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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)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047
/2000
LZUUO
errio Public
Inspection

Form **990** (2008)

A	For the	e 2008 calendar year, or tax year beginning $SEP \ 1$ , $2008$ and ending	AUG 31, 2009					
В	Check if applicable	Please use IRS	D Employer identific	ation number				
	Addre							
Ę	Name chang initial	Doing Business As	36-21	182048				
	retum Termi	Consider		E Telephone number 708-352-4240				
	Amen return	City or town, state or country, and ZIP + 4	G Gross receipts \$	22,132,598.				
L	Application pendi		H(a) Is this a group re					
		F Name and address of principal officer: FRANKLIN E. CLINE SAME AS C ABOVE	for affiliates?	Yes X No				
_	Tavear	empt status	H(b) Are all affiliates incl	uded? <b>Yes Mo</b> st. (see instructions)				
_		te: N/A	H(c) Group exemption					
				State of legal domicile IL				
	art I							
0	1	Briefly describe the organization's mission or most significant activities:						
Activities & Governance								
erii	2	Check this box If the organization discontinuous operations or disposed of n	nore than 25% of its assets					
Š	3	Number of voting members of the governing body (Part REGELYED	3	6				
~	4	Number of independent voting members of the government (Ranging ine 1b)	4	3				
ties	5	Total number of employees (Part V, line 2a)		5 <u>2</u> 25				
⋛	6 -		[]	0.				
Ac		Total gross unrelated business revenue from Part VIII, line (C)	7a 7b	0.				
	1 6	Net unrelated business taxable income from 990 T, line 34	Prior Year	Current Year				
•	8		1,303,395.	317,572.				
Revenue	1 .		26,777.	26,473.				
eve	10	Investment income (Part VIII, Inite 2000) AN 2013 Investment income (Part VIII, column (A) Mes 3, 4, and 7d)	2,042,108.	-1,551,611.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d_8c_9c, 10c, and 11e)	16,821.	55,070.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII), column (A), line 12)	3,389,101.	-1,152,496.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	175,535.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,588,457.	1,620,911.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	······································	<del></del>				
Ř	· b	Total fundraising expenses (Part IX, column (D), line 25)	1 210 262	1 227 264				
-	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,218,263.	1,327,264.				
	_	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,982,255. 406,846.	2,948,175. -4,100,671.				
= 5	19 3	Revenue less expenses. Subtract line 18 from line 12						
Assets or	20	Tatal assets (Part V line 16)	Beginning of Year 57, 293, 550.	End of Year 51,498,694.				
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	396,266.	432,108.				
ē	200	Net assets or fund balances. Subtract line 21 from line 20	56,897,284.	51,066,586.				
P	art II	Signature Block	<u> </u>					
	ভিয	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best of my knowledg	e and belief, it is true, correct,				
	<del>-</del> -√	and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled						
Sig	100 00	Franklei E Clue	1-16.2	<u> </u>				
He	re-	Signature of officer	Date					
	$\square$	FRANKLIN E. CLINE, GRAND SECRETARY						
_		Type or print name and title	Objective	J				
Pa	STANFIED STANFIED	Preparer's signature Sunt W. Leagh 1-14-13	self- (seé ins	r's identifying number tructions)				
Pre	párer's	signature V / Sant W - Now V - 17-13 Firm's name (or FCK SCHAFFD & DIINKF LLD	employed					
Us	e Önly	Firm's name (or ECK, SCHAFER & PUNKE LLP self-employed), 600 EAST ADAMS	EIN ►					
		SPRINGFIELD, IL 62701–1624	Phone no. > 2	17-525-1111				
	av the I	RS discuss this return with the preparer shown above? (see instructions)	FIIONE IIU > 2	X Yes No				
1416	., <u></u> 1	and retern than are propored shortil deeptor (see instruction)						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(Expenses \$ Including grants of \$
4e Total program service expenses ▶ \$ 2,056

Other program services. (Describe in Schedule O.)

rants of \$\,\) (Revenue \$\,\) 2,056,172. (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

			Yes	No_
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	_	X
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		
6	Did the organization maintain any donor advised funds or any 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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
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 United States? If "Yes," complete Schedule F, Part II	15		X
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 United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			v
	If "No", go to question 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	05+		v
00	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<del> </del>	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	27		x
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		990	2008)

