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Form 990-T	E	Exempt Organization Bus	sine	ss Income T	ax Return	ı L	OMB No 1545-0687
ą (_	(and proxy tax und	der se	• • • •			2018
	For ca	elendar year 2018 or other tax year beginning Go to www irs gov/Form990T for it	nstructi	, and ending ons and the latest inform	ation	-	
Department of the Treasury Internal Revenue Service	>	Do not enter SSN numbers on this form as it ma			ation is a 501(c)(3)		pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of		yer identification number yees' trust, see itions)			
8 Exempt under section	Print	MASONIC FAMILY HEALTH FOUNDATION		-4397387			
x 501(c 1/3) 408(e) 220(e)	or Type	Number, street, and room or suite no If a P O bo 3075 HIGHLAND PARKWAY, SUITE 600	ix, see ii	structions			structions)
408A530(a)		City or town, state or province, country, and ZIP of	or foreig	n nostal code			
529(a)		DOWNERS GROVE, IL 60515	or rorong	n postar oddo		900099	9
C Book value of all assets at end of year		F Group exemption number (See instructions)	>				
87,983			·		401(a)		Other trust
	•	ation's unrelated trades or businesses.	1	 	the only (or first) uni		
•		ESTMENTS IN PARTNERSHIPS ace at the end of the previous sentence, complete Pa	arte I an		complete Parts I-V I		
business, then complete	-		aris rai	a n, complete a ocheodic	W for each addition		51
		poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ L	Yes	X No
		tifying number of the parent corporation					
		ADVOCATE AURORA HEALTH, INC.			ne number 63		
<u> </u>		de or Business Income	T	(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or saleb Less returns and allow		c Balance	1c				ļ
2 Cost of goods sold (S			2				
3 Gross profit. Subtract		•	3				· · · · · · · · · · · · · · · · · · ·
4a Capital gain net incom	e (attac	h Schedule D)	4a				
		art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction			4c	16 304			16.304
		ship or an S corporation (attach statement)	5	-16,384.	STMT 1		-16,384.
6 Rent income (Schedul7 Unrelated debt-finance		me (Schedule F)	7				
_		and rents from a controlled organization (Schedule F)	8				"
,,		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt activ	ity inco	me (Schedule I)	10				
11 Advertising income (S		•	11				
12 Other income (See ins		•	12	-16.384.			-16 384.
13 Total. Combine lines Part II Deductio		gri iz ot Taken Elsewhere (See instructions fo	13				-10,304.
	ontribu	utions, deductions must be directly connecte	d with	the unrelated business	income)		
14 Compensation of offi	cers, di	rectors, and trustees (Schedule K)			<u> </u>	14	
15 Salaries and wages					[15	
16 Repairs and mainten	ance		_ \ '	1151U	ļ	16	
17 Bad debts	4 4 3 4 .		1	11519		17	•
18 Interest (attach schein19 Taxes and licenses	auie) (Si	ee instructions)	•		•	18	
	ons (Ser	e instructions for limitation rules)		SEE STATEMENT	2	20	0.
21 Depreciation (attach	•	•		21	ļ		
22 Less depreciation cla	imed or	n Schedule A and elsewhere on return		22a		22b	
23 Depletion						23	1,993.
24 Contributions to defe		mpensation plans				24	
25 Employee benefit pro26 Excess exempt exper	-	chedule I)			}	25	
27 Excess readership co	•	•			f	27	
28 Other deductions (att	,	•			•	28	
29 Total deductions Ac		•			ļ	29	1,993.
30 Unrelated business to	axable ır	ncome before net operating loss deduction. Subtract	ct line 29	from line 13		30	-18,377.
· ·	•	oss arising in tax years beginning on or after Janua	ıry 1, 20	18 (see instructions)	J.	31	1
		ncome Subtract line 31 from line 30		· · · · · ·		32	-18,377. Form 990-T (2018)
823/01 01-09-19 LHA FO	ı rapel	work Reduction Act Notice, see instructions				16	ruill 330-1 (2018)
						11	
						, 5	

Part II	Total Unrelated Business Taxable Income						
	Total of unrelated business taxable income computed from all unrelated trades or businesses (si	ee instru	ctions)	33		-18	, 377.
	Amounts paid for disallowed fringes			34			
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions)		35			
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s						
	lines 33 and 34			36		-18	, 377.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37			,000,
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36.					
	enter the smaller of zero or line 36	,		38		- 18	, 377.
	/ Tax Computation						
	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		>	39	•		0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 3	-				
	Tax rate schedule or Schedule D (Form 1041)		>	40			
41	Proxy tax See instructions		>	41			
	Alternative minimum tax (trusts only)		•	42	*****		-
	Tax on Noncompliant Facility Income See instructions			43			
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44			0.
Part V							
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a					
	Other credits (see instructions)	45b		1			
	General business credit. Attach Form 3800	45c		7			
-	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		1			
	Total credits Add lines 45a through 45d	100		45e			
	Subtract line 45e from line 44			46			0.
	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 88	866 <u> </u>	Other (attach schedule)	47			
	Total tax Add lines 46 and 47 (see instructions)	,00	J Office (ander semedolo)	48			0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49			0.
	Payments A 2017 overpayment credited to 2018	50a	344				
	2018 estimated tax payments	50b	1,500	⊣ ।			
	Tax deposited with Form 8868	50c	2,000	1			
		50d		1			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50e		⊣. ∣			
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)	50f		-			
		301		-			
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	500		1.1			
		50g		51		1	844.
	Total payments Add lines 50a through 50g			 			.039.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		_	52			
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		P	54			844.
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax	1,844	Defunded b	+ +			0.
				55			
Part V				 -		I Vaa	No
	At any time during the 2018 calendar year, did the organization have an interest in or a signature					Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization						ĺ
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country				
	nere >						X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansteror	to, a foreign trust?			ļl	X
	f "Yes," see instructions for other forms the organization may have to file						
58	Enter the amount of tax-exampt intelest received or accrued during the tax year ▶\$		a mad to the boot of my kn	audadaa aa	t ballaf it ia	L	L
Sian	Under the little of perjury idealars that have examined this return, including accompanying schedules and correct and complete Decircing of prepares (bither than tax payer) is based on all information of which prepares	rer has an	y knowledge	Jwieuge and		uue	
Sign Here	1. VI. VIALVA 0 a 1112-12019			lay the IRS			with
nere	Signator of officer Date Title	DIREC'		ne preparer			٦
				structions)		_ د:	No
	Print/Type reparer's name Preparer's signature	te		if PTIN			
Paid	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		self- employed				
Prepar			1				
Use O	nly Firm's name ▶		Firm's EIN	•			
			D				
	Firm's address ►		Phone no				

