F Polito Jr Vice Chairman	1 00	х		Х				0	0	0
Randy Stevens Member	1 00	х						0	0	0
R Scott Thelen Asst Treasurer	40 00			Х				0	120,438	1,251
Martin Rudnick Member	1 00	х						0	0	0
Lyman J McWain Secretary/Tres	1 00	Х		Х				0	0	0
John T Kahler Member	1 00	х						0	0	0
Jennıfer A Kıng President	40 00	Х		Х				212,447	0	13,066
James Standish Assistant Treasurer	0						х	0	388,487	14,765
J Arthur Carbonaro Chairman	1 00	Х		х				0	0	0
Gregory Wentworth Member	1 00	Х						0	0	0
Gary W Arseneau Member	1 00	Х						0	0	0
Charles A McCollum Member	1 00	Х						0	0	0
Bonnie McWain Member	1 00	х						0	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1

	<u></u>		Yes	No
3	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	Yes	
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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			

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

rendered to the organization? If "Yes," complete Schedule J for such person . . . .

/A)

(A) Name and business address	Description of services	(C) Compensation	
Name and pusitiess address	Description of services	Compensation	
Masonicare Inc PO Box 70 Wallingford, CT 06492	Management services	249,900	
Glenmede Trust Company 1650 Market Street Suite 1200 Philadelphia, PA 191037391	Inv mgmt services	393,616	
Columbus Circle Investors One Station Place 8th Fl Stamford, CT 06902	Investment advisor	113,023	
Tabel combined for decreased on the state of			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►3

Form **990** (2009)

Νo

5

Form 99			f D					Page <b>9</b>
	<b>/1111</b>	Statement o			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated cam	paigns 1a					
E TO	b	Membership du	es 1b					
₩	C	Fundraising eve	ents 1c	172,472				
<u>≅</u> ,≅	d		rations 1d	11,623				
έŒ	e	Government grants	s (contributions) <b>1e</b>					
īio Sr.	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	4,919,391				
듩	g	Noncash contri	butions included in					
걸			<u> </u>	_	E 102 406			
<u>ت ج</u>	h	Total. Add lines	s 1a-1f		5,103,486			
ë				Business Code				
Ken	2a							
Program Serwce Revenue	Ь							
¥ Ce	C							
Ŗ	d							
Ē	e							
Ď	f	All other progra	am service revenue					
<u>*</u>	g	Total. Add lines	s 2a-2f		0			
	3		ome (including dividen		2.252.224			2 2 2 2 2 2
			ar amounts)		3,060,931			3,060,931
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	0			
	5	Royalties	(ı) Real	(II) Personal	, and the second			
	6a	Gross Rents	(i) iteal	(II) I elsolial				
	ь	Less rental						
	<sub>c</sub>	expenses Rental income						
	d	or (loss)	me or (loss)	<b>b</b> -	o			
	<u> </u>	Net rental incol	(i) Securities	(II) O ther	-			
	7a	Gross amount from sales of assets other than inventory	84,395,912	(,				
	ь	Less cost or other basis and	77,845,156					
		sales expenses	6 550 756					
	C C	Gain or (loss)	6,550,756	<b></b>	6,550,756			6,550,756
	d 8a	Gross income f			0,330,730			0,330,730
Other Revenue		Ψ	<u>,472</u> s reported on line 1c)					
Ę.		Jee ruiciv, iiii	a	60,071				
<u>ē</u>	ь	Less direct ex	penses b	60,071				
δ	С	Net income or (	(loss) from fundraising	events 🕦	0			
	9a	Gross income f See Part IV , lin	rom gaming activities ie 19 a					
	b c		penses <b>b</b> (loss) from gaming acti	vitios <b>F</b>	0			
	-	Gross sales of returns and allo	ınventory, less	vicies	-			
	ь	Less cost of g	a oods sold b					
	с	Net income or (	(loss) from sales of inve		0			
		Miscellaneous		Business Code				
	11a	Miscellaneous	_	40.7.7.7				
	b	Assets relsd fr	restrict	623,000	109,555	109,555		
	С		_					
	d	All other revenu						
	e	Total. Add lines			109,555			
	12	iotal revenue.	See Instructions .	· · • • [	14,824,728	109,555		9,611,687

