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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 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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: BRETHREN VILLAGE
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 3001 LITITZ PIKE PO BOX 5093
 City or town, state or country, and ZIP + 4: LANCASTER, PA 176065093

D Employer identification number: 23-1425014
E Telephone number: (717) 569-2657
G Gross receipts \$ 46,369,206

F Name and address of principal officer: PAMELA S FORMICA, 3001 LITITZ PIKE PO BOX 5093, LANCASTER, PA 176065093

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number: _____

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

J Website: WWW BV ORG

K Form of organization: Corporation Trust Association Other
L Year of formation: 1897 **M** State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE A CONTINUUM OF SERVICES AND CHRIST-LIKE CARE TO SUPPORT THE AGING PROCESS			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)		3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	17
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	618
6 Total number of volunteers (estimate if necessary)		6	500
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	35,799
b Net unrelated business taxable income from Form 990-T, line 34		7b	-3,138
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,124,308	1,010,179
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,836,627	31,892,217
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	643,729	504,787
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	970,409	265,918
		31,575,073	33,673,101
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,769,561	16,055,487
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 96,511		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,097,425	22,239,910
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	37,866,986	38,295,397	
19 Revenue less expenses Subtract line 18 from line 12	-6,291,913	-4,622,296	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	187,210,380	171,045,778
	21 Total liabilities (Part X, line 26)	178,631,776	168,473,892
22 Net assets or fund balances Subtract line 21 from line 20	8,578,604	2,571,886	

Part II Signature Block

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

Sign Here
 Signature of officer: *****
 Date: 2013-01-21
 Type or print name and title: PAMELA S FORMICA VP FINANCE

Paid Preparer's Use Only
 Preparer's signature: JULIUS GREEN CPA
 Date: _____
 Check if self-employed:
 Preparer's taxpayer identification number (see instructions): P00350393
 Firm's name (or yours if self-employed), address, and ZIP + 4: PARENTEBEARD LLC, 221 W PHILADELPHIA STREET SUITE 200, YORK, PA 174012993
 EIN: 23-2932984
 Phone no: (717) 846-7000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE MISSION OF BRETHERN VILLAGE IS TO PROVIDE A CONTINUUM OF SERVICES AND CHRIST-LIKE CARE TO SUPPORT THE AGING PROCESS AND TO ENHANCE THE SPIRITUAL, PHYSICAL, SOCIAL AND EMOTIONAL WHOLENESS OF RESIDENTS, TEAM MEMBERS, AND THE COMMUNITY

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 and section 4947(a)(1) trusts 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 \$ 12,138,713 including grants of \$) (Revenue \$ 11,700,490)

OUR COURTYARDS NURSING FACILITY FEATURES 120 RESIDENCES AND PROVIDES DEPENDABLE, PERSON CENTERED, QUALITY HEALTH CARE SERVICES TO INDIVIDUALS WHO MAY BE RECOVERING FROM AN ACCIDENT OR SURGERY OR WHO ARE IN NEED OF LONG TERM SERVICES THE FOCUS IS ON PROVIDING QUALITY CARE IN A HOME ENVIRONMENT OVER 42,800 RESIDENT DAYS OF NURSING SERVICE WERE PROVIDED DURING THE YEAR ENDED JUNE 30, 2012 APPROXIMATELY 46% OF THE RESIDENTS RECEIVING SERVICES WERE RECEIVING GOVERNMENT ASSISTANCE APPROXIMATELY \$1,300,000 ON A COST BASIS WAS PROVIDED IN CHARITY CARE FOR THE YEAR THE COURTYARDS STRESSES DIGNITY, INDEPENDENCE, RESPECT AND OVERALL WELL-BEING OF RESIDENTS AS THEY REQUIRE MORE ASSISTANCE DURING THE AGING PROCESS

4b (Code) (Expenses \$ 6,697,101 including grants of \$) (Revenue \$ 6,455,327)