AS AMENDED

Part IV Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		_X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		,	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		_X_
34	Was the organization related to any tax-exempt or taxable entity?		'	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		1	
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tay purposes? If "Ves." complete Schedule R. Part VI	37		X

Form **990** (2008)

## AS AMENDED

Kai	t V Statements Regarding Other IRS Filings and Tax Compliance								
			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			ĺ					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	į į							
	(gambling) winnings to prize winners?	1c	X	ļ					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ĺ							
	filed for the calendar year ending with or within the year covered by this return 2a 52			ĺ					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	ļ	X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country:								
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and								
_	Financial Accounts.	_		v					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>						
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	F-							
62	Did the organization solicit any contributions that were not tax deductible?	5c 6a		Х					
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua							
	were not tax deductible?	6ь							
7	Organizations that may receive deductible contributions under section 170(c).	, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	1	X					
b									
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal								
	benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		X					
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	X					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)								
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		1						
_	excess business holdings at any time during the year?	8	ļ	ļ					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1						
a	Did the organization make any taxable distributions under section 4966?	9a		-					
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: N/A								
a	Initiation fees and capital contributions included on Part VIII, line 12  Cross receipts, included on Form 200, Part VIII, line 12 for public use of club feetlines.								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter: N/A								
11	Gross income from members or shareholders								
a b	Gross income from other sources (Do not net amounts due or paid to other sources against								
J	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b								
	TT TA   IND								

AS AMENDED

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			:
	officer, director, trustee, or key employee?	_ 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
ь	The governing body?  Each committee with authority to act on behalf of the governing body?  AS AMENDED	8b	Х	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			l
	and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			į
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies		r	
			Yes	No
12a		12a	X	<b> </b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1		
	to conflicts?	12b	X	<b>—</b>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			ĺ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			ĺ
а	The organization's CEO, Executive Director, or top management official?	15a	X	<u> </u>
b	Other officers or key employees of the organization?	15b	X	
	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?	16a	ļ	X
b	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		1	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 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.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	<b>&gt;</b>	
	CRYSTAL KERN - 217-529-8900			
	2866 VIA VERDE, SPRINGFIELD, IL 62703			
83200	6	Form	1 <b>990</b>	(2008)

# 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. 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 the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average	(C) Position					<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual frustee or director	ec setsual frustee	all t	Key employee	Highest compensated compensated compensated complements	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DANIEL C. YANDEL GRAND MASTER	8.00						0.	13,800.	0
RICHARD L. SWANEY DEPUTY GRAND MASTER	8.00						0.	0.	0
TERRY L. SEWARD	0.00							•	
SENIOR GRAND WARDEN	8.00						0.	0.	0
BARRY D. WEER JUNIOR GRAND WARDEN	8.00						0.	0.	0
DAVID W. MILLER GRAND TREASURER	20.00	ļ					0.	3,000.	0
BENNY L. GRISHAM GRAND SECRETARY	20.00						 0.	37,800.	0
WILLIAM E. KISER ADMINISTRATOR	40.00						82,290.	0.	0
				4	Δ	S	AMEN	DED	
			-						

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Form 990 (2008)

	Name and title	Average hours per	(c		osi				Reportable	Reportable	- 1		ed
			(check all that apply)				арр	ly)	compensation from	compensation from related		amount	of
		week	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensa from th organizat and relat organizat	ation e ion ted
			E	3	3	A	2	<b>₩</b>	ENDE	, <u>PL</u>			
	<b>Total</b> Total number of individuals (including thos	e in 1a) who re	celv	ed n	nore	tha	<b>▶</b> ın \$1	00,0	82,290 000 in reportable	54,600	).		0
	compensation from the organization	<del>.</del>							······		<u> </u>	Yes	No
	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or h	nighest compensated e	employee on		3	х
á	For any individual listed on line 1a, is the s and related organizations greater than \$15	50,000? <i>If</i> "Yes	," cc	mpl	ete .	Sch	edul	e J i	for such individual			4	x
	Did any person listed on line 1a receive or the organization? If "Yes," complete Schei				rom	any	y uni	relat	ed organization for ser	vices rendered to		5	х
1 (	on B. Independent Contractors  Complete this table for your five highest of the organization.  NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more that	n \$100,000 of comp	ensat	on from	
	(A) Name and busines:	s address	-						(B) Description of	services	Coi	(C) mpensatio	on
						_							
2	Total number of independent contractors	(including thos	e in	1) w	ho r	ece	ıved	moi	re than \$100,000 in co	mpensation			

