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**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A For the 2013 calendar year, or tax year beginning , and ending****B Check if applicable:**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C Name of organization** **Masonic Family Health Services**

**Doing Business As**

**Number and street (or P.O. box if mail is not delivered to street address) Room/suite**  
**836 West Wellington Avenue**

**City or town State ZIP code**  
**Chicago IL 60657-5147**

**Foreign country name Foreign province/state/county Foreign postal code**

**D Employer identification number****36-3725634****E Telephone number****(773) 296-5283****G Gross receipts \$** **0****F Name and address of principal officer:****James H. Obrecht 836 West Wellington Avenue, Chicago, IL 60657****H(a) Is this a group return for subordinates?** ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **None****H(c) Group exemption number** ▶**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1989****M State of legal domicile:** **IL****Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: See Schedule O.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

|  |           |           |
|--|-----------|-----------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | <b>11</b> |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | <b>9</b>  |
| <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)  | <b>5</b>  | <b>0</b>  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | <b>0</b>  |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | <b>0</b>  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                | <b>7b</b> | <b>0</b>  |

|  | Prior Year | Current Year |
|--|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)   | 64,654     | 0            |
| <b>9</b> Program service revenue (Part VIII, line 2g)  | 0          | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0          | 0            |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 0          | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 64,654     | 0            |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | 64,654     | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | 0          | 0            |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–11h, 11j–11k, 11m–11n, 11o–11p, 11q–11r, 11s–11t, 11u–11v, 11w–11x, 11y–11z, 12a–12c, 12d–12f, 12g–12i, 12j–12l, 12m–12n, 12o–12p, 12q–12r, 12s–12t, 12u–12v, 12w–12x, 12y–12z, 13a–13c, 13d–13f, 13g–13i, 13j–13l, 13m–13n, 13o–13p, 13q–13r, 13s–13t, 13u–13v, 13w–13x, 13y–13z, 14a–14c, 14d–14f, 14g–14i, 14j–14l, 14m–14n, 14o–14p, 14q–14r, 14s–14t, 14u–14v, 14w–14x, 14y–14z, 15a–15c, 15d–15f, 15g–15i, 15j–15l, 15m–15n, 15o–15p, 15q–15r, 15s–15t, 15u–15v, 15w–15x, 15y–15z, 16a–16c, 16d–16f, 16g–16i, 16j–16l, 16m–16n, 16o–16p, 16q–16r, 16s–16t, 16u–16v, 16w–16x, 16y–16z, 17a–17c, 17d–17f, 17g–17i, 17j–17l, 17m–17n, 17o–17p, 17q–17r, 17s–17t, 17u–17v, 17w–17x, 17y–17z, 18a–18c, 18d–18f, 18g–18i, 18j–18l, 18m–18n, 18o–18p, 18q–18r, 18s–18t, 18u–18v, 18w–18x, 18y–18z, 19a–19c, 19d–19f, 19g–19i, 19j–19l, 19m–19n, 19o–19p, 19q–19r, 19s–19t, 19u–19v, 19w–19x, 19y–19z, 20a–20c, 20d–20f, 20g–20i, 20j–20l, 20m–20n, 20o–20p, 20q–20r, 20s–20t, 20u–20v, 20w–20x, 20y–20z, 21a–21c, 21d–21f, 21g–21i, 21j–21l, 21m–21n, 21o–21p, 21q–21r, 21s–21t, 21u–21v, 21w–21x, 21y–21z, 22a–22c, 22d–22f, 22g–22i, 22j–22l, 22m–22n, 22o–22p, 22q–22r, 22s–22t, 22u–22v, 22w–22x, 22y–22z, 23a–23c, 23d–23f, 23g–23i, 23j–23l, 23m–23n, 23o–23p, 23q–23r, 23s–23t, 23u–23v, 23w–23x, 23y–23z, 24a–24c, 24d–24f, 24g–24i, 24j–24l, 24m–24n, 24o–24p, 24q–24r, 24s–24t, 24u–24v, 24w–24x, 24y–24z, 25a–25c, 25d–25f, 25g–25i, 25j–25l, 25m–25n, 25o–25p, 25q–25r, 25s–25t, 