Form 990 (2009) Page <b>10</b>							
Part	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) but are not required to complete columns (B), (C), and (D).							
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	34,000	34,000				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,600	14,600				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	14,000				
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors, trustees, and key employees	220,270		220,270			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0					
7	Other salaries and wages	214,804	134,326	80,478			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0					
9	Other employee benefits	54,022	21,023	32,999			
10	Payroll taxes	28,526	9,061	19,465			
11	Fees for services (non-employees)						
а	Management	249,900		249,900			
b	Legal	8,698	8,698				
с	Accounting	14,463		14,463			
d	Lobbying	0					
e	Professional fundraising See Part IV, line 17	0					
f	Investment management fees	617,210	617,210				
g	Other	37,737	37,737				
12	Advertising and promotion	0					
13	Office expenses	8,721	78	8,643			
14	Information technology	49,980	49,980				
15	Royalties	0					
16	Occupancy	59,976	59,976				
17	Travel	2,568	1,637	931			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	0					
20	Interest	176,489	176,489				
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	34,438	34,438				
23	Insurance	58,905	19,843	39,062			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Purchased Services	55,843	11,752	44,091			
b	Printing and Publications	13,654	13,654				
С	Postage and Shipping	14,705	9,402	5,303			
d	Community/Fraternal relations	14,665	14,665				
е	Charitable use of funds	1,244,224	1,244,224				
f	All other expenses	31,976	21,000	10,976			
25	Total functional expenses. Add lines 1 through 24f	3,260,374	2,533,793	726,581	0		
26	Joint costs. Check here ► ☐ If following SOP 98-2						
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (3.0.0.)		

Part X Balance Sheet (A) (B) End of year Beainning of vear 15.135 74.268 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 0 2 3 0 3 4 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 0 Notes and loans receivable, net . . . . . 7 8 0 Inventories for sale or use . . . . . . 887 9 -786 342.361 Land, buildings, and equipment cost or other basis Complete 10a 10a Part VI of Schedule D 10b 207.073 135.288 b Less accumulated depreciation . . . . 125,533 **10c** 110.068.330 11 129.160.795 11 14,639,884 12 13,004,795 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 1,583,333 13 1,507,687 13 Investments—program-related See Part IV, line 11 . . 14 14 0 62.098 15 39.408 15 126,495,200 16 16 143,921,455 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 310.412 17 132.752 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 2.554.122 25 25 Other liabilities Complete Part X of Schedule D . . . . . 2,423,989 26 **Total liabilities.** Add lines 17 through 25 . . . . . 2,864,534 26 2,556,741 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 49.277.488 27 64.550.251 27 Unrestricted net assets . . . . 28 2.078.496 28 2.330.714 Temporarily restricted net assets . . . . . Fund 72 274 682 29 74 483 749 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 123,630,666 141,364,714 33 Total net assets or fund balances . . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 126,495,200 34 143,921,455

# Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Both consolidated and separated basis			
3a	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?	3a		No
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	3b		No

Form **990** (2009)

### OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury
Internal Revenue Service

**SCHEDULE A** 

(Form 990 or 990EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Open to Public Inspection

Name of the organization Masonic Charity Foundation of CT ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