Pa	rt VII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1 a	Federated campaigns	1a					
ē jā	b	Membership dues	1b					
S, E	С	Fundraising events	1c					
ar a	d	Related organizations	1d					
S, E	е	Government grants (contribu						
Sisi	f	All other contributions, gifts, gran	·					
F E	•	similar amounts not included abo		17,572.				
i d	~			21,0120				
Contributions, gifts, grants and other similar amounts	9 h	Noncash contributions included in lines  Total. Add lines 1a-1f	s (a-1) \$		317,572.			
-	<del></del>	Total: Add lilles Ta-11		Business Code				
	2 -	FEES FOR SERVICE	ידי	900099	26,473.	26,473.		i
Š				300033	20,413.	20,413.		
ie S	b							
E S	C		•					
Re	d				A	CABA	E BIR	
Program Service Revenue	e				ودم ا	S AM		
_		All other program service revo	enue		26,473.		•	
$\rightarrow$		Total. Add lines 2a-2f	1 1 1	<u> </u>	20,473.			<u>}</u>
	3	Investment income (including	aividenas, intere		2,057,184.			2057184.
	_	other similar amounts)		_	2,031,104.			2037104.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties			<del> </del>		.,	
			(i) Real	(II) Personal	_			
	6 a				-			
	ь	•			-			
	С	` '			-			
		Net rental income or (loss)		<b>_</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other	_			
		assets other than inventory	19676299		-			
	ь	Less cost or other basis	0 2 2 2 5 2 2 4					
		and sales expenses	23285094		-			
	C	Gain or (loss)	-3608795	· · · · · · · · · · · · · · · · · · ·				
		Net gain or (loss)			-3608795.			-3608795 <b>.</b>
Other Revenue	8 a	Gross income from fundraising sincluding \$	ng events (not of					
e e		contributions reported on line	e 1c). See					
<u> </u>		Part IV, line 18	а					
풀	b	Less: direct expenses	b					
0		Net income or (loss) from fun	draising events	<b></b>				[
		Gross income from gaming a						
		Part IV, line 19	а					
	b	Less: direct expenses	b		1			
		Net income or (loss) from gar	ming activities	<b>&gt;</b>	1			
		Gross sales of inventory, less	-					
		and allowances	а	•				
	b	Less: cost of goods sold	b		1			
		Net income or (loss) from sale	es of inventory	<b></b>	1			
ļ		Miscellaneous Revent		Business Code				
Ì	11 a	OTHER INCOME		900099	44,370.	44,370.		1
ŀ		FARM INCOME		110000	10,700.	, , , , , , , , , , , , , , , , , , ,		10,700.
Ī	c	·					·	1
	d							
	e	Total. Add lines 11a-11d		<b>&gt;</b>	55,070.			
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	Oc, and 11e	-1152496.	70,843.	0.	-1540911.
83200 02-02	)9 -09							Form <b>990</b> (2008)

### 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).										
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</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		11.1.1		·····						
2	Grants and other assistance to individuals in	,									
	the U.S. See Part IV, line 22		53 AS C-1 19 T 18 T 19 T 19 T 19 T 19 T 19 T 19	97-10	***************************************						
3	Grants and other assistance to governments,	AS A	MEND								
	organizations, and individuals outside the U.S.		;								
	See Part IV, lines 15 and 16		- <del></del>								
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·								
5	Compensation of current officers, directors,										
	trustees, and key employees	82,290.	57,603.	24,687.							
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	1,262,249.	877,524.	384,725.							
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)	36,180.	25,163. 96,165.	11,017. 42,103.							
9	Other employee benefits	138,268.	96,165.								
10	Payroll taxes	101,924.	70,889.	31,035.							
11	Fees for services (non-employees):		<del></del>								
а	Management										
b	Legal	6,000.		6,000.							
С	Accounting	21,332.		21,332.							
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees	228,987.		228,987.							
9	Other	24,838.	24,838.								
12	Advertising and promotion										
13	Office expenses	3,773.	<u>-</u>	3,773.							
14	Information technology										
15	Royalties										
16	Occupancy	101,166.	96,108.	5,058.							
17	Travel	2,110.		2,110.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	4,078.	2,864.	1,214.							
20	Interest	536.	536.								
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	249,294.	199,435.	49,859.							
23	Insurance	125,541.	89,135.	36,406.	<del></del> .						
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	DECIDEND CUDDITEC	149,475.	149,475.								
b	RESIDENT SERVICES	78,926.	78,926.								
c	BUILDING AND GROUND MAI	51,722.	49,135.	2,587.							
d	EDUCATION EXPENSE	41,267.	41,267.								
e	RECREATION AND ACTIVITI	35,694.	35,694.								
f	All other expenses	202,525.	161,415.	41,110.							
25	Total functional expenses. Add lines 1 through 24f	2,948,175.	2,056,172.	892,003.	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										