OUR PERSONAL CARE OFFERS A CARING, INDEPENDENT LIVING ENVIRONMENT FOR RESIDENTS WHO NEED ASSISTANCE WITH ACTIVITIES OF DAILY LIVING SUCH AS BATHING, DRESSING, HOUSEKEEPING OR MEDICATIONS OVER 48,000 RESIDENT DAYS OF PERSONAL CARE SERVICES WERE PROVIDED DURING THE YEAR ENDED JUNE 30, 2012 ROUND-THE-CLOCK PERSONALIZED CARE IS PROVIDED TO RESIDENTS IN COMFORTABLE, HOME-LIKE APARTMENTS OR SUITES APPROXIMATELY 15% OF THE RESIDENTS RECEIVING SERVICES WERE SUBSIDIZED THROUGH GOVERNMENT AND ORGANIZATIONAL ASSISTANCE BENEVOLENT CARE OF APPROXIMATELY \$700,000 WAS PROVIDED IN THIS FISCAL YEAR

4c (Code) (Expenses \$ 13,204,606 including grants of \$) (Revenue \$ 12,727,905)

OUR INDEPENDENT RESIDENTIAL AREA ENABLES INDIVIDUALS TO CONTINUE LIVING IN AN INDEPENDENT SETTING WHILE BEING "CONNECTED" TO A CONTINUUM OF CARE IT OFFERS THE PERFECT MIX OF CONVENIENCE AND FLEXIBILITY FINANCIALLY, OUR WIDE RANGE OF ENTRANCE AND MONTHLY FEE PLANS FIT MOST BUDGETS A MAINTENANCE FREE HOME IS ONLY PART OF THE COMPREHENSIVE LIVING EXPERIENCE, WHICH INCLUDES AMONG MANY OTHER THINGS FITNESS CENTERS, THERAPEUTIC AND RECREATIONAL ACTIVITIES, TRANSPORTATION, DINING VENUES, AND PRIORITY ACCESS TO PERSONAL OR SKILLED CARE APPROXIMATELY 238,000 RESIDENT DAYS OF RESIDENTIAL LIVING WERE RECORDED DURING THE YEAR ENDED JUNE 30, 2012

(Code) (Expenses \$ 1,046,267 including grants of \$) (Revenue \$ 1,008,495)

OUR HOME CARE AGENCY BRINGS QUALITY HEALTH CARE SERVICES TO THE PRIVACY AND CONVENIENCE OF OUR CLIENTS' HOMES WHETHER THE CLIENT RESIDES IN OUR RESIDENTIAL SETTING OR RESIDES IN THE GREATER LANCASTER COMMUNITY OVER 30,000 HOURS OF PRIVATE DUTY HOME HEALTH SERVICES AND GOVERNMENT CONTRACT SERVICES WERE DELIVERED TO CLIENTS DURING THE YEAR ENDED JUNE 30, 2012

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,046,267 including grants of \$) (Revenue \$ 1,008,495)

4e Total program service expenses \$ 33,086,687

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Part I.</i>		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? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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	Yes	
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, 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 a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed PA; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAMELA S FORMICA VP - FINANCE, 3001 LITITZ PIKE, LANCASTER, PA 17606, (717) 581-4234.

