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•	

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year beginning 1001 .2015, and ending 0800 .20 20 Po or calendar year 2016 or other tax year year year of open calendar year 2016 or other tax year year year year year year year year			':	Evamnt Organiza	./ ution Rusiness	Inc	ome Tay Re	turn	0	MB No 1545-0047
For calendar year 2015 or other tax year beginning 0,001 2016, and ending 0,003 20 20	Form	990-T	•							
Ceptiment of the Treasure internal Review Service 1 the Treasure internal Review Service 1 the Centre Service 1 t			For cale	• •	-			<i>,</i> -		2019
December 1 December 2 December 2 December 3 De	Depar	tment of the Treasury							0000	to Dublic Incorporation for
Secretary Language Section Secretary	Intern		▶ Do	not enter SSN numbers on the	s form as it may be made	public	if your organization i	s a 501(c)(3).	501(c	(3) Organizations Only
8 Exempt under section	$A \square$			· · ·		and see	instructions)			
September Sept	_	•	Print					(CIII		•
Social Social Social City or town, state or prowne, country, and ZIP or foreign postal code Social Social City or town, state or prowne, country, and ZIP or foreign postal code Social	$\overline{}$			· '	suite no If a PO box, see in	structio	ns	F Unr		
Sealon EVANSTON, IL 60201 Sealon		· · · = · · ·	Туре		country and ZIP or foreign	noetal	code : =	l l		-
Comparison Co					e, country, and zir or loreigi	i postai	code		1	, 611430 `
### 425.515.045 G Check organization type	C Bo	ok value of all assets	F Gr		See instructions.) ▶		 -	1		
trade or business here ▶ SURGICAL SIMULATION LAB If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ □ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. ▶ □ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. ▶ □ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. ▶ □ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. ▶ □ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. ▶ □ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. ▶ □ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. ▶ □ Yes ☑ No If "Yes," enter I Yes ☑ No If	at	4,925,515,045				on		☐ 401(a	a) trust	Other trust
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	H	nter the number	of the o	organization's unrelated tr	rades or businesses. I		6 De	scribe the c	nly (or	first) unrelated
trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶ □ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ JEFF BIESCZAT Telephone number ▶ (847) 570-5798 Telephone number ▶ (940) 570-579 Telephone number ▶ (940) 570-57										
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			-		s sentence, complete	Parts	I and II, complet	e a Schedu	le M f	or each additional
If "Yes," enter the name and identifying number of the parent corporation. Telephone number (847) 570-5798 Part Unrelated Trade or Business Income					***			Ul 0		
The books are in care of ► JEFF BIESCZAT							nt-subsidiary contro	ilea group?	•	L Yes V No
Part Unrelated Trade or Business Income					the parent corporation	JII. 🚩	Telephone n	umber 🕨		(847) 570-5798
1a Gross receipts or sales 531,597 b Less returns and allowances 0 c Balance 2 Cost of goods sold (Schedule A, line 7) . 2 0					2	Ī				
b Less returns and allowances										
3 Gross profit. Subtract line 2 from line 1c	Ł	•			0 c Balance ►	1c	531,597			
A	2	Cost of goods	sold (S	Schedule A, line 7)		2	0			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts line (Capital Common (Sos) from a partnership or an S corporation (attach statement) 5 Income (Sos) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 0 0 0 0 0 8 Interest, annutes, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule C) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and frustees (See-Astructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and frustees (See-Astructions) 15 Salaries and wages 16 AUG 2 3 2021 17 Operation (attach Føfrm 4562) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Føfrm 4562) 21 Less depreciation (attach Føfrm 4562) 22 Contributions to deferred compensation plans 23 0 Depreciation (attach Føfrm 4562) 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions, Add lines 14 through 27 29 Unrefated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0	3					-				
C Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization (Schedule F) Interest, annuites, royalties, and rents from a controlled organization										
Society Soci		• , ,	•		•			/		
Statement						40				0
Rent income (Schedule C)	J					5	0			0
Unrelated debt-financed income (Schedule E)	6	•	Schedu	ıle C)					0	
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule C) 9				· · · · · · · · · · · · · · · · · · ·		7/	0		0	′ 0
10 Exploited exempt activity income (Schedule I) 10 0 0 0 0 0 0 0 1 1	8	Interest, annuities	, royaltie:	s, and rents from a controlled or	rganization (Schedule F)	8	. 0		0	0
Advertising income (Schedule J)	9									
Other income (See instructions; attach schedule) 12 0 0 531,597 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Sehedule K) 15 Salaries and wages 16 Repairs and maintenance 17 00 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 00 23 Contributions to deferred compensation plans 24 Employee beriefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions, attach schedule) 77 125,921 28 Total deductions, add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 20 Other January 1, 2018 (see instructions)		•		•		\longrightarrow				
Total. Combine lines 3 through 12 Total. Combine lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see jinstructions) Total. Combine lines 14 Total. Combine lines 14 Total. Combine lines 14 Total. Combine line 13 Total. Combine lines 14 Total. Combine line lines 14 Total. Combine lines 15 Total. Combine lines 15 Total. Combine lines 16 Total. Combine lines 16 Total. Combine lines		•	•	•		ightarrow			U	-
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and frustees (Sehedule K)			•		. /	_				
connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees Schedule K)					instructions for limit			(Deduction		
Compensation of officers, directors, and trustees Schedule K) Salaries and wages RECEIVED Repairs and maintenance 16 3,577 20 13,177 21 21 0 21b 13,177 22 0 0 23 0 0 24 0 0 25 0 0 26 0 0 27 125,921 28 250,375 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) OGDEN, UT. 20 13,177 21 22 0 22 0 23 0 24 0 25 0 26 0 27 125,921 28 250,375 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							, 011 acaaciiciici,	(Boddollo)	io iliai	n bo an oony
15 Salaries and wages RECEIVED 16 3,577 17 Bad debts AUG 2 3 2021 O	14	Compensation	of office	cers, directors, and truste	es (Schedule K)		<u> </u>		14	0
Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule J) Other deductions, Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) AUG 2 3 2021 O 18 O 21 13,177 21a O 21b 13,177 21a O 21b 13,177 21a O 21b 13,177 22 0 0 25 0 0 0 0 0 0 0	15				. RECEIV	/ED			15	107,700
Interest (attach schedule) (see instructions) Interest (attach schedule) Interest (aintena	ance/	. 2		70 · · ·			-
Taxes and licenses				,	· AUG · 2 · 3	2021	· [8] · · ·		_	
Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Contributions (23		•		· 7			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 13,177 22 0 23 0 24 0 25 0 26 0 27 125,921 28 250,375 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				/	OGDEN	LIT	ا ا عال ا ا عال ا	 13 177		U
Depletion 22 0 23 Contributions to deferred compensation plans 23 0 24 Employee berefit programs 24 0 25 Excess exempt expenses (Schedule I) 25 0 26 Excess readership costs (Schedule J) 26 0 27 Other deductions (attach schedule) 27 125,921 28 Total deductions. Add lines 14 through 27 28 250,375 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 281,222 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0										13.177
Contributions to deferred compensation plans Employee beriefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 23 0 0 24 0 25 0 0 27 125,921 28 250,375 29 281,222		•						<u>_</u>		
Employee berefit programs										0
Excess readership costs (Schedule J)									24	0
27 Other deductions (attach schedule)	25	Excess exemp	t exper	nses (Schedule I)						
Total deductions. Add lines 14 through 27		,		•					\vdash	·
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)									-	
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		,								
jnstructions)									29	281,222
	30	/	-						30	n
· · · · · · · · · · · · · · · · · · ·	31	/								