832010 12-18-08

Form **990** (2008)

Pai	TX	Balance Sheet							
				(A) Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing		-7,700.	1				
	2	Savings and temporary cash investments		601,967.		751,361.			
	3	Pledges and grants receivable, net		Ţ <u>.</u>	3				
	4	Accounts receivable, net	-	4					
	5	Receivables from current and former officers, d	rectors trustees kev			<del></del>			
		employees, or other related parties. Complete F		5					
	6	Receivables from other disqualified persons (as	AS AM	-	VDFD				
	٦	4958(f)(1)) and persons described in section 49			Sur A	S TOWN WHEN			
		Part II of Schedule L	30(c)(3)(b) Complete		6				
(A	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use			8	····			
As	9			49,937.		50,122.			
	l	Prepaid expenses and deferred charges	10a   8,810,27	***************************************	9	30,122.			
	ı	Land, buildings, and equipment cost basis	10a 8,810,27	<del>  </del>					
	D	Less: accumulated depreciation. Complete	10b 4,469,49	1 4 490 350	40.	4,340,782.			
		Part VI of Schedule D	10b 4,469,49	1. 4,480,350. 51,891,364.	10c	41,617,833.			
	11	Investments - publicly traded securities	31,891,304.		4,623,851.				
	12	Investments - other securities. See Part IV, line		12	4,023,031.				
	13	Investments - program-related. See Part IV, line		13					
	14	Intangible assets	277 622	14	114 745				
	15	Other assets. See Part IV, line 11	277,632.	-	114,745.				
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 34)	57,293,550.		51,498,694.			
	17	Accounts payable and accrued expenses	150,485.	17	134,789.				
	18	Grants payable		18					
	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·				
	20	Tax-exempt bond liabilities			20				
es	21	Escrow account liability. Complete Part IV of Sc	hedule D		21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Liabilities	22	Payables to current and former officers, director	rs, trustees, key employees,						
jab		highest compensated employees, and disqualit	ied persons. Complete Part I	1					
_		of Schedule L		22					
	23	Secured mortgages and notes payable to unre		23					
	24	Unsecured notes and loans payable			24				
	25	Other liabilities. Complete Part X of Schedule D		245,781.	25	297,319.			
	26	Total liabilities. Add lines 17 through 25		396,266.	26	432,108.			
		Organizations that follow SFAS 117, check h	ere 🕨 🗓 and complete	e [					
es		lines 27 through 29, and lines 33 and 34.							
i E	27	Unrestricted net assets		51,324,458.	27	45,742,501.			
3ale	28	Temporarily restricted net assets		207,447.	28	230,092.			
B	29	Permanently restricted net assets		5,365,379.	29	5,093,993.			
Ē		Organizations that do not follow SFAS 117, of	heck here 🕨 🔲 and	Į.					
Net Assets or Fund Balances		complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds	i e		30				
SS	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31				
et 6	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32				
ž	33	Total net assets or fund balances		56,897,284.	33	51,066,586.			
	34	Total liabilities and net assets/fund balances		57,293,550.	34	51,498,694.			
Pa	rt XI					Yes No			
			□ ( <del>.</del>			Yes No			
1		ounting method used to prepare the Form 990:		Other					
2a		the organization's financial statements compile			2a X				
b		e the organization's financial statements audited			2b X				
c		es" to lines 2a or 2b, does the organization have			e audit	,   2c   X			
	review, or compilation of its financial statements and selection of an independent accountant?								
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								
		and OMB Circular A-133?				3a X			
b	If "Ye	es," did the organization undergo the required au	dit or audits?			3b			
92201	1 12 10	0.00				Form <b>990</b> (2008)			