25u–25v, 25w–25x, 25y–25z, 26a–26c, 26d–26f, 26g–26i, 26j–26l, 26m–26n, 26o–26p, 26q–26r, 26s–26t, 26u–26v, 26w–26x, 26y–26z, 27a–27c, 27d–27f, 27g–27i, 27j–27l, 27m–27n, 27o–27p, 27q–27r, 27s–27t, 27u–27v, 27w–27x, 27y–27z, 28a–28c, 28d–28f, 28g–28i, 28j–28l, 28m–28n, 28o–28p, 28q–28r, 28s–28t, 28u–28v, 28w–28x, 28y–28z, 29a–29c, 29d–29f, 29g–29i, 29j–29l, 29m–29n, 29o–29p, 29q–29r, 29s–29t, 29u–29v, 29w–29x, 29y–29z, 30a–30c, 30d–30f, 30g–30i, 30j–30l, 30m–30n, 30o–30p, 30q–30r, 30s–30t, 30u–30v, 30w–30x, 30y–30z, 31a–31c, 31d–31f, 31g–31i, 31j–31l, 31m–31n, 31o–31p, 31q–31r, 31s–31t, 31u–31v, 31w–31x, 31y–31z, 32a–32c, 32d–32f, 32g–32i, 32j–32l, 32m–32n, 32o–32p, 32q–32r, 32s–32t, 32u–32v, 32w–32x, 32y–32z, 33a–33c, 33d–33f, 33g–33i, 33j–33l, 33m–33n, 33o–33p, 33q–33r, 33s–33t, 33u–33v, 33w–33x, 33y–33z, 34a–34c, 34d–34f, 34g–34i, 34j–34l, 34m–34n, 34o–34p, 34q–34r, 34s–34t, 34u–34v, 34w–34x, 34y–34z, 35a–35c, 35d–35f, 35g–35i, 35j–35l, 35m–35n, 35o–35p, 35q–35r, 35s–35t, 35u–35v, 35w–35x, 35y–35z, 36a–36c, 36d–36f, 36g–36i, 36j–36l, 36m–36n, 36o–36p, 36q–36r, 36s–36t, 36u–36v, 36w–36x, 36y–36z, 37a–37c, 37d–37f, 37g–37i, 37j–37l, 37m–37n, 37o–37p, 37q–37r, 37s–37t, 37u–37v, 37w–37x, 37y–37z, 38a–38c, 38d–38f, 38g–38i, 38j–38l, 38m–38n, 38o–38p, 38q–38r, 38s–38t, 38u–38v, 38w–38x, 38y–38z, 39a–39c, 39d–39f, 39g–39i, 39j–39l, 39m–39n, 39o–39p, 39q–39r, 39s–39t, 39u–39v, 39w–39x, 39y–39z, 40a–40c, 40d–40f, 40g–40i, 40j–40l, 40m–40n, 40o–40p, 40q–40r, 40s–40t, 40u–40v, 40w–40x, 40y–40z, 41a–41c, 41d–41f, 41g–41i, 41j–41l, 41m–41n, 41o–41p, 41q–41r, 41s–41t, 41u–41v, 41w–41x, 41y–41z, 42a–42c, 42d–42f, 42g–42i, 42j–42l, 42m–42n, 42o–42p, 42q–42r, 42s–42t, 42u–42v, 42w–42x, 42y–42z, 43a–43c, 43d–43f, 43g–43i, 43j–43l, 43m–43n, 43o–43p, 43q–43r, 43s–43t, 43u–43v, 43w–43x, 43y–43z, 44a–44c, 44d–44f, 44g–44i, 44j–44l, 44m–44n, 44o–44p, 44q–44r, 44s–44t, 44u–44v, 44w–44x, 44y–44z, 45a–45c, 45d–45f, 45g–45i, 45j–45l, 45m–45n, 45o–45p, 45q–45r, 45s–45t, 45u–45v, 45w–45x, 45y–45z, 46a–46c, 46d–46f, 46g–46i, 46j–46l, 46m–46n, 46o–46p, 46q–46r, 46s–46t, 46u–46v, 46w–46x, 46y–46z, 47a–47c, 47d–47f, 47g–47i, 47j–47l, 47m–47n, 47o–47p, 47q–47r, 47s–47t, 47u–47v, 47w–47x, 47y–47z, 48a–48c, 48d–48f, 48g–48i, 48j–48l, 48m–48n, 48o–48p, 48q–48r, 48s–48t, 48u–48v, 48w–48x, 48y–48z, 49a–49c, 49d–49f, 49g–49i, 49j–49l, 49m–49n, 49o–49p, 49q–49r, 49s–49t, 49u–49v, 49w–49x, 49y–49z, 50a–50c, 50d–50f, 50g–50i, 50j–50l, 50m–50n, 50o–50p, 50q–50r, 50s–50t, 50u–50v, 50w–50x, 50y–50z, 51a–51c, 51d–51f, 51g–51i, 51j–51l, 51m–51n, 51o–51p, 51q–51r, 51s–51t, 51u–51v, 51w–51x, 51y–51z, 52a–52c, 52d–52f, 52g–52i, 52j–52l, 52m–52n, 52o–52p, 52q–52r, 52s–52t, 52u–52v, 52w–52x, 52y–52z, 53a–53c, 53d–53f, 53g–53i, 53j–53l, 53m–53n, 53o–53p, 53q–53r, 53s–53t, 53u–53v, 53w–53x, 53y–53z, 54a–54c, 54d–54f, 54g–54i, 54j–54l, 54m–54n, 54o–54p, 54q–54r, 54s–54t, 54u–54v, 54w–54x, 54y–54z, 55a–55c, 55d–55f, 55g–55i, 55j–55l, 55m–55n, 55o–55p, 55q–55r, 55s–55t, 55u–55v, 55w–55x, 55y–55z, 56a–56c, 56d–56f, 56g–56i, 56j–56l, 56m–56n, 56o–56p, 56q–56r, 56s–56t, 56u–56v, 56w–56x, 56y–56z, 57a–57c, 57d–57f, 57g–57i, 57j–57l, 57m–57n, 57o–57p, 57q–57r, 57s–57t, 57u–57v, 57w–57x, 57y–57z, 58a–58c, 58d–58f, 58g–58i, 58j–58l, 58m–58n, 58o–58p, 58q–58r, 58s–58t, 58u–58v, 58w–58x, 58y–58z, 59a–59c, 59d–59f, 59g–59i, 59j–59l, 59m–59n, 59o–59p, 59q–59r, 59s–59t, 59u–59v, 59w–59x, 59y–59z, 60a–60c, 60d–60f, 60g–60i, 60j–60l, 60m–60n, 60o–60p, 60q–60r, 60s–60t, 60u–60v, 60w–60x, 60y–60z, 61a–61c, 61d–61f, 61g–61i, 61j–61l, 61m–61n, 61o–61p, 61q–61r, 61s–61t, 61u–61v, 61w–61x, 61y–61z, 62a–62c, 62d–62f, 62g–62i, 62j–62l, 62m–62n, 62o–62p, 62q–62r, 62s–62t, 62u–62v, 62w–62x, 62y–62z, 63a–63c, 63d–63f, 63g–63i, 63j–63l, 63m–63n, 63o–63p, 63q–63r, 