Fo	m 990-T	E	empt Organization (and proxy tax		siness Income der section 6033(rn	OMB No 1545-0047			
		For cale	ndar year 2019 or other tax year begin	ning_	, 2019, and endi	$_{ng}$ $ \mathcal{I} $	20	`_ ୭⋒10			
Dep	partment of the Treasury		► Go to www.irs.gov/Form990								
	emal Revenue Service	Do	not enter SSN numbers on this form	as it ma	y be made public if your orga	nization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only			
202	Check box if		Name of organization (Check b	ox if na	me changed and see instruction	s)		oyer Identification number oyees' trust, see instructions)			
60-	address changed]	NORTH SHORE UNIVERS	(Cinpi	7,003 (103), 366 (13)(10)(10)13)						
_	Exempt under-section		C/O NORTHWELL HEALT	H, I	NC.						
>	501(C)(3)	Print	Number, street, and room or suite no	lf a P O	box, see instructions			562701			
N (408(e)220(e)	Туре			ated business activity code structions)						
	408A530(a)		972 BRUSH HOLLOW RO.	(000)	ou dollor lo						
4	529(a) City or town, state or province, country, and ZIP or foreign postal code										
K O	Book value of all assets at end of year F Group exemption number (See instructions) 2551717986. G Check organization type X 501(c) corporation 501(c) trust						9000	900003			
	it end of year		up exemption number (See instruct								
22	2551717986.		eck organization type 🕨 🐰 501			trust	401(a)	trust Other trust			
25	Enter the number of	f the orga	nization's unrelated trades or busine	esses	<u>1</u>	Describe	the only	(or first) unrelated			
<u>a-</u> 1	trade or business he	re ►			If only one,	complete Parts I	-V If more	e than one, describe the			
	first in the blank spa	ace at the	end of the previous sentence, co	mplete	Parts I and II, complete a S	chedule M for ea	ch additioi	nal			
i _	trade or business, th	en compl	ete Parts III-V				<u>.</u>				
ì	During the tax year,	was the	corporation a subsidiary in an affil	ıated g	roup or a parent-subsidiary o	controlled group?		▶ Yes X No			
_			identifying number of the parent co	rporation							
			ORTHWELL HEALTH, INC.		Telephon	e number ▶ 51	6-321-				
<u> </u>	art I Unrelated	Trade (or Business Income		(A) Income	(B) Expen	ses	(C) Net			
ქ 1	a Gross receipts or	sales									
•	b Less returns and allowa	ances	c Balance ▶	1c							
] 2	Cost of goods so	ld (Sched	ule A, line 7)	2							
3 4	Gross profit Sub	tract line	2 from line 1c	3				1			
4	a Capital gain net i	ncome (a	ttach Schedule D)	4a							
5	b Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b							
•	c Capital loss dedu	iction for t	rusts	4c							
5	Income (loss) from a p	artnership o	r an S corporation (attach statement)	5	837,689.	ATCH 1		837,689.			
6	Rent income (Sch	nedule C)		6							
7	Unrelated debt-fi	nanced in	come (Schedule E)	7							
8	Interest, annuities, roy	alties, and re	ints from a controlled organization (Schedule F)	8							
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9_							
10	Exploited exempt	activity ii	ncome (Schedule I)	10							
11	Advertising incon	ne (Sched	lule J)	11							
12	Other income (Se	ee instruc	tions, attach schedule)	12/							
13	Total. Combine li	nes 3 thr	ough 12	/13	837,689.			837,689.			
P	art II Deductio	ns Not	Taken Elsewhere (See insti	ructio	ns for limitations on d	eductions.) ([Deduction	ons must be directly			
	connecte	d with th	ne unrelated business incom	e.)							
14	Compensation of	officers,	directors, and trustees (Schedule K)				14				
15	Salaries and wage	es	<i></i>				15				
16	Repairs and main	itenance	/				16				
17	Bad debts		/				17				
18			(see instructions)				18				
19	Taxes and license	s	<i>[.</i>		,		19	250.			
20			¢562)								
21	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	21a		21b				
22	Depletion	. /	· · · · · · · · · · · · · · · · · · ·	[-	· · · · · · · · · · · · · · · · · · ·		. 22	**			
23	Contributions to	deferred o	compensation plans	[.	VECEIVED.		23	•			
24			3		1	၂ပ္က	. 24				
25	Excess exempt ex	penses (S	Schedule i)	. 12	I NOV /1 7 2020	[ő]	25				
26	Evage readershir	coete (S	chadula IV	- 1 -		(8)	26				
27	Other deductions	(attach s	chedule)]	OCDEN II	ATCH 2	27	249,590.			
28	Total deductions	Add line	s 14 through 27.	Ľ	OODEW, O.I.]	28	249,840.			
29	,		le income before net operating			28 from line 1		587,849.			
30	/		g loss arising in tax years beginnir								
24			e income Subtract line 30 from line	_				587,849.			
40 T			lotice see instructions	25 .	· · · · · · · · · · · · · · · · · · ·		37	507,049.			