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

		. U	ILLINOI	S MASONIC CH	ILDRE	N'S H	OME			36	5-2182048
Pε	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) (see inst	tructions)		
The	organ	ization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	ation.)				
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)			
2		A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)						
3		A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	<b>(A)(iii).</b> (Att	tach Sche	dule H.)	
4		A medical re	search organization	operated in conjunction	with a hos	pital desci	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
		city, and stat	te:								
5		An organizat	on operated for the	benefit of a college or ui	niversity ov	wned or op	erated by	a govern	mental uni	t describe	ed In
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın <b>sectio</b>	n 170(b)(1	)(A)(v).			
7	X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	oublic described in
		section 170	(b)(1)(A)(vi). (Comple	te Part II.)			_				
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9				eives (1) more than 33		•	rom contri	butions, m	nembershi	p fees, ar	nd gross receipts from
		_	-	nctions · subject to certa						•	= -
			•	axable income (less sect	•	•	•				<del>-</del>
			509(a)(2). (Complete	•		•		·			
10				perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	l). (see ins	tructions	)
11		An organizat	ion organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one or
		more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(	a)(3). Che	eck the box that
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.				
		a Type	l <b>b</b> □	Type II o	с 🔲 Тур	e III - Fund	tionally int	egrated		d 🗔	Type III - Other
e		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified j	persons other than
		foundation n	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2).
f		If the organiz	ation received a writ	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
			rganization, check th								
g		Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?	
		(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	lescribed i	ın (ıı) and (	III) below,	Yes No
		the gov	erning body of the si	upported organization?							11g(i)
		(ii) A family	member of a persor	n described in (i) above?	,						11g(ii)
		(iii) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii)
h	I	Provide the f	ollowing information	about the organizations	the organ	ization su	oports.				- '
			-	-	-						
- (i	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amount of
١٠.		anization	(, 2	organization (described on lines 1-9	, ,,	sted in your			organizáti (i) organiz	on in col   ed in the	support
				above or IRC section		document?	` ' '		US	7	• •
				(see instructions))	Yes	No	Yes	No	Yes	No	
			ļ						ļ		
					ļ	<u> </u>		-		<b></b>	
Tota	al										

Schedule A (Form 990 or 990-EZ) 2008

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

Schedule A (Form 990 or 990-EZ) 2008 ILLINOIS MASONIC CHILDREN'S HOME 36-21820

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	1176584.	308,912.	421,670.	1330172.	317,572.	3554910.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			,			<del></del>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1176504	200 012	401 670	1220172	217 572	2554010
	Total. Add lines 1 - 3	1176584.	308,912.	421,670.	1330172.	317,572.	3554910.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			AS A	MEN	nen	
	on line 1 that exceeds 2% of the			——————————————————————————————————————	A COMMENS OF	Sund Shall	
	amount shown on line 11,						
	column (f)						2554010
	Public Support. Subtract line 5 from line 4				<u> </u>		3554910.
	ction B. Total Support			T		4 1 0000	(3 T . 1
	endar year (or fiscal year beginning in)	(a) 2004 1176584.	(b) 2005 308, 912.	(c) 2006 421,670.	(d) 2007 1330172.	(e) 2008 317,572.	(f) Total 3554910.
	Amounts from line 4	11/0304.	300,912.	421,070.	1330172.	311,312.	3334310.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1142070	1441250	1702965.	2001212	2057104	8426699.
_	and income from similar sources	1143878.	1441359.	1/02965.	2081313.	2057184.	0420099.
9	Net income from unrelated business				ļ		
	activities, whether or not the				1		i
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	23,502.	15,243.	15,918.	16,821.	55 070	126,554.
	assets (Explain in Part IV.)	23,302.	13,243.	15,910.	10,021.	33,070.	12108163.
	Total support. Add lines 7 through 10			1		12	12100103.
12				rd fourth or fifth t	ov voor oo o cootio		
13	organization, check this box and sto	· ·	s iirst, second, tiiii	a, lourell, or little to	ax year as a section	11 30 1(0)(3)	
Sec	ction C. Computation of Publ		rcentage		· <del>-</del>		
	Public support percentage for 2008 (			column (fl)		14	29.36 %
	Public support percentage from 2007		•	30101111 (1))		15	36.66 %
	33 1/3% support test - 2008. If the			n line 13, and line	14 is 33 1/3% or n	L	
	stop here. The organization qualifies					,	▶□
Ŀ	33 1/3% support test - 2007. If the		-		line 15 is 33 1/3%	or more, check th	nis box
	and <b>stop here.</b> The organization qua						$\triangleright X$
17a	10% -facts-and-circumstances tes	•	• • •		e 13, 16a, or 16b,	and line 14 is 10%	
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization						s Þ
						edule A (Form 990	