63s–63t, 63u–63v, 63w–63x, 63y–63z, 64a–64c, 64d–64f, 64g–64i, 64j–64l, 64m–64n, 64o–64p, 64q–64r, 64s–64t, 64u–64v, 64w–64x, 64y–64z, 65a–65c, 65d–65f, 65g–65i, 65j–65l, 65m–65n, 65o–65p, 65q–65r, 65s–65t, 65u–65v, 65w–65x, 65y–65z, 66a–66c, 66d–66f, 66g–66i, 66j–66l, 66m–66n, 66o–66p, 66q–66r, 66s–66t, 66u–66v, 66w–66x, 66y–66z, 67a–67c, 67d–67f, 67g–67i, 67j–67l, 67m–67n, 67o–67p, 67q–67r, 67s–67t, 67u–67v, 67w–67x, 67y–67z, 68a–68c, 68d–68f, 68g–68i, 68j–68l, 68m–68n, 68o–68p, 68q–68r, 68s–68t, 68u–68v, 68w–68x, 68y–68z, 69a–69c, 69d–69f, 69g–69i, 69j–69l, 69m–69n, 69o–69p, 69q–69r, 69s–69t, 69u–69v, 69w–69x, 69y–69z, 70a–70c, 70d–70f, 70g–70i, 70j–70l, 70m–70n, 70o–70p, 70q–70r, 70s–70t, 70u–70v, 70w–70x, 70y–70z, 71a–71c, 71d–71f, 71g–71i, 71j–71l, 71m–71n, 71o–71p, 71q–71r, 71s–71t, 71u–71v, 71w–71x, 71y–71z, 72a–72c, 72d–72f, 72g–72i, 72j–72l, 72m–72n, 72o–72p, 72q–72r, 72s–72t, 72u–72v, 72w–72x, 72y–72z, 73a–73c, 73d–73f, 73g–73i, 73j–73l, 73m–73n, 73o–73p, 73q–73r, 73s–73t, 73u–73v, 73w–73x, 73y–73z, 74a–74c, 74d–74f, 74g–74i, 74j–74l, 74m–74n, 74o–74p, 74q–74r, 74s–74t, 74u–74v, 74w–74x, 74y–74z, 75a–75c, 75d–75f, 75g–75i, 75j–75l, 75m–75n, 75o–75p, 75q–75r, 75s–75t, 75u–75v, 75w–75x, 75y–75z, 76a–76c, 76d–76f, 76g–76i, 76j–76l, 76m–76n, 76o–76p, 76q–76r, 76s–76t, 76u–76v, 76w–76x, 76y–76z, 77a–77c, 77d–77f, 77g–77i, 77j–77l, 77m–77n, 77o–77p, 77q–77r, 77s–77t, 77u–77v, 77w–77x, 77y–77z, 78a–78c, 78d–78f, 78g–78i, 78j–78l, 78m–78n, 78o–78p, 78q–78r, 78s–78t, 78u–78v, 78w–78x, 78y–78z, 79a–79c, 79d–79f, 79g–79i, 79j–79l, 79m–79n, 79o–79p, 79q–79r, 79s–79t, 79u–79v, 79w–79x, 79y–79z, 80a–80c, 80d–80f, 80g–80i, 80j–80l, 80m–80n, 80o–80p, 80q–80r, 80s–80t, 80u–80v, 80w–80x, 80y–80z, 81a–81c, 81d–81f, 81g–81i, 81j–81l, 81m–81n, 81o–81p, 81q–81r, 81s–81t, 81u–81v, 81w–81x, 81y–81z, 82a–82c, 82d–82f, 82g–82i, 82j–82l, 82m–82n, 82o–82p, 82q–82r, 82s–82t, 82u–82v, 82w–82x, 82y–82z, 83a–83c, 83d–83f, 83g–83i, 83j–83l, 83m–83n, 83o–83p, 83q–83r, 83s–83t, 83u–83v, 83w–83x, 83y–83z, 84a–84c, 84d–84f, 84g–84i, 84j–84l, 84m–84n, 84o–84p, 84q–84r, 84s–84t, 84u–84v, 84w–84x, 84y–84z, 85a–85c, 85d–85f, 85g–85i, 85j–85l, 85m–85n, 85o–85p, 85q–85r, 85s–85t, 85u–85v, 85w–85x, 85y–85z, 86a–86c, 86d–86f, 86g–86i, 86j–86l, 86m–86n, 86o–86p, 86q–86r, 86s–86t, 86u–86v, 86w–86x, 86y–86z, 87a–87c, 87d–87f, 87g–87i, 87j–87l, 87m–87n, 87o–87p, 87q–87r, 87s–87t, 87u–87v, 87w–87x, 87y–87z, 88a–88c, 88d–88f, 88g–88i, 88j–88l, 88m–88n, 88o–88p, 88q–88r, 88s–88t, 88u–88v, 88w–88x, 88y–88z, 89a–89c, 89d–89f, 89g–89i, 89j–89l, 89m–89n, 89o–89p, 89q–89r, 89s–89t, 89u–89v, 89w–89x, 89y–89z, 90a–90c, 90d–90f, 90g–90i, 90j–90l, 90m–90n, 90o–90p, 90q–90r, 90s–90t, 90u–90v, 90w–90x, 90y–90z, 91a–91c, 91d–91f, 91g–91i, 91j–91l, 91m–91n, 91o–91p, 91q–91r, 91s–91t, 91u–91v, 91w–91x, 91y–91z, 92a–92c, 92d–92f, 92g–92i, 92j–92l, 92m–92n, 92o–92p, 92q–92r, 92s–92t, 92u–92v, 92w–92x, 92y–92z, 93a–93c, 93d–93f, 93g–93i, 93j–93l, 93m–93n, 93o–93p, 93q–93r, 93s–93t, 93u–93v, 93w–93x, 93y–93z, 94a–94c, 94d–94f, 94g–94i, 94j–94l, 94m–94n, 94o–94p, 94q–94r, 94s–94t, 94u–94v, 94w–94x, 94y–94z, 95a–95c, 95d–95f, 95g–95i, 95j–95l, 95m–95n, 95o–95p, 95q–95r, 95s–95t, 95u–95v, 95w–95x, 95y–95z, 96a–96c, 96d–96f, 96g–96i, 96j–96l, 96m–96n, 96o–96p, 96q–96r, 96s–96t, 96u–96v, 96w–96x, 96y–96z, 97a–97c, 97d–97f, 97g–97i, 97j–97l, 97m–97n, 97o–97p, 97q–97r, 97s–97t, 97u–97v, 97w–97x, 97y–97z, 98a–98c, 98d–98f, 98g–98i, 98j–98l, 98m–98n, 98o–98p, 98q–98r, 98s–98t, 98u–98v, 98w–98x, 98y–98z, 99a–99c, 99d–99f, 99g–99i, 99j–99l, 99m–99n, 99o–99p, 99q–99r, 99s–99t, 99u–99v, 99w–99x, 99y–99z, 100a–100c, 100d–100f, 100g–100i, 100j–100l, 100m–100n, 100o–100p, 100q–100r, 100s–100t, 100u–100v, 100w–100x, 100y–100z |            |              |