06-1435920

Pa	rt I	Reas	on for Pub	olic Charity Stat	<b>us</b> (All orga	anızatıons ı	must comple	ete this par	t.) See inst	ructions		
				foundation because								
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of d	hurches <b>se</b>	ction 170(b)(	1)(A)(i).				
2	$\Gamma$	A schoo	ol described	ın <b>section 170(b)(1)</b>	( <b>A</b> )(ii). (Atta	ach Schedul	e E )					
3	Γ	A hospi	hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>									
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	ıbed ın <b>sectio</b>	on 170(b)(1)(	( <b>A)(iii).</b> Ente	rthe	
5	Г	-	•	rated for the benefit	-	or university	owned or ope	erated by a g	overnmental	unıt describ	_ ed in	
	_	section	170(b)(1)(A	<b>\)(iv).</b> (Complete Pa	rt II )							
6		A feder	al, state, or l	ocal government or	governmenta	l unıt descri	bed in <b>sectio</b> i	n 170(b)(1)(	A)(v).			
7	Γ	describ	ed ın	t normally receives a <b>A)(vi)</b> (Complete Pa		part of its si	upport from a	governmenta	al unit or fron	n the genera	public	
8	Γ	A comm	nunity trust o	described in <b>section</b>	170(b)(1)(A	<b>)(vi)</b> (Comp	olete Part II )					
9	$\Gamma$	Anorga	nızatıon that	t normally receives	(1) more tha	n 331/3% of	ıts support fr	om contribut	ions, membe	rship fees, a	nd gros	s
		receipts	from activit	ties related to its ex	empt functioi	ns—subject i	to certain exc	eptions, and	(2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted busines:	s taxable inco	ome (less se	ction 511 tax	() from busın	esses	
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e <b>sect ion 50</b>	<b>9(a)(2).</b> (Cor	nplete Part I	II)			
10	Γ	Anorga	nızatıon orga	anızed and operated	exclusively t	to test for pu	ıblıc safety S	ee <b>section 50</b>	9(a)(4).			
11	<u>~</u>	one or r	nore publicly	anized and operated visupported organiza vies the type of suppo b Type II	tions describ orting organiz	ed in sectionation	n 509(a)(1) c	or section 50 11e through	9(a)(2) See	•	a)(3).	Check
e	굣	other th		x, I certify that the o on managers and oth								
f				eceived a written de	termınatıon f	rom the IRS	that it is a Ty	pe I, Type I	I or Type III	supporting	rganıza	atio <u>n,</u>
_		check t		006 boothoorgon		ad any sift a		from one of	<b>+</b> b.a			ı
g			g persons?	006, has the organiz	астоп ассерс	ed any gni o	Continuation	i iioiii aiiy oi	tile			
				ectly or indirectly co	ntrols, eithei	r alone or tog	gether with pe	rsons descr	ıbed ın (ıı)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organızat	ion?			11g(i)		Νο
		(ii) a fa	mıly membei	r of a person describ	ed ın (ı) abov	e?				11g(ii)		Νο
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii)		Νο
h		Provide	the following	g information about t	he supported	d organizatio	n(s)					
(i) Name of supported or ganization organization Organization  EIN Organization Org		on in anized	A mo	vii) ount of port?								
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
Tota	1			"								1,000,000

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

**EIN:** 06-1435920

Name: Masonic Charity Foundation of CT

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii)  Type of organization (described on lines 1-9 above or IRC section)	Is organiz (i) liste gove docui	the tation in in your rning ment?	Did yo the orga in (i) o supp	u notify inization of your port?	Is organiz (i) orga the l	ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Masonicare at Home Inc	202377783	12		No		No		No	0
Masonicare Home Health and Hospice	061101924	12		No		No		No	0
Masonicare at Newtown Inc	061040285	7		No		No		No	0
Masonicare at Ashlar Village Inc	061050830	12		No		No		No	0
Masonicare Health Center Inc	060655131	7		No		No		Νο	0
Masonicare Inc	061435919	11b		No		No		No	1000000

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 06-1435920

Name: Masonic Charity Foundation of CT

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Purchased Services	55,843	11,752	44,091	
Printing and Publications	13,654	13,654		
Postage and Shipping	14,705	9,402	5,303	
Community/Fraternal relations	14,665	14,665		
Charitable use of funds	1,244,224	1,244,224		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493222014561

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	Revenue Service Attach to Fe	orm 990. ► See separate instructions.			Tusbec	tion
	me of the organization sonic Charity Foundation of CT		Emp	loyer identificat	ion numb	er
ı·ıa:	one charty i outlination of Ci		06-1	435920		
Pa	rt I Organizations Maintaining Donor A		unds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	T		<b>b)</b> Funds and ot	har a a a a .	
L	Total number at end of year	(a) Donor advised funds	,	Funds and ot	ner accou	ints
2	· ·	1				
2 3	Aggregate contributions to (during year)  Aggregate grants from (during year)	4,978				
<b>,</b> 1	Aggregate value at end of year	97,643				
	•	,				
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	organization's exclusive legal control?			✓ Yes	☐ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				✓ Yes	┌ No
Pa	<b>Tt III</b> Conservation Easements. Complete	ıf the organization answered "Yes" to	o Forn	n 990, Part IV,	line 7.	
L 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure)	ertified	d historic structi	•	a
				Held at the E	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3 1	Number of conservation easements modified, transfe		d by th	e organızatıon d	uring	
5	Number of states where property subject to conserve Does the organization have a written policy regarding enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand	— Iling of	violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents dı	uring the year 🛌		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	; the year 🟲 \$ _		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2 (d) above satisfy the requirements of sec	tion		☐ Yes	∏ No
•	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial				
ar	Complete if the organization answered		or Otl	ner Similar A	ssets.	
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	h ın fu			е,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		
	,			· —		