	0-1 (2019)		I Duning Tourist						Page Z
			d Business Taxable						
			siness taxable income	•				المدا	
	instruct	•					•	32	1,395,125
			lowed fringes					33	
			ns (see instructions for					34	0
			ss taxable income be	•	·			<i> </i>	
		the sum of line					_	35	1,395,125
36			perating loss arising					1]	
								36	1,395,125
37	Total of	f unrelated busi	ness taxable income t	pefore specific ded	uction. Subtract I	ine 36 from line	35 .	37	0
38	Specific	c deduction (Ge	enerally \$1,000, but se	e line 38 instructio	ns for exceptions)		38	0
			axable income. Subt						
	epter th	ne smaller of zer	ro or line 37			· · · · · ·		39	0
Part I	V [∖ Ta	ax Computati	on						
40 /	Orgàni	zations Taxabl	e as Corporations. M	fultiply line 39 by 2	1% (0.21)		. ▶	40	0
			Trust Rates. See						
	the amo	ount on line 39	from: 🔲 Tax rate sch	edule or 🔲 So	hedule D (Form 1	041)	. ▶	41	
42	Proxy 1	ax. See instruc	tions				. ▶	42	
43	Alternat	tive minimum ta	ax (trusts only)					43	
44	Tax on	Noncompliant	Facility Income. See	e instructions				44	
45	Yotal. A	Add lines 42, 43	, and 44 to line 40 or	41, whichever appl	ies			45	0
Part '	V INT	ax and Payme	ents						
46a/	Foreign	tax credit (corp	porations attach Form	1118; trusts attacl	n Form 1116) .	46a	0		
			ructions)			46b			
С	Genera	l business cred	it. Attach Form 3800 (see instructions) .		46c	0		
			nımum tax (attach For	•		46d			
			s 46a through 46d .					46e	0
			line 45					47	0
			Form 4255 Form					48	0
			and 48 (see instruction			•		49	0
			ty paid from Form 965					50	
51a			rpayment credited to			51a	0		
	-		yments			51b	0		
			rm 8868			51c			
d	,		Tax paid or withheld a		uctions)	51d_			
e			ee instructions)			51e	26		
		Ψ ,	yer health insurance p			51f			
			ents, and payments:		•				
9	☐ Form		☐ Oth		0 Total ▶	51g	0	0	
52	-		lines 51a through 51g					52	26
53			(see instructions). Che				ightharpoons	53	
54			ss than the total of lin				(m.)	54	0
			2 is larger than the to				10 -	55	26
			55 you want Credited			0 Refur		56	26
Part \	/I St	tatements Re	garding Certain Ad	ctivities and Oth	er Information	(see instruction	ns)		
			2019 calendar year, c					er autho	ority Yes No
٠.	over a 1	financial accour	nt (bank, securities, or	other) in a foreign	country? If "Yes	," the organizat	ion may	have to	file
	FinCEN	Form 114, Rep	oort of Foreign Bank a	and Financial Acco	unts. If "Yes," en	ter the name of	the fore	ign cou	ntry
	here ▶		-						1
58	During t	he tax vear, did t	he organization receive a	a distribution from, or	was it the grantor	of, or transferor t	o, a foreig	n trust?	. 7
			ns for other forms the			•			
			x-exempt interest rece	-		▶ \$			
	Under	penalties of periury.	declare that I have examined	this return, including acc	ompanying schedules a	and statements, and t	to the best of	of my knov	vledge and belief, it is
Sign	true, co	prect, and complete	Declaration of preparer other	than taxpayer) is based or	all information of which	n preparer has any kn	owledge	May the IR	S discuss this return
Here) may lun	DANNW	~ 18/22/202	/ TREASURER & C	CHIEF FINANCIAL O	FFICER	vith the pr	reparer shown below
, .0.6		ure of officer	- /	Date	Title		(see instruc	tions)?
D-:-	 	Print/Type prepare	r's name	Preparer's signature		Date	Char	k 🔲 ıf	PTIN
Paid		ANNE FULTON		anno J	ultar	8/12/21		mployed	P00941863
Prepa	1	Firm's name ▶	DELOITTE TAX LLP	, , , , , , , , ,				EIN ►	86-1065772
Use (Only	Firm's address ▶	50 SOUTH SIXTH STR	REET, SUITE 2800. M	IINNEAPOLIS, MN	55402	Phone		(612) 397-4000