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

Check if Schedule O contains a response to any question 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, 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, 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, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) F BARRY SHAW CHAIRMAN	1 50	X		X				0	0	0
(2) CAROL D HESS VICE CHAIRMAN	1 50	X		X				0	0	0
(3) DAVID L HAWTHORNE SECRETARY	1 50	X		X				0	0	0
(4) STEVEN L FAUS TREASURER	1 50	X		X				0	0	0
(5) STEVEN L EDRIS ASSISTANT SECRETARY/TREASU	1 50	X		X				0	0	0
(6) EVELYN I DEHMEY DIRECTOR	1 50	X						0	0	0
(7) DOUGLAS F DEIHM DIRECTOR	1 50	X						0	0	0
(8) ALAN R OVER DIRECTOR	1 50	X						0	0	0
(9) WILBUR G ROHRER DIRECTOR	1 50	X						0	0	0
(10) LARRY D SAUDER DIRECTOR	1 50	X						0	0	0
(11) S JOAN HERSHEY DIRECTOR EMERITA	1 50	X						0	0	0
(12) HENRY H GIBBEL DIRECTOR EMERITUS	1 50	X						0	0	0
(13) KATHY M LONG DIRECTOR	1 50	X						0	0	0
(14) JOHN N SNADER DIRECTOR	1 50	X						0	0	0
(15) CARROLL L KREIDER DIRECTOR EMERITA	1 50	X						0	0	0
(16) LEON E WHITEMAN RESIDENT COUNCIL PRESIDENT	1 50	X						0	0	0
(17) LINDA J HECK RESIDENT REPRESENTATIVE	1 50	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 (describe hours for related organizations in Schedule O)	(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			
(18) GARY N CLOUSER PRESIDENT	39 00			X				193,118	0	19,181
(19) PAMELA S FORMICA VP OF FINANCE	39 00			X				120,045	0	17,837
(20) PHILIP S HOLLINGER VP OF OPERATIONS	40 00			X				121,638	0	19,752
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								434,801	0	56,770

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 **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 15251	DINING SERVICES	1,714,257
AEGIS THERAPIES INC PO BOX 8103 FORT SMITH, AR 72902	THERAPY SERVICES	773,282
TAYLOR BRAND GROUP 226 N ARCH STREET LANCASTER, PA 17603	ADVERTISING AGENCY	277,311
MEDICAL STAFFING NETWORK LLC PO BOX 202996 DALLAS, TX 75320	NURSE AGENCY	220,974
STEVENS & LEE PC PO BOX 679 READING, PA 19603	ATTORNEY	169,568