Par	t III	Total Unrelated Busi	iness Taxable	e Income									
32	Total o	of unrelated business taxa	ble income con	nputed from all	unrelated tra	ades or businesses	(see,						
								32	i	587,	849.		
33	Amount	ions)		\mathcal{L}	INTI			33					
34	Charita	ble contributions (see instruc	tions for limitation i	rules)	• 4 • (• t• · · ·		• • •	34					
35		inrelated business taxable						 					
00					=			11	ſ	-07	040		
20		the sum of lines 32 and 33						35		587,	047.		
36		on for net operating los						.[
	Instruct	ions)	• • • • • • • • •			ATCH .3 .	. 0	$\overline{}$		587,	849.		
37		unrelated business taxable ii						37					
38	Specific	deduction (Generally \$1,000	0, but see line 38	instructions for excep	otions)		. <i>D</i>	38		1,	000.		
39	Unrelat	ed business taxable incom	ne. Subtract line	38 from line 37	If line 38	is greater than line	37,	{					
	enter th	e smaller of zero or line 37		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	3'9			0.		
Par	t IV	Tax Computation						ſ					
40	Organiz	ations Taxable as Corporatio	ns. Multiply line 3	9 by 21% (0 21)			▶	40					
41	Trusts	Taxable at Trust Ra	ites. See ins	tructions for ta	x computa	tion Income tax	on						
	the amo	ount on line 39 from Ta				11)		41					
42	Proxy ta	ax. See instructions						-					
43		ive minimum tax (trusts only).						$\overline{}$					
44		Noncompliant Facility Income						-					
		dd lines 42, 43, and 44 to line											
Par		Tax and Payments	e 40 01 41, Willeli	evei applies	• • • • • •	<u> </u>		45					
		tax credit (corporations attac	h Farm 1440 Arm			lea l							
	•	• •	· ·		· -			[
		redits (see instructions)											
		business credit Attach Form		•	_			. I					
		or prior year minimum tax (at			· ·								
е		edits. Add lines 46a through						46e					
47	Subtrac	t line 46e from line 45	· . <u></u>	· · · · · · _	<u> </u>			47					
48	Other tax	ces Check if from Form 425	5 Form 8611	Form 8697	Form 8866	Other (attach sche	dule) .	48					
49	Total ta	x. Add lines 47 and 48 (see in	nstructions)					49			0.		
50	2019 ne	et 965 tax liability paid from F	orm 965-A or Fori	m 965-B, Part II, colu	ımn (k), line 3			50					
51 a	Paymen	its. A 2018 overpayment cred	lited to 2019		5	1a							
b	2019 es	timated tax payments			5	1b		l i					
		osited with Form 8868			_			1 1					
		organizations Tax paid or wi											
		withholding (see instructions)		•									
		or small employer health insu			_								
'.	Otherer	edits, adjustments, and payme	nance premiums (a	120									
y					Total D E								
		orm 4136											
52		yments. Add lines 51a through					·—;	52					
53		ed tax penalty (see instruction	•				• 📖	53					
54		. If line 52 is less than the tot						54					
55	Overpay	ment. If line 52 is larger thar	the total of lines	49, 50, and 53, ent	er amount ove	erpaid	▶	55					
<u>56</u>		amount of line 55 you want Cre				Refunde		56					
Par	VI	Statements Regardii	ng Certain A	ctivities and O	ther Infor	mation (see instri	uctions	s)					
57	At any	time during the 2019 cal	lendar year, did	the organization I	nave an inte	erest in or a signatu	іге ог	other a	uthority	Yes	No		
	over a	financial account (bank, s	ecurities, or oth	er) in a foreign	country? If	"Yes," the organizati	on ma	ay have	to file		.]		
	FinCEN	Form 114, Report of For	reign Bank and	Financial Account	s If "Yes,"	enter the name of	the	foreign	country		j		
	here 🕨	•						•	•		х		
58		he tax year, did the organizat	tion receive a distr	ibution from, or was	s it the grant	or of, or transferor to	a fore	an trust?			<u>x</u>		
	-	see instructions for other form				,							
		e amount of tax-exempt interes	-	•	/ear ▶ \$, 1		
		der penalties of penury, I declare the				fules and statements, and t	o the b	est of my l	nowledge :	and belr	ef, it is		
Sign	l tru	e, correct, and complete Declaration of											
Here		ICHELE L. CUSACK	Valida la	no6 11/5/2	0 SVP &	CEO		y the IRS					
пег		gnature of officer	TIENELLUM	Date	Title	CFU		h the pro instructions			, J		
] 31		 	Preparer's signature	1100	Date	(586		 	8	No		
Paid		Print/Type preparer's name	7	Freparer's signature		Date	Check	ıf ∟∟ı	PTIN				
Prep	arer			<u> </u>			self-e	mployed		`			
Use		nlv Firm's name							Firm's EIN ▶				
		Firm's address					Phone	no.					