Sche	dule A-Cost of Good	is Sold. Er	nter r	nethod of ir	rvent	ory va	luation >							
1	Inventory at beginning o	of year	1		0	6	Inventory a	at e	end of year		6			0
2	Purchases	· [2		0	7	Cost of g	000	ds sold. Subtract	line				
3	Cost of labor	[3		0		6 from line	5.	Enter here and in I	Part				
4a	Additional section 263	A costs	ĺ				I, line 2 .				7			0
	(attach schedule)		4a		0	8	Do the rul	les	of section 263A	(with	respe	ct to	Yes	No
b	Other costs (attach sche	edule)	4b		0		property p	roc	duced or acquired	for re	esale)	apply		
5	Total. Add lines 1 through		5		0				zation?					✓_
	dule C—Rent Income instructions)	(From Re	al Pı	roperty and	l Per	sonal	Property I	Lea	ased With Real F	Prop	erty)			
1. Desc	ription of property													
(1)														
(2)														
(3)														
(4)										_				
		2. Rent receiv	ed or	accrued				╝						
(a) From personal property (if the percentage of refor personal property is more than 10% but not more than 50%)			pe 5	(b) From real ar rcentage of rent 0% or if the rent	for per	sonal pro	perty exceeds		3(a) Deductions dire in columns 2(a)					e
(1)	"													
(2)														
(3)														
(4)								_						
Total		0	Tota	al				이	(b) Total deductions	s.				
	al income. Add totals of col		d 2(b)) Enter					Enter here and on page 1,					
here ar	d on page 1, Part I, line 6, c	olumn (A)		<u> </u>				0	Part I, line 6, column	(B) ▶	•			0
Sche	dule E—Unrelated De	bt-Financ	ed li	ncome (see	instru	uctions	s)	_	2 Deductions directly		octod w	ith or alloc	sable to	
	1. Description of deb	t-financed prop	perty			cable to	come from or debt-financed	12		d prope	roperty (b) Other deductions			
						pro	perty		(attach schedule)			ttach sch		
(1)					<u> </u>			ļ		_				
(2)								ļ						
(3)					<u> </u>			ļ						
(4)					<u> </u>			Ļ		\perp				
4. Amount of average 5. Average acquisition debt on or of o allocable to debt-financed debt-fin		of or debt-fin	alloca anced	sted basis able to property edule)		4 dr	olumn vided lumn 5	7	7. Gross income reportati (column 2 × column 6)			locable den 6 × total 3(a) and 3	of colu	
(1)							%							
(2)							%							
(3)							%	<u> </u>	<u>.</u>					
(4)					l		%	<u> </u>		_				
									nter here and on page Part I, line 7, column (A			ere and line 7, c		
Totals				•			•			0				0
	lividends-received deducti	ons included	ın co	lumn 8		•			. •	•				0
												Form 9	90-T	(2019)