Schedule A - Cost of Goods Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year 1		6 Inventory at end of year	ar		6
2 Purchases 2		7 Cost of goods sold S	ubtract li	ne 6	
3 Cost of labor 3		from line 5 Enter here	and in P	Part I,	
4 a Additional section 263A costs		line 2			7
(attach schedule) 4a		8 Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule) 4b		property produced or	acquired	for resale) apply to	
5 Total Add lines 1 through 4b 5		the organization?			
Schedule C - Rent Income (From Real (see instructions)	Property and	d Personal Property	Lease	ed With Real Pro	perty)
1 Description of property					
(1)					
(2)					
(3)					
(4)					
	ed or accrued			3/a \ Deductions directly	connected with the income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)			d 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total ' 0.	Total		0.		
(c) Total income Add totals of columns 2(a) and 2(b) Enthere and on page 1, Part I, line 6, column (A)	ter	-	0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Debt-Financed	Income (see	instructions)			
		2 Gross income from		3 Deductions directly conf to debt-finance	
1 Description of debt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					
(2)			<u> </u>		
(3)					
(4)					
debt on or allocable to debt-financed of or a property (attach schedule) debt-finan	adjusted basis flocable to nced property schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (colunin 6 x total of columns 3(a) and 3(b))
(1)		%			
(2)		%			
(3)		%			
(4)		%			
			1	nter here and on page 1, lart I, line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)
Totals		>		0	. 0.
Total dividends-received deductions included in column	8			>	0.

-	redule F - Interest, A	-tillulle.	s, moya	ities, ai		Controlled O			Latio	13 (366 1113	ituction	15)
•	1 Name of controlled organizat	ion	2 Em Identifi num	cation		related income e instructions)	4 Tot payr	al of specified nents made	5 Part of column 4 that is included in the controlling organization s gross incom		rolling	6. Deductions directly connected with income in column 5
(1)									†			······
(2)												
(3)												
(4)												
	exempt Controlled Organia	zations										
	7. Taxable Income		related incon e instruction:		9 Total	of specified pays made	ments	10 Part of colu in the control gros		nization's	11 De with	iductions directly connected in income in column 10
(1)							1					
(2)												
(3)												
(4)		,										33333
Total	ie							Add colur Enter here and line 8,		1, Part I		dd columns 6 and 11 nere and on page 1, Part I line 8, column (B)
	nedule G - Investme	nt Incon	an of a	Section	501(c)(7) (9) or	(17) Or	ganization	· · · · · · · · · · · · · · · · · · ·			······································
SUI	(see instr		ie oi a	Section	1 30 1 (0)((1), (9), 01	(17) (1	gariizatioi	•			
		ription of incom	ne	eeeeeeesta diidhiu		2 Amount of	ıncome	3 Deduction directly connection (attach scheduler)	ected	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)		** ********										
(2)												
(3)						<u> </u>						
(4)					(anglekale) ya 'ayan di di u di di 1919							- ·
						Enter here and o Part I, line 9, co						Enter here and on page 1, Part I line 9, column (B)
Total					<u> </u>		0.		~~~			0.
Sch	nedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	lvertisi	ng Income	9		,	
•••••	Description of exploited activity	2 Grounted to unrelated to uncome trade or bu	usiness from		elated	4 Net incomfrom unrelated business (cominus columi gain compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity is not unrela business inco	that ted	6 Expe attributa colum	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)												
(4)		Enter here page 1 l line 10, c	Part I	Enter her page 1 line 10,			I	,				Enter here and on page 1, Part II line 26
Total			0.		0.	<u> </u>				-	*********	0.
	nedule J - Advertisir							<u>-</u>				
Pa	rt I Income From F	Periodica	als Rep	orted o	n a Con	solidated	Basis					
	1 Name of periodical		2 Gross advertising income		3 Direct irtising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, compute	5. Circulat		6 Reador costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						υ.						n , none to
(3)				+								
(4)			I L GRASH	_	*******	4 Ay				400 000 0 0000-0		* A / 6 =
Total	s (carry to Part II, line (5))	•		0.		0.						0.

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.		ı		(
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11 col (B)	1			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		▶	0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
UBI - ORDINARY BUSINESS INCOME (LOSS)	-16,384.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-16,384.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015			
FOR TAX	YEAR 2016 YEAR 2017			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	168,798		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	168,798 0		
EXCESS 10	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	168,798 0 168,798		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CON	TRIBUTION DEDUCTION	-		0