**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** ☒ **James H. Obrecht** **11-3-14**  
 Signature of officer Date  
**James H. Obrecht, Executive Director**  
 Type or print name and title

**Paid Preparer Use Only**

|                            |                      |      |   |      |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶              | Firm's EIN ▶         |      | Phone no ▶                                      |      |
| Firm's address ▶           |                      |      |   |      |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

RECEIVED DEC 19 2014

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission:

Masonic Family Health Services provides support to Illinois Masonic Medical Center and Advocate Health Care Network in their mission to provide quality health care to the surrounding community. It also supports educational and research activities which promote the improvement of health care and for the treatment of the sick and injured.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 25 including grants of \$ 0 ) (Revenue \$ )  
Support to Masonic Family Health Foundation, Inc. in its mission to further the charitable, educational, and scientific purposes of Masonic Family Health Services, a tax-exempt not-for-profit organization, and other tax-exempt organizations operating in the midwest that further the promotion of health or other educational or charitable purposes.

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

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

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

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **25**

**Part IV Checklist of Required Schedules**

|   | Yes        | No |
|---|------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .  | <b>1</b> X |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .   | <b>2</b>   | X  |
| <b>3</b> 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 <i>Schedule C, Part I</i> . . . . .  | <b>3</b>   | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i> . . . . .   | <b>4</b>   | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete <i>Schedule C, Part III</i> . . . . .   | <b>5</b>   | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete <i>Schedule D, Part I</i> . . . . .  | <b>6</b>   | X  |
| <b>7</b> 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 <i>Schedule D, Part II</i> . . . . .  | <b>7</b>   | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i> . . . . .   | <b>8</b>   | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete <i>Schedule D, Part IV</i> . . . . .            | <b>9</b>   | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete <i>Schedule D, Part V</i> . . . . .   | <b>10</b>  | X  |
| <b>11</b> 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.   |            |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>Schedule D, Part VI</i> . . . . .   | <b>11a</b> | X  |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VII</i> . . . . .   | <b>11b</b> | X  |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VIII</i> . . . . .   | <b>11c</b> | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part IX</i> . . . . .  | <b>11d</b> | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i> . . . . .   | <b>11e</b> | X  |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete <i>Schedule D, Part X</i> . . . . .  | <b>11f</b> | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i> . . . . .  | <b>12a</b> | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing <i>Schedule D, Parts XI and XII</i> is optional . . . . .   | <b>12b</b> | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i> . . . . .  | <b>13</b>  | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | <b>14a</b> | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete <i>Schedule F, Parts I and IV</i> . . . . . | <b>14b</b> | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete <i>Schedule F, Parts II and IV</i> . . . . .   | <b>15</b>  | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete <i>Schedule F, Parts III and IV</i> . . . . .   | <b>16</b>  | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete <i>Schedule G, Part I</i> (see instructions). . . . .   | <b>17</b>  | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete <i>Schedule G, Part II</i> . . . . .   | <b>18</b>  | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i> . . . . .   | <b>19</b>  | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete <i>Schedule H</i> . . . . .   | <b>20a</b> | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | <b>20b</b> |    |