Scne	edule F—Interest, Ann	uitie	s, Royaities,				Controlled Org	ganizations (se	e instru	ctions)	
	Name of controlled organization		2. Employer tification number			ated income instructions)	4. Total of specifie payments made		controlling	conn	eductions directly ected with income in column 5
(1)						-					
(2)											
(3)								-			
(4)		L					<u> </u>				
None	xempt Controlled Organia	zation	is								
	7. Taxable Income 8. Net unrelated inc (loss) (see instruction						10. Part of colur , included in the organization's gr	controlling	conne	Deductions directly octed with income in column 10	
(1)								-			
(2)											
(3)											
(4)											
								Add columns Enter here and Part I, line 8, co	on page 1. olumn (A)	, Enter I Part I	columns 6 and 11 here and on page 1, , line 8, column (B)
Totals	dule G-Investment I	2001	no of a Coat	ion f	501/a	1/7) (0)	or (17) Organi	ization (acc inc		0	0
Scrie	Description of income	ncoi	2. Amount of			3. direc	Deductions otly connected ach schedule)	4. Set-aside (attach sched	es	5. To	otal deductions set-asides (col 3 plus col 4)
(1)						, and	acii scricadio,				pius 001 -17
(2)	<u>\</u>										
(3)	** .						<u></u>				
(4)	-										
Totals	•	7	Enter here and Part I, line 9, c				**				re and on page 1, ne 9, column (B)
	dule I – Exploited Exe	mpt	Activity Inco	ome.	. Oth	er Than	Advertising Ir	ncome (see ins	tructions	(2	
	Description of exploited activity		2. Gross unrelated business incor from trade o business	3. Expense: directly connected w production o		openses rectly cted with uction of related	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income	6. Ex	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			1						<u> </u>		
(2)											
(3)											
(4)			Enter here and page 1, Part line 10, col (A	t,	page	ere and on 1, Part I,), col (B)	7:11.	الم الماك الموادية الم	o de v		Enter here and on page 1, Part II, line 25
	dule J-Advertising l	ncon	ne (see instruc		2)						<u> </u>
Part			•		<u> </u>	Consoli	dated Basis				
	1. Name of periodical		2. Gross advertising income		3. (Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	1	adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	· · · · · · · · · · · · · · · · · · ·		 	\dashv					 		
(2)				\dashv							
(3)			1	\dashv							
(4)			 	$\neg \uparrow$							<u> </u>
	(carry to Part II, line (5))	•		0		0	0				o
								· · · ·			000 T