	rt III   Support Schedule for C	1 gainzations	Described iii	Oection 303(a	//=/ (Complete oill	y it you checked the bo	IX ON line 9 of Part
	ction A. Public Support		T	T	<del></del>	<del></del>	
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				,		
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	· · · · · · · · · · · · · · · · · · ·	-	<del> </del>		<del>                                     </del>	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					2 K- 2-0	
5	The value of services or facilities			AS A	MEN		
9	furnished by a governmental unit to		•		T		
	the organization without charge						
6	Total. Add lines 1 · 5				<u> </u>		•
-	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
•	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)				<u> </u>		
<u>Se</u>	ction B. Total Support			<b>.</b>			
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
_	check this box and stop here						<u> </u>
	ction C. Computation of Publ					<u> </u>	
	Public support percentage for 2008 (			column (f))		15	
	Public support percentage from 2007					16	·····
	ction D. Computation of Inves				<del></del>	17	
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •			18	
18					a 15 is mara than		17 is not
19	a 33 1/3% support tests - 2008. If the						. / IS IIUt ▶
1	more than 33 1/3%, check this box a b 33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, che	organization did	not check a box o	n line 14 or line 19	a, and line 16 is r	more than 33 1/3%,	
20	Private foundation. If the organization	יייספרי לאמ מומ מומ	a no von line 14 i	MA OF IMP CHACE	this box and see i	INSTRUCTIONS	- 1

Schedule A (Form 990 or 990-EZ) 2008 ILLINOIS MASONIC CHILDREN'S HOME 36-2182048 Page 4
Part IV 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)
SOLICITATION FOR DUES PAYING MEMBERS IS DESIGNED TO ENROLL A SUBSTANTIAL
NUMBER OF PERSONS FROM THE COMMUNITY. MEMBERSHIP IS AVAILABLE TO A BROAD
CROSS SECTION OF THE INTERESTED PUBLIC AND THE ACTIVITIES OF THE
ORGANIZATION WILL APPEAL TO PERSONS HAVING COMMON INTEREST.
AS AMENDED
·

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

ILLINOIS MASONIC CHILDREN'S HOME

 $\begin{array}{c} \textbf{Employer identification number} \\ 36-2182048 \end{array}$ 

Par	11 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible priv	vate benefit? Yes No
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	oleasure) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cons	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements	S AMENDED	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, ar	nd
	enforcement of the conservation easements it holds?		L Yes L No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L∐ Yes L∐ No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		<b>S S S S S S S S S S</b>
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tro		ıı gaın, provide
	the following amounts required to be reported under SFAS	116 relating to these items:	<b>&gt;</b> 0
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
Ь	Assets included in Form 990, Part X		• •
	For Dating or And and Danamard Dadination And Making and	o the Instructions for Form 000	Schedule D (Form 990) 2008
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the instructions for Form 990.	Schedule D (Foliii 880) 2000

Schedule D (Form 990) 2008

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c) )