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 **9**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	80,084				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	930,095				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		1,010,179			
Program Service Revenue			Business Code				
	2a	PERSONAL CARE AND RESI	623000	14,421,791	14,421,791		
	b	NURSING	623000	10,742,200	10,742,200		
	c	AMORT OF ADVANCE FEES	623000	3,323,477	3,323,477		
	d	OTHER RESIDENT SERVICE	623000	1,288,612	1,288,612		
	e	ANCILLARY SERVICES	623000	1,107,642	1,107,642		
	f	All other program service revenue		1,008,495	1,008,495		
g	Total. Add lines 2a-2f		31,892,217				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		696,446		696,446	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
		b	Gross rents	49,585			
		b	Less rental expenses	27,592			
		c	Rental income or (loss)	21,993			
	d	Net rental income or (loss)		21,993		21,993	
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory	12,451,055	8,285		
		b	Less cost or other basis and sales expenses	12,641,741	9,258		
		c	Gain or (loss)	-190,686	-973		
	d	Net gain or (loss)		-191,659		-191,659	
	8a	Gross income from fundraising events (not including \$ 80,084 of contributions reported on line 1c) See Part IV, line 18					
a			15,824				
b	Less direct expenses b		17,514				
c	Net income or (loss) from fundraising events		-1,690		-1,690		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	COFFEE SHOP REVENUE	722210	150,459		150,459		
b	CATERING	722320	29,746	29,746			
c	INSURANCE CLAIMS	900099	20,180		20,180		
d	All other revenue		45,230	6,053	39,177		
e	Total. Add lines 11a-11d		245,615				
12	Total revenue. See Instructions		33,673,101	31,892,217	35,799	734,906	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	480,728	408,248	69,803	2,677
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,874,932	10,124,122	1,686,051	64,759
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	237,656	181,676	53,694	2,286
9	Other employee benefits	2,572,023	2,165,218	393,730	13,075
10	Payroll taxes	890,148	758,786	126,518	4,844
11	Fees for services (non-employees)				
a	Management	18,000	18,000		
b	Legal	220,305		220,305	
c	Accounting	62,790		62,790	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	143,010		142,765	245
g	Other	2,894,160	2,307,989	586,171	
12	Advertising and promotion	315,311	10,922	304,389	
13	Office expenses	1,085,918	687,381	390,571	7,966
14	Information technology				
15	Royalties				
16	Occupancy	1,705,856	1,425,214	280,479	163
17	Travel	12,347	9,557	2,767	23
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,334	22,475	9,260	599
20	Interest	7,226,012	7,226,012		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,968,028	5,968,028		
23	Insurance	352,880		352,880	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD	1,132,196	1,127,141	5,055	
b	PHARMACY - DRUGS	264,120	258,807	5,313	
c	NURSING HOME ASSESSMENT	254,769		254,769	
d	MEDICAL SUPPLIES	196,198	196,198		
e					
f	All other expenses	355,676	190,913	164,889	-126
25	Total functional expenses. Add lines 1 through 24f	38,295,397	33,086,687	5,112,199	96,511
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,000	1	1,950
	2 Savings and temporary cash investments	6,119,300	2	5,185,224
	3 Pledges and grants receivable, net	550,704	3	358,909
	4 Accounts receivable, net	3,123,458	4	1,813,269
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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 Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	260,781	9	258,530
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	163,557,139		
	b Less accumulated depreciation	49,834,848	10c	113,722,291
	11 Investments—publicly traded securities	54,247,465	11	44,732,871
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,593,392	15	4,972,734
16 Total assets. Add lines 1 through 15 (must equal line 34)	187,210,380	16	171,045,778	
Liabilities	17 Accounts payable and accrued expenses	8,920,718	17	9,386,944
	18 Grants payable		18	
	19 Deferred revenue	22,566,241	19	23,107,066
	20 Tax-exempt bond liabilities	120,865,000	20	109,910,000
	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 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	26,279,817	25	26,069,882
	26 Total liabilities. Add lines 17 through 25	178,631,776	26	168,473,892
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-3,262,246	27	-9,513,230
	28 Temporarily restricted net assets	1,667,156	28	1,601,688
	29 Permanently restricted net assets	10,173,694	29	10,483,428
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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	8,578,604	33	2,571,886	
34 Total liabilities and net assets/fund balances	187,210,380	34	171,045,778	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,673,101
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,295,397
3	Revenue less expenses Subtract line 2 from line 1	3	-4,622,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,578,604
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,384,422
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,571,886

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
BRETHREN VILLAGE

Employer identification number

23-1425014

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 **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated 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 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 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. 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—2010.** If the organization did not check the 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—2011.** 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** 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 IV 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 IRC 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)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,405,433	1,481,656	1,548,638	1,014,533	1,010,179	8,460,439
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,387,139	25,746,836	25,967,575	28,836,627	31,908,041	137,846,218
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	28,792,572	27,228,492	27,516,213	29,851,160	32,918,220	146,306,657
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	302,000	365,210	325,000	720,000	133,500	1,845,710
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	302,000	365,210	325,000	720,000	133,500	1,845,710
8 Public Support (Subtract line 7c from line 6)						144,460,947

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	28,792,572	27,228,492	27,516,213	29,851,160	32,918,220	146,306,657
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	672,188	538,443	523,705	617,665	746,031	3,098,032
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	672,188	538,443	523,705	617,665	746,031	3,098,032
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-101,838	-106,887	-36,387	-13,130		-258,242
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	331,780	403,482	219,875	1,044,441	209,817	2,209,395
13 Total support (Add lines 9, 10c, 11 and 12.)	29,694,702	28,063,530	28,223,406	31,500,136	33,874,068	151,355,842
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	95.440 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	95.230 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	2.050 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.080 %

19a 33 1/3% support tests—2011. 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—2010. 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 **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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization BRETHREN VILLAGE

Employer identification number 23-1425014

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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 may 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" to Form 990, Part IV, line 7.