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

|   | Yes        | No |
|---|------------|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>  | <b>21</b>  | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or 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>  | <b>22</b>  | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>  | <b>23</b>  | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>                           | <b>24a</b> | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | <b>24d</b> |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   | <b>25a</b> | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>  | <b>25b</b> | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.   | <b>26</b>  | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | <b>27</b>  | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |            |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>  | <b>28a</b> | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>   | <b>28b</b> | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>   | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>  | <b>29</b>  | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>  | <b>31</b>  | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>  | <b>32</b>  | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>  | <b>33</b>  | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>  | <b>34</b>  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>  | <b>35b</b> | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   | <b>36</b>  | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>   | <b>37</b>  | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | <b>38</b>  | X  |

**Part V****Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

|     |  | Yes | No |
|-----|--|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .  | 1a  | 0  |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .   | 1b  | 0  |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | 1c  |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .   | 2a  | 0  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  | 2b  |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | 3a  | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 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: <input type="text"/><br>See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  | 4b  |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | 5a  | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | 5b  | X  |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | 5c  |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .  | 6a  | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | 6b  |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | 7a  | X  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | 7b  |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | 7c  | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year. . . . .   | 7d  |    |
| e   | Did the organization 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? . . . . .   | 7f  | X  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | 7g  |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | 7h  |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8   |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| a   | Did the organization make any taxable distributions under section 4966? . . . . .  | 9a  |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   | 9b  |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12. . . . .  | 10a |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .   | 10b |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| a   | Gross income from members or shareholders. . . . .   | 11a |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | 11b |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | 12a |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .   | 12b |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . .   | 13b |    |
| c   | Enter the amount of reserves on hand. . . . .  | 13c |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | 14a | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .   | 14b |    |

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

**Section A. Governing Body and Management**

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 11  |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 9   |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | 2   | X  |
| <b>3</b> 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   | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | 4   | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | 5   | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . .  | 6   | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   | 7a  | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | 7b  | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b> The governing body? . . . . .   | 8a  | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .   | 8b  | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . .   | 9   | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ IL

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**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 during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: James H. Obrecht (773) 296-5283  
 836 West Wellington Avenue, Chicago, IL 60657

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See Instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) Charles F. Gambill<br>Chairman         | 1.00<br>0.00   | X  |                       | X       |              |                              |        |  |   |   |
| (2) Perry R. Pero<br>Vice Chairman         | 1.00<br>0.00   | X  |                       | X       |              |                              |        |  |   |   |
| (3) William E. Tienken<br>Treasurer        | 1.00<br>0.00   | X  |                       | X       |              |                              |        |  |   |   |
| (4) Steven M. Stone<br>Secretary           | 1.00<br>0.00   | X  |                       | X       |              |                              |        |  |   |   |
| (5) James H. Obrecht<br>Executive Director | 1.00<br>39.00  | X  |                       | X       |              |                              |        | 40,000   |   |   |
| (6) J. Garrie Burr<br>Director             | 1.00<br>0.00   | X  |                       |         |              |                              |        |  |   |   |
| (7) Edwin Feldman, M.D.<br>Director        | 1.00<br>0.00   | X  |                       |         |              |                              |        |  |   |   |
| (8) Lawrence E. Glick<br>Director          | 1.00<br>0.00   | X  |                       |         |              |                              |        |  |   |   |
| (9) Robert A. Rylowicz<br>Director         | 1.00<br>0.00   | X  |                       |         |              |                              |        |  |   |   |
| (10) Michael A. Swarzman<br>Director       | 1.00<br>39.00  | X  |                       |         |              |                              |        | 346,716  |   | 46,031  |
| (11) Barry D. Weer<br>Director             | 1.00<br>0.00   | X  |                       |         |              |                              |        |  |   |   |
| (12)                                       |  |  |                       |         |              |                              |        |  |   |   |
| (13)                                       |  |  |                       |         |              |                              |        |  |   |   |
| (14)                                       |  |  |                       |         |              |                              |        |  |   |   |



**Part VII****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (16) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (17) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (18) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (19) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (20) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (21) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (22) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (23) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (24) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (25) .....   |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> .....  |  |  |                       |         |              |                              |        | 0  | 386,716   | 46,031  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |  |                       |         |              |                              |        | 0  | 0   | 0   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |  |                       |         |              |                              |        | 0  | 386,716   | 46,031  |

**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 **1**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
|  |                                | 0                   |
|  |                                | 0                   |
|  |                                | 0                   |
|  |                                | 0                   |
|  |                                | 0                   |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b> |                                |                     |