Part II Income From Periodi 2 through 7 on a line-b		on a Separat	e Basis (For ea	ach periodical i	sted in Part II,	Till in columns
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			*	0
	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) ▶	o	0				0
Schedule K—Compensation of	Officers, Direc	tors, and Trus	stees (see instru	uctions)		
1. Name		2	2. Title	3. Percent of time devoted to business		on attributable to d business
(1)				%	5	
(2)				%	5	
(3)				%	5	
(4)				%	5	
Total. Enter here and on page 1, Part II, lir	ne 14			>		0
				,	F	orm 990-T (2019)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

For calendar year 2019 or other tax year beginning 10/01 , 2019, and ending

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only **Employer identification number**

NORTHSHORE UNIVERSITY HEALTHSYSTEM 36-2167060 Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ WELLNESS SHOP (C) Net (A) Income (B) Expenses Part I Unrelated Trade or Business Income 533.308 Gross receipts or sales 533,308 **b** Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 2 n 3 533.308 533,308 3 Gross profit. Subtract line 2 from line 1c 0 0 4a 4a Capital gain net income (attach Schedule D) 0 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b b 0 4c C 5 Income (loss) from a partnership or an S corporation (attach 0 O 5 6 0 0 0 6 0 0 0 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled 0 0 0 8 Investment income of a section 501(c)(7), (9), or (17) 9 0 0 0 0 0 0 10 Exploited exempt activity income (Schedule I) 10 0 0 0 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 0 13 533,308 0 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly Part II connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 114,521 15 15 16 16 17 0 17 0 18 18 19 0 19 20 21b 0 Less depreciation claimed on Schedule A and elsewhere on return . . . 21 22 0 22 0 23 23 Contributions to deferred compensation plans 24 0 24 n 25 25 26 0 26 Excess readership costs (Schedule J) 27 423,594 27 28 538,115 Total deductions. Add lines 14 through 27 28 (4,807) 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

30

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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income. Subtract line 30 from line 29 . . .

30

0

(4.807)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning 10/01 , 2019, and ending 09/30 , 20 20 ► Go to www.irs.gov/Form990T for instructions and the latest information.

and the latest morniation.