**b** Assets included in Form 990, Part X

Using the organization's accession and other records, check any of the following that are a significant use of its contents (check all that apply)  Public exhibition  C Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose Part XIV  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?	oose in	n <b>Yes</b>					
b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purp Part XIV  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?	Г	Yes					
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpoper XIV</li> <li>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?</li> </ul>	Г	Yes					
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purp Part XIV</li> <li>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?</li> </ul>	Г	Yes					
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purp Part XIV</li> <li>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?</li> </ul>	Г	Yes					
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Yes					
De 17V. Fan a said C atadial A sanagarata Canadata Ciba a sanagata and Ilivarita Fa	rm 990		┌ No				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Fo		),					
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?	Γ	Yes	☐ No				
<b>b</b> If "Yes," explain the arrangement in Part XIV and complete the following table							
	A mou	ınt					
C Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an amount on Form 990, Part X, line 21?	J	Yes	No				
b If "Yes," explain the arrangement in Part XIV							
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line  (a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years		•\Four Ye	ears Back				
<b>1a</b> Beginning of year balance	y Buck (C	<b>57</b> 1 0 <b>4</b> 1 1 1	sars back				
<b>b</b> Contributions							
<b>c</b> Investment earnings or losses 10,845,603 -13,087,239							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities 720,549 15,270,726 and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the year end balance held as							
a Board designated or quasi-endowment <b>53.890</b> %							
b Permanent endowment 43.950 %							
C Term endowment ▶ 2.160 %							
3a Are there endowment funds not in the possession of the organization that are held and administered for the							
organization by		Yes	No				
(i) unrelated organizations	3a(i)	Yes					
(ii) related organizations	3a(ii)		No				
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3b		No				
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accum deprecia		( <b>d)</b> Bo	ok value				
1a Land							
<b>b</b> Buildings	2,400						
c Leasehold improvements							
<b>d</b> Equipment	31,717		40,687				

135,288

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	ļ · · ·	Cost or end-of	-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	13,004,795		
Part VIII Investments—Program Related. See			
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
	<u></u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Annuities payable-current	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Annuities payable-current	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721	· · · · · •	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Annuities payable.	5.)  (b) A mount  392,805 1,984,721		(b) Book value

Раг	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	]	
d	Other (Describe in Part XIV)	]	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV) 4b	]	
c	A dd lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part V , Line 4	Part V , Line 4 Intended uses of the	The endowment funds are used to support the phlanthropic
	endowment fund	mission and activities of Masonicare, Inc and its affiliates