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

|   |  |   |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|---|--|---|----------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a   | Federated campaigns . . . . .   | 1a             | 0                    |  |   |  |
|   | b  | Membership dues . . . . .   | 1b             | 0                    |  |   |  |
|   | c  | Fundraising events . . . . .  | 1c             | 0                    |  |   |  |
|   | d  | Related organizations . . . . .   | 1d             | 0                    |  |   |  |
|   | e  | Government grants (contributions) . . . . .   | 1e             | 0                    |  |   |  |
|   | f  | All other contributions, gifts, grants, and<br>similar amounts not included above . . . . .   | 1f             | 0                    |  |   |  |
|   | g  | Noncash contributions included in lines 1a-1f: \$ . . . . .   |                | 0                    |  |   |  |
|   | h  | <b>Total.</b> Add lines 1a-1f . . . . .   |                | 0                    |  |   |  |
| <b>Program Service Revenue</b>                                    | 2a   | Business Code . . . . .   |                | 0                    |  |   |  |
|   | b  |   |                | 0                    |  |   |  |
|   | c  |   |                | 0                    |  |   |  |
|   | d  |   |                | 0                    |  |   |  |
|   | e  |   |                | 0                    |  |   |  |
|   | f  | All other program service revenue . . . . .   |                | 0                    |  |   |  |
|   | g  | <b>Total.</b> Add lines 2a-2f . . . . .   |                | 0                    |  |   |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   |                | 0                    |  |   |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . .  |                | 0                    |  |   |  |
|   | 5  | Royalties . . . . .   |                | 0                    |  |   |  |
|   | 6a   | Gross rents . . . . .   | (i) Real       | (ii) Personal        |  |   |  |
|   | b  | Less: rental expenses . . . . .   |                |                      |  |   |  |
|   | c  | Rental income or (loss) . . . . .   | 0              | 0                    |  |   |  |
|   | d  | Net rental income or (loss) . . . . .   |                |                      | 0  |   |  |
|   | 7a   | Gross amount from sales of<br>assets other than inventory . . . . .   | (i) Securities | (ii) Other           |  |   |  |
|   | b  | Less: cost or other basis<br>and sales expenses . . . . .   | 0              | 0                    |  |   |  |
|   | c  | Gain or (loss) . . . . .  | 0              | 0                    |  |   |  |
|   | d  | Net gain or (loss) . . . . .  |                |                      | 0  |   |  |
|   | 8a   | Gross income from fundraising<br>events (not including \$ 0<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | a              | 0                    |  |   |  |
|   | b  | Less: direct expenses . . . . .   | b              | 0                    |  |   |  |
|   | c  | Net income or (loss) from fundraising events . . . . .  |                |                      | 0  |   |  |
|   | 9a   | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | a              | 0                    |  |   |  |
|   | b  | Less: direct expenses . . . . .   | b              | 0                    |  |   |  |
|   | c  | Net income or (loss) from gaming activities . . . . .   |                |                      | 0  |   |  |
|   | 10a  | Gross sales of inventory, less<br>returns and allowances . . . . .  | a              | 0                    |  |   |  |
|   | b  | Less: cost of goods sold . . . . .  | b              | 0                    |  |   |  |
|   | c  | Net income or (loss) from sales of inventory . . . . .  |                |                      | 0  |   |  |
| <b>Miscellaneous Revenue</b>                                      |  | <b>Business Code</b>  |                |                      |  |   |  |
| 11a   |  |   | 0              |                      |  |   |  |
| b   |  |   | 0              |                      |  |   |  |
| c   |  |   | 0              |                      |  |   |  |
| d   | All other revenue . . . . .                      |   | 0              |                      |  |   |  |
| e   | <b>Total.</b> Add lines 11a-11d . . . . .        |   | 0              |                      |  |   |  |
| 12  | <b>Total revenue.</b> See instructions . . . . . |   | 0              | 0                    | 0  | 0                                       |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                              |  |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .   | 0                            |  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .  | 0                            |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members . . . . .   | 0                            |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 0                            |  |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0                            |  |   |                                    |
| <b>7</b>  | Other salaries and wages . . . . .  | 0                            |  |   |                                    |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 0                            |  |   |                                    |
| <b>9</b>  | Other employee benefits . . . . .   | 0                            |  |   |                                    |
| <b>10</b>   | Payroll taxes . . . . .   | 0                            |  |   |                                    |
| <b>11</b>   | Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .  | 0                            |  |   |                                    |
| <b>b</b>  | Legal . . . . .   | 0                            |  |   |                                    |
| <b>c</b>  | Accounting . . . . .  | 0                            |  |   |                                    |
| <b>d</b>  | Lobbying . . . . .  | 0                            |  |   |                                    |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17 . . . . .   | 0                            |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .  | 0                            |  |   |                                    |
| <b>g</b>  | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 0                            |  |   |                                    |
| <b>12</b>   | Advertising and promotion . . . . .   | 0                            |  |   |                                    |
| <b>13</b>   | Office expenses . . . . .   | 0                            |  |   |                                    |
| <b>14</b>   | Information technology . . . . .  | 0                            |  |   |                                    |
| <b>15</b>   | Royalties . . . . .   | 0                            |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .   | 0                            |  |   |                                    |
| <b>17</b>   | Travel . . . . .  | 0                            |  |   |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                            |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .  | 0                            |  |   |                                    |
| <b>20</b>   | Interest . . . . .  | 0                            |  |   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .  | 0                            |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>23</b>   | Insurance . . . . .   | 0                            |  |   |                                    |
| <b>24</b>   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                              |  |   |                                    |
| <b>a</b>  | State regulatory fees   | 25                           | 0                                      | 25  |                                    |
| <b>b</b>  |   | 0                            |  |   |                                    |
| <b>c</b>  |   | 0                            |  |   |                                    |
| <b>d</b>  |   | 0                            |  |   |                                    |
| <b>e</b>  | All other expenses  | 0                            |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 25                           | 0                                      | 25  | 0                                  |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                              |  |   |                                    |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