Open to Public Inspection for

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Name of the organization **Employer identification number** NORTHSHORE UNIVERSITY HEALTHSYSTEM 36-2167060 Unrelated Business Activity Code (see instructions) ▶ 812930 Describe the unrelated trade or business ▶ PARKING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales 0 45,150 **b** Less returns and allowances c Balance ► 1c 2 Cost of goods sold (Schedule A, line 7) 2 3 3 45,150 45,150 4a Capital gain net income (attach Schedule D) 4a 0 4b 0 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c 0 5 Income (loss) from a partnership or an S corporation (attach 5 0 6 0 0 6 0 0 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 9 Investment income of a section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Schedule I) 11 0 0 0 11 Advertising income (Schedule J) 0 12 Other income (See instructions, attach schedule) 12 13 Total. Combine lines 3 through 12 45,150 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 0 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 0 16 Repairs and maintenance 16 n 17 17 18 18 Interest (attach schedule) (see instructions) 19 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return . 21b 3,074 22 22 23 24 24 Employee benefit programs 25 25 26 26 27 Other deductions (attach schedule) 27 8,362

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Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

11,436

33,714

33.714

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Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2019 or other tax year beginning 10/01 , 2019, and ending 09/30 , 20 20

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

36-2167060 NORTHSHORE UNIVERSITY HEALTHSYSTEM Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ EPIC SERVICES (C) Net (A) Income (B) Expenses Part I Unrelated Trade or Business Income 173.815 Gross receipts or sales 173,815 **b** Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 2 173,815 3 3 173,815 4a 0 Capital gain net income (attach Schedule D) 4a 0 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b b 0 5 Income (loss) from a partnership or an S corporation (attach 5 0 0 6 0 0 6 0 0 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 8 9 Investment income of a section 501(c)(7), (9), or (17) 9 0 0 0 0 10 0 0 10 Exploited exempt activity income (Schedule I) 0 0 0 11 11 Advertising income (Schedule J) 0 12 Other income (See instructions, attach schedule) 173,815 173,815 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly Part II connected with the unrelated business income.) 14 0 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 14,690 16 0 16 Repairs and maintenance 17 0 17 n 18 18 19 19 20 20 Less depreciation claimed on Schedule A and elsewhere on return . . . 21b 0 21 22 0 22 23 23 Contributions to deferred compensation plans 0 24 24 25 25 26 26

Other deductions (attach schedule)

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

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171,100

185,790

(11,975)

(11,975)

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Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

NORTHSHORE UNIVERSITY HEALTHSYSTEM

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 20 20

Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

36-2167060

Unrelated Business Activity Code (see instructions) ▶ 525990 Describe the unrelated trade or business ► INVESTMENT INCOME (A) Income (B) Expenses (C) Net Part I Unrelated Trade or Business Income Gross receipts or sales 0 0 **b** Less returns and allowances c Balance ► 1c 0 2 Cost of goods sold (Schedule A, line 7) 2 0 3 0 3 4a Capital gain net income (attach Schedule D) 2,750,861 2.750.861 4a 4b 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4c 0 5 Income (loss) from a partnership or an S corporation (attach (1,596,902) 5 (1,596,902)6 0 6 0 Unrelated debt-financed income (Schedule E) 0 7 8 Interest, annuities, royalties, and rents from a controlled 0 8 0 9 Investment income of a section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 Exploited exempt activity income (Schedule I) 10 11 0 0 0 11 Other income (See instructions; attach schedule) 12 0 12 Total. Combine lines 3 through 12 1,153,959 1,153,959 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 0 14 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 0 16 0 16 17 0 17 0 18 18 19 53,692 19 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return . . . 21b 22 22 0 23 23 Contributions to deferred compensation plans 0 24 24 25 25 0 0 26 26 27 27 20,078 Other deductions (attach schedule) . . . 28 28 Total deductions. Add lines 14 through 27 73,770 29 1,080,189 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30