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DLN: 93493222014561

OMB No. 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Intern	nal Revenue Service	► Atta	h to Form 990 or Form 990-EZ. 🏲 See separate instructions.					Inspection		
	ne of the organization sonic Charity Foundation o	of CT		E			Employer identification number			
ı'ı a:	some Charty Foundation o	11 C 1					06-1435920			
Pa		<b>ctivities.</b> Comple ers are not require			tion answered "Yes" s part.	to Form	990, Part IV	, line 17.		
1	Indicate whether the org	janization raised fund	ls through	any of the	following activities Ch	eck all tha	at apply			
а	Mail solicitations									
b	Internet and e-mail s	et and e-mail solicitations <b>f</b> $\Gamma$ Solicitation of government				vernment	grants			
c	c  Phone solicitations			ng events						
d	☐ In-person solicitatio	ons								
2a	or key employees listed	ın Form 990, Part VI	(I) or entity	y in conne	ction with professional	fundraisin	g activities?	Γ <sub>Yes</sub> Γ Ν		
b	If "Yes," list the ten high to be compensated at le									
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re fundrais	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
			Yes	No						
—	al	L		<b>-</b>						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					r repor	ted
			(a) Event #1  Masonicare Golf Classic	(b) Event #2  Masonicare Quality of Life Walk	(c) O ther Events	(Add co	otal Eve ol <b>(a)</b> th	
			(event type)	(event type)	(total number)			
EU-	1	Gross receipts	180,16	50,005			23	0,170
Revenue	2	Less Charitable contributions	127,280	5 43,807			17	1,093
	3	Gross income (line 1 minus line 2)	52,879	6,198			5	9,077
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	52,879	6,198			5	9,077
	10	Direct expense summary Add lin	ies 4 through 9 in columr	(d)	🛌		5	9,077
	11	Net income summary Combine li	nes 3, column d, and line	10				
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mo	ore than	n
Revenue			(a) Bıngo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otalgan ol <b>(a)</b> th	_
<u>&amp;</u>								
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct F	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	│ Yes% │ No					
	7	Direct expense summary Add line	s 2 through 5 ın column (	(d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7				
9 a		er the state(s) in which the organizate organization licensed to operate		<u> </u>	·	. 9a	Yes	No
b		No," Explain	gag acc			92	1	
10a b		e any of the organization's gaming 'es," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10	a	
11	Doe:	s the organization operate gaming	activities with nonmembe	ers?			L	
12		ne organization a grantor, beneficia						
	iotw	ied to administer charitable gaming	J			. 12	2	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493222014561

Open to Public Inspection

Name of the organization Employer identification number Masonic Charity Foundation of CT 06-1435920 Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of (c) IRC Code section (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applicable grant valuation non-cash assistance orassistance cash (book, FMV, appraisal, assistance or government other) 260758992 26.500 Masonicare Partners HH&H 501(c)(3) East Hartford 111 Founders Plaza Suite community services program East Hartford, CT 06108

Part III	Grants and Other Assista	ance to Individuals in the United States	. Complete if the organization	answered "Ye	es" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990	)) if additional space is needed.				

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	16	14,600			
See Additional Data Table					
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Charitable organizations that receive grants are required to submit periodic reports during the award year detailing the services provided to the East Hartford community that are supported by the grant from the EHVNA fund. The reports are reviewed by the fund committee during scheduled meetings

**Compensation Information** 

DLN: 93493222014561

OMB No 1545-0047

Open to Public

Inspection

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Masonic Charity Foundation of CT **Employer identification number** 

06-1435920

Pai	rt I Questions Regarding Compensation	on			
				Yes	Νο
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	·	organization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment?	4a	Yes	
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and i	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
Ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	A , line 1a, did the organization provide any non-fixed ' describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII				
	subject to the initial contract exception described in Part III	ın Regs section 53 4958-4(a)(3)? If "Yes," describe	8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he rebuttable presumption procedure described in Regulations	9		N o

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MIS  (ii) Bonus &  Incentive  compensation	GC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F)</b> Compensation reported in prior Form 990 or Form 990-EZ
Stephen B McPherson	(1) (11)	466,163	320,726	35,647		18,755	841,291	
Jennifer A King	(1) (11)	169,893	33,414	9,140		13,066	225,513	
James Standish	(1) (11)	323,201	65,143	143		14,765	403,252	
	-							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Line 7	Part I, Line 7 Non-Fixed payments not listed above	Compensation to reward the senior managers for achieving quality, strategic and financial goals for the organization

Schedule J (Form 990) 2009

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990** 

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

Attach to Form 990.

2009
Open to Public

Inspection

Name of the organization
Masonic Charity Foundation of CT

6-1435920

Employer identification number
6-1435920

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The financial statements are publicly available through EMMA and public securities markets. The financial statements are included as a part of the Masonicare Inc. consolidated financial statements. The certificate of incorporation and related documents are on file with the State of CT. Office of the Secretary of State. The conflict of interest policy is available upon request.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	See response to Part VI, Line 15a

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Annually, officers, directors and senior employees are required to complete a conflict of interest disclosure questionaire. The results of the officers' and directors' disclosures are reported at the board meetings. Senior employee disclosures are reported to the president. The entire process is coordinated by the Masonicare Corporate Compliance Officer. All respondents are advised to report any changes during the year that may present a conflict of interest.