NORTH SHORE UNIVERSITY HOSPITAL 11-1562701 Form 990-T (2019) Page_**3** Schedule A - Cost of Goods Sold. Enter method of inventory valuation > Inventory at end of year inventory at beginning of year. Purchases 2 Cost of goods sold. Subtract line 3 Cost of labor 6 from line 5 Enter here and in Part 4a Additional section 263A costs 7 (attach schedule) 4a Do the rules of section 263A (with respect to Yes No b Other costs (attach schedule) . 4b property produced or acquired for resale) apply Total. Add lines 1 through 4b . 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deductions directly connected with the income for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) ▶ Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions acquisition debt on or Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule)

%

% %

%

Form **990-T** (2019)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3) (4)

Total dividends-received deductions included in column 8,

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F - Interest, Ann				ontrolled Or				5115 (55	0 111011 0011	01107		
Name of controlled organization	2. Employer identification numb	001		lated income instructions)	4	otal of specified ayments made		Part of column 4 that is included in the controlling organization's gross incom-		olling	connected with income	
(1)												
(2)												
(3)			_			_						
(4)												
Nonexempt Controlled Organia	zations	· ·										
7. Taxable Income	8. Net unrelated i (loss) (see instruc		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			ntrolling	11. Deductions directly connected with income in column 10			
(1)												
(2)		_										
(3)						ļ						
(4)												
Totals			 c)(7),	(9), or (17		Pa	art I, I	ere and on ine 8, colu	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1. Description of income	2. Amount o	f income		3. Deduction directly cortain (attach sch	nected		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)		
(1)	ļ <u>.</u> .		ļ									
(2)	,,		1									
(3)			 									
(4)	Enter here and		-								Enter here and on page 1	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		er Th	an Adverti	sing Ir	come	e (se	ee instru	ctions)		Part I, line 9, column (B)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	/ with n of ed	4. Net inconfrom unrelation business 2 minus collif a gain, collif	ed tradé (column umn 3) ompute	dé 5. Gross income from activity that is not unrelated e burges income column 5		ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)					-							
(2)												
(3)												
(4)			-									
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	arti,						Enter here and on page 1, Part II, line 25			
Schedule J- Advertising In					-	··		_				
Part I Income From Peri	odicals Report	ted on a Co	onsol	idated Bas	is	_				<u>-</u>	. 	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	ss) (col col 3) If compute		Circulation income		6. Reade cost	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)											<u> </u>	
(4)					-							
Totals (carry to Part II, line (5))											Form 990-T (2019	

Form 990-T (2019)

Part II 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)

2 through 7 on a l	ine-by-line basi	s)				
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 ▶	_					
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						<u></u>
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name			Title	3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		١

Form **990-T** (2019)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

NORTH SHORE MEDICAL ACCELERATOR, PC

837,689.

INCOME (LOSS) FROM PARTNERSHIPS

837,689.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

CENTRALIZED ADMINISTRATIVE EXPENSE

249,590.

PART II - LINE 27 - OTHER DEDUCTIONS

249,590.

11-1562701 ATTACHMENT 3

FORM 990-T: PART III - LINE 36 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
12/31/1999			
12/31/2000			
12/31/2001			
12/31/2002			
12/31/2003			
12/31/2004			
12/31/2005			
12/31/2006			
12/31/2007			
12/31/2008			
12/31/2009			
12/31/2010			
12/31/2011			
12/31/2012			
12/31/2013			
12/31/2014 12/31/2015			
12/31/2015			
12/31/2017			
12/31/201/			
TOTAL:			
	S AVAILABLE FROM I		 587,849.
	NET OPERATING LOS	SS DEDUCTION	• •