Part VII Investments - Other Securities. See	Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	i of valuation: year market value
Financial derivatives and other financial products		<del></del>	
Closely-held equity interests			
Other OH DEPOCIE	10 270	СОСП	
CERTIFICATES OF DEPOSIT	19,279.	COST	
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	4,604,572.	COST	
PERFETUAL TRUSTS	1,001,372		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12 ) Part VIII Investments - Program Related. Se	4,623,851.	3	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation: year market value
		AS AM	IENDED
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	15.	I	
	Description		(b) Book value
	<del></del>		
		100 Marie 100 Ma	
Total. (Column (b) should equal Form 990, Part X, col (B) III	ne 15)		<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability		(b) Amount	
Federal income taxes			
ANNUITY OBLIGATIONS		7,953.	
DUE TO GRAND LODGE		94,676.	
DUE TO HOMES ENDOWMENT FUND		194,690.	
Total (Column (h) phould agual Farm 000. Dart V and (D) I	ne 25 ) <b>&gt;</b>	297,319.	
Total. (Column (b) should equal Form 990, Part X, col (B) II	ne 25)		<u></u>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

PART XI, LINE 8 - OTHER ADJUSTMENTS:	AS	AMENDED
CHANGE IN VALUE OF PERPETUAL TRUSTS: -275512.		
	<u> </u>	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN VALUE OF PERPETUAL TRUSTS: -275512.		. /

Schedule D (Form 990) 2008

### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

ILLINOIS MASONIC CHILDREN'S HOME

Employer identification number 36-2182048

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS PROVIDED
TO THE ORGANIZATION'S GOVERNING BODY FOR THIER REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: UPON OR BEFORE ELECTION, HIRING,
OR APPOINTMENT, FULL WRITTEN DISCLOSURE OF INTERESTS, RELATIONSHIPS, AND
HOLDINGS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST ARE
REQUIRED. THE WRITTEN DISCLOSURE WILL BE KEPT ON FILE AND WILL BE UPDATED
AS APPROPRIATE.
FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING
COMPENSATION OF THE ORGANIZATION'S KEY EMPLOYEES INCLUDES A REVIEW AND
APPROVAL BY INDEPENDENT PERSONS.
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS
APPLICATION FOR EXEMPTION AND FORM 990 AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PAGE 1, BOX B AS AMENDED
AMENDED RETURN
THE RETURN IS AMENDED TO CORRECT THE PREVIOUSLY FILED SCHEDULE A,
PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE. SCHEDULE A, PAGE 2,
LINE 15, INADVERTENTLY LEFT OFF THE PUBLIC SUPPORT PERCENTAGE FROM 2007
SCHEDULE A, PART IV-A, LINE 26F. THE CORRECT AMOUNT FOR THIS LINE IS
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2008 12-18-08

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization ILLINOIS MASONIC CHILDREN'S HOME

Employer identification number 36-2182048

36.66% WHICH ALLOWS THE ORGANIZATION TO CHECK THE BOX ON SCHEDULE A,
LINE 16B AND QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION. THE
ORIGINAL RETURN MARKED SCHEDULE A, LINE 18 AS A PRIVATE FOUNDATION
WHICH WAS INCORRECT. EVEN IF THE ORGANIZATION HAD FAILED THE PUBLIC
SUPPORT TEST TWO CONSECUTIVE YEARS, IT WOULD HAVE STILL MET THE 10%
FACTS AND CIRCUMSTANCES TEST AND QUALIFIED AS A PUBLICLY SUPPORTED
ORGANIZATION. THE ORGANIZATION SHOULD NOT HAVE BEEN MARKED AS A
PRIVATE FOUNDATION AND NO 990-PF IS REQUIRED.
AS AMENDED
·

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

Name of the organization

Related Organizations and Unrelated Partnerships

2008 Open to Public inspection

OMB No 1545-0047

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Employer identification number 36-2182048

ILLINOIS MASONIC CHILDREN'S HOME

	(F)  Direct controlling entity		
	(E) End-of-year assets		
	(D) Total income		
	(C) Legal domicile (state or foreign country)	*S AMENDED	
	(B) Primary activity	AS AR	
Part t Identification of Disregarded Entities	(A) Name, address, and EIN of disregarded entity		
ď.			