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Unrelated business taxable income. Subtract line 30 from line 29

1,080,189

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Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

For calendar year 2019 or other tax year beginning 10/01 , 2019, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

36-2167060 NORTHSHORE UNIVERSITY HEALTHSYSTEM Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ► LAB SERVICES (A) Income (B) Expenses (C) Net Part I Unrelated Trade or Business Income 7,445,908 Gross receipts or sales **b** Less returns and allowances c Balance ▶ 1c 7,445,908 Cost of goods sold (Schedule A, line 7) 2 2 7,445,908 3 3 7,445,908 4a 0 Capital gain net income (attach Schedule D) 4a 0 4b 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 0 5 Income (loss) from a partnership or an S corporation (attach 5 0 0 6 0 0 0 6 0 0 0 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled 0 0 0 8 Investment income of a section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 Exploited exempt activity income (Schedule I) 10 0 0 0 11 11 Advertising income (Schedule J) 0 12 Other income (See instructions, attach schedule) 12 Total. Combine lines 3 through 12 7,445,908 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly Part II connected with the unrelated business income.) 14 14 O 15 15 3,271,124 16 16 17 17 18 18 19 19 20 21a 21b 150,374 Less depreciation claimed on Schedule A and elsewhere on return . . . 21 22 22 23 23 Contributions to deferred compensation plans 24 0 24 25 25 26 26 27 4,024,410 27 28 7,445,908 28

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Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income. Subtract line 30 from line 29 . . .

0

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SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Employer identification number NORTHSHORE UNIVERSITY HEALTHSYSTEM 36-2167060 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . ► Yes No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 0 Totals for all transactions reported on Form(s) 8949 0 with Box B checked Totals for all transactions reported on Form(s) 8949 0 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 0) 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 0 Long-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain See instructions for how to figure the amounts to enter on (h) Gain or (toss) (d) (e) Proceeds or loss from Form(s) Subtract column (e) from Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 0 with Box E checked Totals for all transactions reported on Form(s) 8949 210 466 210,466 with Box F checked 2,540,395 11 Enter gain from Form 4797, line 7 or 9. 11 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 2,750,861 15 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part III Summary of Parts I and II o 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 2,750,861 17 2,750,861 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. Note: If losses exceed gains, see Capital Losses in the instructions.

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No 12A

Name(s) shown on return Social security number or taxpayer identification number 36-2167060 NORTHSHORE UNIVERSITY HEALTHSYSTEM Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g), enter a code in column (f) Cost or other basis Gain or (loss). (c) (d) (a) (b) See the separate instructions. Proceeds Date sold or See the Note below Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e) from column (d) and (Example 100 sh XYZ Co) (Mo, day, yr) (f) combine the result (Mo., day, yr) (see instructions) in the separate (g) Code(s) from with column (g) instructions Amount of instructions adjustment

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

Social security number or taxpayer identification number 36-2167060

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (D) Long-term transactions☐ (E) Long-term transactions)
✓ (F) Long-term transactions	not reported	to you on Fo	rm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f) parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo., day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	from column (d) and combine the result with column (g)	
FROM SCHEDULE K-1							
(FORM 1065)			210,466				210,466
			•			:	
		-					
	ĺ						
						<u></u> .	
2 Totals. Add the amounts in columns negative amounts) Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and incl is checked), lin	ude on your le 9 (if Box E	210,466	o		0	210,466

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

General Business Credit

OMB No 1545-0895

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/Form3800 for instructions and the latest information. ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. Sequence No 22