|   |   | (A)<br>Beginning of year |        | (B)<br>End of year |
|---|---|--------------------------|--------|--------------------|
| <b>Assets</b>   | 1 Cash—non-interest-bearing . . . . .   | 14,608                   | 1      | 14,584             |
|   | 2 Savings and temporary cash investments . . . . .  | 0                        | 2      |                    |
|   | 3 Pledges and grants receivable, net . . . . .  | 0                        | 3      | 0                  |
|   | 4 Accounts receivable, net . . . . .  | 0                        | 4      | 0                  |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0                        | 5      |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . | 0                        | 6      |                    |
|   | 7 Notes and loans receivable, net . . . . .   | 0                        | 7      | 0                  |
|   | 8 Inventories for sale or use . . . . .   | 0                        | 8      |                    |
|   | 9 Prepaid expenses and deferred charges . . . . .   | 0                        | 9      |                    |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 0                        |        |                    |
|   | 10b Less: accumulated depreciation . . . . .  | 0                        | 10c    | 0                  |
|   | 11 Investments—publicly traded securities . . . . .   | 0                        | 11     | 0                  |
|   | 12 Investments—other securities. See Part IV, line 11 . . . . .   | 0                        | 12     | 0                  |
|   | 13 Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | 13     | 0                  |
|   | 14 Intangible assets . . . . .  | 0                        | 14     | 0                  |
|   | 15 Other assets. See Part IV, line 11 . . . . .   | 0                        | 15     | 0                  |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 14,608  | 16                       | 14,584 |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses . . . . .  | 0                        | 17     |                    |
|   | 18 Grants payable . . . . .   | 0                        | 18     |                    |
|   | 19 Deferred revenue . . . . .   | 0                        | 19     |                    |
|   | 20 Tax-exempt bond liabilities . . . . .  | 0                        | 20     |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0                        | 21     |                    |
|   | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0                        | 22     |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | 23     | 0                  |
|   | 24 Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | 24     | 0                  |
|   | 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 . . . . .  | 0                        | 25     | 0                  |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 0                        | 26     | 0                  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |        |                    |
|   | 27 Unrestricted net assets . . . . .  | 14,608                   | 27     | 14,584             |
|   | 28 Temporarily restricted net assets . . . . .  | 0                        | 28     |                    |
|   | 29 Permanently restricted net assets . . . . .  | 0                        | 29     |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |        |                    |
|   | 30 Capital stock or trust principal, or current funds . . . . .   | 0                        | 30     |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .   | 0                        | 31     |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds . . . . .   | 0                        | 32     |                    |
| 33 <b>Total net assets or fund balances . . . . .</b>                         | 14,608  | 33                       | 14,584 |                    |
| 34 <b>Total liabilities and net assets/fund balances . . . . .</b>            | 14,608  | 34                       | 14,584 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☐

|    |  |    |        |
|----|--|----|--------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 0      |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 25     |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -25    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 14,608 |
| 5  | Net unrealized gains (losses) on investments   | 5  |        |
| 6  | Donated services and use of facilities   | 6  |        |
| 7  | Investment expenses  | 7  |        |
| 8  | Prior period adjustments   | 8  |        |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  |        |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 14,583 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     | X  |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .   |     |    |

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

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

Name of the organization

Masonic Family Health Services

Employer identification number

36-3725634

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 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—Non-functionally integrated
- 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 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? . . . . .

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

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above 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 monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| Total                              |          |   |   |    |  |    |   |    | 0                                |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 0        | 0        | 110,551  | 64,654   | 0        | 175,205   |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          | 0         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          | 0         |
| 4 <b>Total.</b> Add lines 1 through 3 . . . . .   | 0        | 0        | 110,551  | 64,654   | 0        | 175,205   |
| 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 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          | 175,205   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 . . . . .  | 0        | 0        | 110,551  | 64,654   | 0        | 175,205                  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          | 0                        |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          | 0                        |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   |          |          |          |          |          | 0                        |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .  |          |          |          |          |          | 175,205                  |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

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

|  |    |                                     |
|--|----|-------------------------------------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .  | 14 | 100.00%                             |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .  | 15 | 100.00%                             |
| 16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |    | <input checked="" type="checkbox"/> |
| b <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |    | <input type="checkbox"/>            |
| 17a <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .     |    | <input type="checkbox"/>            |
| b <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |    | <input type="checkbox"/>            |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |    | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          | 0         |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          | 0         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          | 0         |
| <b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          | 0         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          | 0         |
| <b>c</b> Add lines 7a and 7b . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8</b> <b>Public support</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |          |          |          |          | 0         |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          | 0         |
| <b>c</b> Add lines 10a and 10b . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |          |          |          |          |          | 0         |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |       |
|--|-----------|-------|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 0.00% |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 0.00% |

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

|   |           |       |
|---|-----------|-------|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | 0.00% |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | 0.00% |

**19a 33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Masonic Family Health Services

**Compensation Information**

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

36-3725634

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

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

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

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

**4** During the year, did any person listed 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 section 501(c)(3) and 501(c)(4) organizations 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

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

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

| (A) Name and Title |                                 | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |   |
|--------------------|---------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|---|
|                    |                                 | (i) Base compensation                              | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |   |
| 1                  | Michael A. Swarzman<br>Director | (i)  | 257,416                             | 61,565                              | 27,735   | 23,567                  | 22,464                          | 392,747   | 0 |
| 2                  |                                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 3                  |                                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
| 4                  |                                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 5                  |                                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
| 6                  |                                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 7                  |                                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
| 8                  |                                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 9                  |                                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
| 10                 |                                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 11                 |                                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
| 12                 |                                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 13                 |                                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
| 14                 |                                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 15                 |                                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
| 16                 |                                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |

**Part III** **Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Masonic Family Health Services

Employer identification number

36-3725634

Form 990, Part I, Section Summary, Line 1: Masonic Family Health Services provides support to

Illinois Masonic Medical Center and Advocate Health Care Network in their mission to provide

quality health care to the surrounding community. Masonic Family Health Services also supports

educational and research activities which promote the improvement of health care and for the

treatment of the sick and injured.