# Identification of Related Tax-Exempt Organizations Part II

(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 section 501(c)(3))	(F) Direct controlling entity
THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF ILLINOIS - 37-0154973, 2866 VIA VERDE, SPRINGFIELD, IL 62703	TO MANAGE AND SUPPORT FREE MASONRY WITHIN THE STATE OF ILLINOIS	SIONITII	501(C)(10)		
ILLINOIS MASONIC CHARITIES FUND - 37-0911165 FINANCIAL SUPPORT TO IL 2866 VIA VERDE MASONIC HOME AND CHILDRI SPRINGFIELD, IL 62703 HOME	FINANCIAL SUPPORT TO IL MASONIC HOME AND CHILDREN'S HOME	ILLINOIS	501(C)(3)		
ILLINOIS MASONIC HOME - 37-0661212 2866 VIA VERDE SPRINGFIELD, IL 62703	TO AID AND ASSIST DISTRESSED ILLINOIS MASONS, SPOUSES OR WIDOWS	SIONITI	501(C)(3)		
IL MASONIC FNDN FOR THE PREVENTION OF DRUG ABUSE AMONG CHILDREN - 37-1267044, 2866 VIA VERDE, SPRINGFIELD, IL 62703	EDUCATION ON JUVENILE DRUGAND ALCOHOL ABUSE	ILLINOIS	501(¢)(3)		
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instructions for Form 990	Ġ			Schedule R (Form 990) 2008

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Schedule R (Form 990) 2008 ILLINOIS MASONIC CHILDREN'S HOME

1	5 m a l	1	1	ı .
	General or managing partner?			
	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			
	(H) Disproportionate allocations? Yes No			
	(G) Share of end-of-year assets			
	(F) Share of total Income			
	(E) Predominant income (related, investment, unrelated)		AS AMENDED	
	(D) Direct controlling entity		AME	
rtnership	(C) Legal domicile (state or foreign country)		<b>€</b>	
anizations Taxable as a Pa	(B) Primary activity			
Part III Identification of Related Organizations Taxable as a Partnershi	(A) Name, address, and EIN of related organization			

Trust
5
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Organizations
Related (
on of
Identification
art IV

(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 Peend-of-year o assets	(H) Percentage ownership
						i	
							,
							,
832162 12-23-08	24	-				Schedule R (Form 990) 2008	n 990) 2008

36-2182048

Part V Transactions With Related Organizations

1 DUTING THE LAX YEAR, DID THE ORGANIZATION ENGAGE IN ANY OF THE FOREWARD TRANSACTIONS WITH OTHE OF THE PRICACE IN THE TAY OF THE TAY OF THE OTHER OF THE TAY OF THE			<u> </u>		5
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			_ 	1	: ۲
<b>b</b> Gift, grant, or capital contribution to other organization(s)			4	^	×
e Giff grant or capital contribution from other organization(s)			- 2	_	54
			7	_ `	×
d coalls of loan gualantees to of tor other organization(s)					ıls
e Loans or loan guarantees by other organization(s)			<u>e</u>		ام
(A) contraction and the orthogonal contraction of the orthogonal c		ø	÷		مدا
			;		×
g Purchase of assets from other organization(s)			57		داه
h Exchange of assets			=	7	<b>⊲</b>  :
i Lease of facilities, equipment, or other assets to other organization(s)			=	7	ايح
i Lease of facilities equipment or other assets from other organization(s)			į.	_	2
			¥	_	×
			=	~	×
m Sharoo of facilities equipment mailing lists or other assets			£	_	×
			5	^	×
					ŧ
• Bambursament paid to other organization for expenses			9	_	2
			2	_	×
ך הפוווסטוספוויפון לאוס טל טוופן טלאמוובאוטן יטן פאלפווספס			1	-	
<b>a</b> Other transfer of cash or property to other organization(s)			19	``	×
			11	`	×
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	covered relationships and tran	saction thresholds.			
(A)			(C) Amount involved	paylo	
Name of other organization(s)					- 1
(1)					
6					
			<u></u>		
(3)					
(4)					
(2)					
(9)					
832163 12-23-08		Schedul	Schedule R (Form 990) 2006	990) 20	ğ

Page 4

# Part VI Unrelated Organizations Taxable as a Partnership

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.

inal Was IIOI a letated olganization: See Instructions regarding exclusion to contain involves particularing	107	3	ć	Ų	Œ	9	£
(¥)	<u>6</u>	2	<u>)</u>				
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	ळ		Code V-UBI	General or managing
of entity		(state or foreign	organizations?	year assets	lons?	of Schedule K-1	partr
		country)	Yes No		Yes No	(Form 1065)	Yes No
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				-			
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	1						
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	T						
	<b>1</b>						
						Schedule R (Form 990) 2008	n 990) 2008