ldentifier	Return Reference	Explanation
,	Form 990, Part VI, Line 11 Form 990 Review Process	Masonicare management reviews the tax return for completeness and accuracy. It is reviewed by the president and board chairman. The review process is then discussed with the full board. After responding to the comments and questions, changes are made as appropriate, the return is finalized and filed.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Masonicare Corporation, as sole corporate member, annually appoints the members of the affiliate board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The organization has a sole corporate member, Masonicare Corporation, with the right to appoint the members of the governing body and to participate in the organization's governance

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DLN: 93493222014561

2009

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

ame of the organization asonic Charity Foundation of CT	Employer identi	fication number			
Part I Identification of Disregarded Entities (Complete	ıf the organızatıon	answered "Yes" on	Form 990, Part I		
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	<b>(e)</b> nd-of-year assets	<b>(f)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat or more related tax-exempt organizations during the t	ions (Complete if ax year.)	the organization an	swered "Yes" on	Form 990, Part I	IV, line 34 because it had one
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) Direct controlling entity
ee Addıtıonal Data Table					

	ation of Related O					es" on For	m 990, Part IV, line	34
because if	t had one or more re	elated	organizations treated	d as a partnership di	uring the tax year.)			
		(c)		(-)		(h)	(i)	

(a) Name, address, and EIN of related organization	<b>(b)</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)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging
							Yes	No		Yes	No
Dart IV Identific	ation of Bolated (	)i	rations Tayabla a	s a Cormoration or	· Truct (Complete u	the erappization a	newor	od "V	os" on Form 000 Da	T\/	

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> 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	<b>(h)</b> Percentage ownership
	Management services	СТ	NA	C corp			
Masonicare Primary Care Physicians PC 22 Masonic Avenue Wallingford, CT06492 06-1491820	Physician medical practice	СТ	NA	С согр			
							_

Schedule R (Form 990) 2009		Pa	age <b>3</b>
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35,	or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b	Yes	
<b>c</b> Gıft, grant, or capıtal contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	<b>1</b> g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No

0	Reimbursement paid to other organization for expen	ses

- **p** Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2	If the answer to any of the above is "Yes,	" see the instructions for information on wh	no must complete this line, including cover	ed relationships and transaction thresholds

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved
(1) Masonicare at Ashlar Village Inc	r	155,813
(2) Masonicare at Newtown Inc	r	59,818
(3) Masonicare Health Center	r	689,100
(4) Masonicare Inc	r	3,046,123
(5) Masonicare Inc	b	132,220
(6)		

1q

Yes

No

No

No

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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**Software ID:** 09000047

**Software Version:** 2009v1.7

**EIN:** 06-1435920

Name: Masonic Charity Foundation of CT

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

	- Identification of Related Tax-	-xompt org	, a <u>a o o</u>		,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity
Masonicare at Home Inc  PO Box 70 Wallingford, CT06492 20-2377783	Provide companion/homemaker/personalcare service to elderly	СТ	501(c) (3)	9	NA
Keystone Indemnity Company Ltd  126 College Street Suite 400 Burlington, VT05401 03-0371612	Provide insurance services to Masonicare affiliates	VT	501(c) (3)	11a	NA
Masonicare Partners HomeHealth & Hospice  111 Founders Plaza Suite 200 East Hartford, CT06108 26-0758992	Provide home health services to clients of all ages	СТ	501(c) (3)	9	NA
Masonicare Home Health and Hospice Inc 33 North Plains Road Wallingford, CT06492 06-1101924	Provide home health services to clients of all ages	СТ	501(c) (3)	9	NA
Masonicare at Ashlar Village Inc PO Box 70 Wallingford, CT06492 06-1050830	Continuing care retirement and assisted living community	СТ	501(c) (3)	9	NA
Masonicare at Newtown Inc  PO Box 70 Wallingford, CT06492 06-1070285	Provide skilled nursing/assisted living services to elderly	СТ	501(c) (3)	9	NA
Masonicare Health Center PO Box 70 Wallingford, CT06492 06-0655131	Provide comprehensive medical services to elderly	СТ	501(c) (3)	3	NA
Masonicare Inc PO Box 70 Wallingford, CT06492 06-1435919	Parent holding and support organizatin for affiliate corp	СТ	501(c) (3)	116	NA