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? 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 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	6,823,594	6,090,271	5,675,876	6,548,432	
b Contributions			264	301	
c Investment earnings or losses	323,612	833,480	562,976	-662,949	
d Grants or scholarships					
e Other expenditures for facilities and programs	144,000	75,000	125,000	187,500	
f Administrative expenses	26,200	25,157	23,845	22,408	
g End of year balance	6,977,006	6,823,594	6,090,271	5,675,876	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Term endowment

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)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,337,656		1,337,656
b Buildings		144,607,081	39,683,527	104,923,554
c Leasehold improvements				
d Equipment		9,745,802	6,171,630	3,574,172
e Other		7,866,600	3,979,691	3,886,909
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				113,722,291

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	33,673,101
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,295,397
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,622,296
4	Net unrealized gains (losses) on investments	4	330,431
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,714,853
9	Total adjustments (net) Add lines 4 - 8	9	-1,384,422
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,006,718

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

1	Total revenue, gains, and other support per audited financial statements	1	32,287,517
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	330,431
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-1,714,853
e	Add lines 2a through 2d	2e	-1,384,422
3	Subtract line 2e from line 1	3	33,671,939
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	46,268
b	Other (Describe in Part XIV)	4b	-45,106
c	Add lines 4a and 4b	4c	1,162
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	33,673,101

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

1	Total expenses and losses per audited financial statements	1	38,294,235
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 XIV)	2d	45,106
e	Add lines 2a through 2d	2e	45,106
3	Subtract line 2e from line 1	3	38,249,129
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	46,268
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	46,268
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	38,295,397

Part 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUND IS INVESTED WITH AN EMPHASIS ON LONG-TERM GROWTH AND RETURN AND USES THE TOTAL RETURN CONCEPT FOR PERFORMANCE EVALUATION ANNUAL DISTRIBUTIONS ARE MADE FROM THE ENDOWMENT FUND FOR USE IN THE ORGANIZATION'S NORMAL OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT HAS DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2012 OR 2011 THE CORPORATION'S FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED JUNE 30, 2011, 2010, AND 2009 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST ADJUSTMENT - 39,053 VALUATION LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS -17,186 PENSION LIABILITY ADJUSTMENT -1,658,614 TOTAL TO SCHEDULE D, PART XI, LINE 8 -1,714,853
PART XII, LINE 2D - OTHER ADJUSTMENTS		PENSION LIABILITY ADJUSTMENT -1,658,614 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -39,053 VALUATION LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS -17,186
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -27,592 SPECIAL EVENT EXPENSES - 17,514
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 27,592 SPECIAL EVENT EXPENSES 17,514

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. See separate instructions.

Name of the organization BRETHREN VILLAGE

Employer identification number

23-1425014

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		BANQUET (event type)	GOLF OUTING (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	58,046	37,862		95,908
	2 Less Charitable contributions	51,671	28,413		80,084
	3 Gross income (line 1 minus line 2)	6,375	9,449		15,824
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		1,358		1,358
	6 Rent/facility costs	870	6,460		7,330
	7 Food and beverages	3,562			3,562
	8 Entertainment				
	9 Other direct expenses	3,362	1,902		5,264
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine lines 3 and 10 in column (d) ▶					-1,690

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide 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? Yes No

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 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- 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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BRETHREN VILLAGE

Employer identification number

23-1425014

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 in 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

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

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

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. 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
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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.