Form 990, Part VI, Section A, Line 10: The executive director was consulted in preparation of

Form 990 and he reviewed the preliminary tax return. The final copy of the 990 was made

available to the board members for review.

Form 990, Part VI, Section B, Line 15a, 15b: No compensation was provided in 2013.

Compensation, when provided, is determined by the board of directors based on market

conditions.

Form 990, Part VI, Section C, Line 19: The governing documents and financial statements are

available to the public by request.

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Masonic Family Health Services

Employer identification number

36-3725634

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

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

**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.

| (1) | (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |  |                         |  |                            |   |                                  | Yes  | No |
| (1) | Advocate North Side Health Network 36-3196629<br>3075 Highland Parkway Downers Grove, IL 60515 | Health care             | IL   | 501(c)(3)                  | 3   | AHCN                             |  | X  |
| (2) | Masonic Family Health Foundation 36-4397387<br>3075 Highland Parkway Downers Grove, IL 60515   | Fund raising            | IL   | 501(c)(3)                  | line 11 type  | MFHS                             |  | X  |
| (3) | Illinois Masonic Medical Center 36-2171705<br>836 West Wellington Avenue Chicago, IL 60657     | Health care             | IL   | 501(c)(3)                  | 3   | N/A                              |  | X  |
| (4) |  |                         |  |                            |   |                                  |  |    |
| (5) |  |                         |  |                            |   |                                  |  |    |
| (6) |  |                         |  |                            |   |                                  |  |    |
| (7) |  |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1085) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) _____  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (2) _____  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (3) _____  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (4) _____  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (5) _____  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (6) _____  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (7) _____  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|----|
|   |                         |   |                                     |   |                                 |                                       |                                | Yes  | No |
| (1) _____   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (2) _____   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (3) _____   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (4) _____   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (5) _____   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (6) _____   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (7) _____   |                         |   |                                     |   |                                 |                                       |                                |  |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| 1        |   | Yes | No |
|----------|---|-----|----|
| <b>a</b> | 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?<br>Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . . |     | X  |
| <b>b</b> | Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| <b>c</b> | Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| <b>d</b> | Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> | Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> | Dividends from related organization(s) . . . . .  |     | X  |
| <b>g</b> | Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> | Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> | Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> | Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>k</b> | Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>l</b> | Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| <b>m</b> | Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>n</b> | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | X  |
| <b>o</b> | Sharing of paid employees with related organization(s) . . . . .  |     | X  |
| <b>p</b> | Reimbursement paid to related organization(s) for expenses . . . . .  |     | X  |
| <b>q</b> | Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>r</b> | Other transfer of cash or property to related organization(s) . . . . .   |     | X  |
| <b>s</b> | Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

| 2   | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |



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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9).....                                |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10).....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11).....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12).....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13).....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14).....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15).....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16).....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |

**Part VII** **Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box: ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file Income tax returns.

Enter filer's identifying number, see instructions

**Type or  
print**

File by the  
due date for  
filing your  
return. See  
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

MASONIC FAMILY HEALTH SERVICES

36-3725634

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

836 WEST WELLINGTON AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

CHICAGO, IL 60657-5147

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

| Application<br>Is For                    | Return<br>Code | Application<br>Is For             | Return<br>Code |
|--|----------------|-----------------------------------|----------------|
| Form 990 or Form 990-EZ                  | 01             | Form 990-T (corporation)          | 07             |
| Form 990-BL                              | 02             | Form 1041-A                       | 08             |
| Form 4720 (individual)                   | 03             | Form 4720 (other than individual) | 09             |
| Form 990-PF                              | 04             | Form 5227                         | 10             |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05             | Form 6069                         | 11             |
| Form 990-T (trust other than above)      | 06             | Form 8870                         | 12             |

- The books are in the care of ► JAMES H. OBRIECHT

Telephone No. ► 773-296-5283

FAX No. ► 773-296-8984

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)           . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 13 or
- ☐ tax year beginning                     , 20           , and ending                     , 20           .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|   |    |    |
|---|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | 3c | \$ |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2014)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. ☒ X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

|  |  |   |
|--|--|---|
| Type or print  | Enter filer's identifying number, see Instructions                     |   |
|  | Name of exempt organization or other filer, see Instructions.          | Employer identification number (EIN) or |
|  | MASONIC FAMILY HEALTH SERVICES   | 36-3725634                              |
|  | Number, street, and room or suite no. If a P.O. box, see Instructions. | Social security number (SSN)            |
| 836 WEST WELLINGTON AVENUE   |  |   |
| City, town or post office, state, and ZIP code. For a foreign address, see Instructions. |  |   |
| CHICAGO, IL 60657-5147   |  |   |

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                                   |             |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of JAMES H. OBRIECHT
- Telephone No. 773-296-5283 Fax No. 773-296-8984
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)           . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until NOVEMBER 15, 20 14.
- For calendar year 2013, or other tax year beginning           , 20           , and ending           , 20           .
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension WE RESPECTFULLY REQUEST AN EXTENSION OF TIME TO FILE DUE TO ADDITIONAL TIME NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

|  |       |
|--|-------|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.   | 8a \$ |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.  | 8c \$ |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature James H. Obrecht Title EXECUTIVE DIRECTOR Date 7/22/14

Form 8868 (Rev. 1-2014)