Identifier	Return Reference	Explanation
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**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.**

2011

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
BRETHREN VILLAGE

Employer identification number
23-1425014

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) Pool financing	
						Yes	No	Yes	No	Yes	No
A LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	514045ZC0	01-23-2008	122,715,000	CAMPUS REDEVELOPMENT		X	X			X

Part II Proceeds

	A	B	C	D				
1 Amount of bonds retired	12,805,000							
2 Amount of bonds defeased								
3 Total proceeds of issue	123,555,131							
4 Gross proceeds in reserve funds	8,577,348							
5 Capitalized interest from proceeds	11,199,972							
6 Proceeds in refunding escrow								
7 Issuance costs from proceeds	2,410,431							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds	1,307,883							
10 Capital expenditures from proceeds	87,879,623							
11 Other spent proceeds	13,488,750							
12 Other unspent proceeds								
13 Year of substantial completion	2011							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d 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?								
4 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	0 %							
5 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	0 %							
6 Total of lines 4 and 5	0 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if 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 Yes No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART II LINE 3		TOTAL PROCEEDS FROM BOND REPORTED ON PART II LINE 3 IS GREATER THAN THE ISSUANCE PRICE REPORTED ON PART I DUE TO INVESTMENT EARNINGS OF \$840,131

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2011

Open to Public Inspection

Name of the organization
BRETHREN VILLAGE

Employer identification number

23-1425014

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	PERSONS THAT ARE MEMBERS OF THE CHURCH OF THE BRETHREN, AND THAT HAVE CONTRIBUTED \$100 OR MORE, ARE ASKED TO RATIFY SELECTION OF THE INDEPENDENT ACCOUNTING FIRM
	FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT SUBMITS INFORMATION NECESSARY FOR TAX CONSULTANT TO PREPARE TAX RETURNS MANAGEMENT PARTICIPATES IN THE REVIEW PROCESS PRIOR TO PRESENTING TO THE FINANCE COMMITTEE OF BRETHREN VILLAGE FOR FINAL REVIEW AND APPROVAL RETURNS ARE THEN MADE AVAILABLE TO ALL BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL OF THE ORGANIZATION'S EXPENDITURES ARE SUBJECT TO APPROPRIATE APPROVALS THROUGH THE ORGANIZATION'S PURCHASING POLICY ADDITIONALLY, TRANSACTIONS WITH ANY COMPANIES AFFILIATED WITH BOARD MEMBERS ARE MONITORED AND ANALYZED BY THE ACCOUNTING DEPARTMENT AND REPORTED IN OUR ANNUAL DISCLOSURE STATEMENT, IF APPLICABLE BRETHREN VILLAGE HAS A CONFLICT OF INTEREST POLICY WHICH IS DIRECTED NOT ONLY TO DIRECTORS AND OFFICERS, BUT TO ALL TEAM MEMBERS WHO CAN INFLUENCE THE ACTIONS OF BRETHREN VILLAGE DISCLOSURE OF CONFLICTS SHOULD BE MADE TO THE PRESIDENT (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD OR DULY CONSTITUTED COMMITTEE THEREOF DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR), WHO SHALL BRING THE MATTER TO THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF ANY BOARD OF DIRECTOR MEMBER HAVING A DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER SHOULD NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER, AND SHOULD NOT BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING THE MINUTES OF THE MEETING SHOULD REFLECT THAT A DISCLOSURE WAS MADE, THE ABSTENTION FROM VOTING, AND THE QUORUM SITUATION EACH MEMBER OF THE BOARD, CORPORATE OFFICERS, AND MEMBERS OF THE BOARD COMMITTEES SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) HAS AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTANDS THAT BRETHREN VILLAGE IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES
	FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMMITTEE OF BRETHREN VILLAGE BOARD ESTABLISHES COMPENSATION FOR PRESIDENT AND VICE PRESIDENTS THE COMMITTEE RELIES ON EXTERNAL DATA INCLUDING AN EXECUTIVE WAGE SURVEY, SPECIFIC FOR THE SENIOR LIVING INDUSTRY, AS WELL AS OTHER COMPARABLE WAGE INDICATORS (ECONOMIC OUTLOOK, ETC) COMPENSATION FOR OTHER POSITIONS (POSSIBLY KEY EMPLOYEES) WITHIN THE ORGANIZATION ARE ESTABLISHED USING INTERNALLY DEVELOPED DATA (COMPENSATION RANGES) AND EXTERNAL SURVEY DATA FROM STATE ASSOCIATION AND OTHER SIMILAR GROUPS SALARIES ARE REVIEWED ANNUALLY MINUTES OF THE COMMITTEE MEETINGS ARE RECORDED AND FILED SALARY ADJUSTMENTS ARE FORWARDED TO THE HR DEPARTMENT BY THE PRESIDENT WITH THE PROPER DOCUMENTATION/AUTHORIZATION
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990 PART VII SECTION A	AVERAGE HOURS PER WEEK FOR DIRECTORS FOR RELATED ORGANIZATIONS ARE 2 HOURS AVERAGE HOURS PER WEEK FOR OFFICERS FOR RELATED ORGANIZATIONS ARE AS FOLLOWS GARY CLOUSER - 1 HOUR PAMELA FORMICA - 1 HOUR
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 330,431 CHANGE IN VALUE OF SPLIT-INTEREST ADJUSTMENT - 39,053 VALUATION LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS -17,186 PENSION LIABILITY ADJUSTMENT -1,658,614 TOTAL TO FORM 990, PART XI, LINE 5 -1,384,422
	FORM 990, PART XII, QUESTION 2C	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE REVIEW OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **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

Name of the organization
BRETHREN VILLAGE

Employer identification number
23-1425014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BRETHREN SERVICES INC PO BOX 5093 LANCASTER, PA 176065093 23-2293927	PROVIDES LOW INCOME HOUSING FOR THE ELDERLY AND HANDICAPPED	PA	501(C)(3)	9	BRETHREN VILLAGE	Yes	
(2) BRETHREN SERVICES II INC PO BOX 5093 LANCASTER, PA 176065093 20-2081463	PROVIDES LOW INCOME HOUSING FOR THE ELDERY	PA	501(C)(3)	9	BRETHREN VILLAGE	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BRETHREN SERVICES I	P	75,152	FAIR MARKET VALUE
(2) BRETHREN SERVICES II	P	63,846	FAIR MARKET VALUE
(3) BRETHREN SERVICES I	K	98,918	FAIR MARKET VALUE
(4) BRETHREN SERVICES I	N	65,973	FAIR MARKET VALUE
(5) BRETHREN SERVICES II	K	79,778	FAIR MARKET VALUE
(6) BRETHREN SERVICES II	N	65,973	FAIR MARKET VALUE

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Software ID:
Software Version:
EIN: 23-1425014
Name: BRETHREN VILLAGE

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) BRETHREN SERVICES I	P	75,152	FAIR MARKET VALUE
(2) BRETHREN SERVICES II	P	63,846	FAIR MARKET VALUE
(3) BRETHREN SERVICES I	K	98,918	FAIR MARKET VALUE
(4) BRETHREN SERVICES I	N	65,973	FAIR MARKET VALUE
(5) BRETHREN SERVICES II	K	79,778	FAIR MARKET VALUE
(6) BRETHREN SERVICES II	N	65,973	FAIR MARKET VALUE

Additional Data

Software ID:

Software Version:

EIN: 23-1425014

Name: BRETHERN VILLAGE

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 1,046,267 including grants of \$) (Revenue \$ 1,008,495)

OUR HOME CARE AGENCY BRINGS QUALITY HEALTH CARE SERVICES TO THE PRIVACY AND CONVENIENCE OF OUR CLIENTS' HOMES WHETHER THE CLIENT RESIDES IN OUR RESIDENTIAL SETTING OR RESIDES IN THE GREATER LANCASTER COMMUNITY OVER 30,000 HOURS OF PRIVATE DUTY HOME HEALTH SERVICES AND GOVERNMENT CONTRACT SERVICES WERE DELIVERED TO CLIENTS DURING THE YEAR ENDED JUNE 30, 2012