Identifying number

NORT	THSHORE UNIVERSITY HEALTHSYSTEM	36-216	67060
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TN	IT)	
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	. 1	0
2	Passive activity credits from line 2 of all Parts III with box B checked 2	12	
3	Enter the applicable passive activity credits allowed for 2019. See instructions	. 3	<u> </u>
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box checked. See instructions for statement to attach	C 4	6,424
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box checked. See instructions		0
6	Add lines 1, 3, 4, and 5	. 6	6,424
Part	II Allowable Credit		
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return	. 7	0
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0	. 8	0
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
			•
9	Add lines 7 and 8	. 9	0
40	e i i ligat		
10a	Foreign tax credit		
b	Certain allowable credits (see instructions)		0
С	Add lines 10a and 10b	. 10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line	16 11	0
• • •	Wet income tax. Subtract line 100 from line 9. if 2010, 3kip lines 12 through 15 and enter 0 of line	'	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12	_	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
	instructions		
14	Tentative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52	<u> </u>	
15	Enter the greater of line 13 or line 14	. 15	
16	Subtract line 15 from line 11. If zero or less, enter -0		0
17	Enter the smaller of line 6 or line 16		0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,	or	

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on [line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	0
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	0
21	Subtract line 17 from line 20. If zero or less, enter -0	21	0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked 23 0	_	
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27. If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 2,624		
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	
34	Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	5,111
35	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	5,111
37	Enter the smaller of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	0

NODELIGITOR CONTROL OF THE CONTROL O	
NORTHSHORE UNIVERSITY HEALTHSYSTEM	36-2167060
Part III General Business Credits or Eligible Small Business Credits (see instructions)	
Complete a separate Part III for each box checked below. See instructions.	
A ☐ General Business Credit From a Non-Passive Activity	
B General Business Credit From a Passive Activity F Reserved	
· · · · · · · · · · · · · · · ·	um forwards
C ☐ General Business Credit Carryforwards G ☐ Eligible Small Business Credit Carr	irryiorwards
D ☐ General Business Credit Carrybacks H ☐ Reserved	
If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part II	<u> </u>
all Parts III with box A or B checked. Check here if this is the consolidated Part III	
(a) Description of credit	(b) (c) g the credit Enter the
Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pas	ass-through appropriate
	nter the EIN amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	0
b Reserved	
c Increasing research activities (Form 6765)	12
d Low-income housing (Form 8586, Part I only)	0
e Disabled access (Form 8826) (see instructions for limitation)	0
f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f	0
g Indian employment (Form 8845)	0
h Orphan drug (Form 8820)	0
i New markets (Form 8874)	0
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	0
k Employer-provided child care facilities and services (Form 8882) (see instructions	
for limitation)	0
I Biodiesel and renewable diesel fuels (attach Form 8864)	0
m Low sulfur diesel fuel production (Form 8896)	, 0
n Distilled spirits (Form 8906)	0
o Nonconventional source fuel (carryforward only)	0
p Energy efficient home (Form 8908)	0
q Energy efficient appliance (carryforward only)	0
r Alternative motor vehicle (Form 8910)	0
s Alternative fuel vehicle refueling property (Form 8911)	0
t Enhanced oil recovery credit (Form 8830)	0
u Mine rescue team training (Form 8923)	0
	0
	0
x Carbon oxide sequestration (Form 8933)	0
y Qualified plug-in electric drive motor vehicle (Form 8936)	0
z Qualified plug-in electric vehicle (carryforward only)	0
aa Employee retention (Form 5884-A)	0
bb General credits from an electing large partnership (carryforward only) 1bb	0
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other	
credits (see instructions)	0
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2	12
3 Enter the amount from Form 8844 here and on the applicable line of Part II 3	0
4a Investment (Form 3468, Part III) (attach Form 3468)	0
b Work opportunity (Form 5884)	646
c Biofuel producer (Form 6478)	0
d Low-income housing (Form 8586, Part II)	0
e Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e	0
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f	1,976
g Qualified railroad track maintenance (Form 8900)	0
h Small employer health insurance premiums (Form 8941)	0
i Increasing research activities (Form 6765)	0
j Employer credit for paid family and medical leave (Form 8994)	0
z Other	2`
5 Add lines 4a through 4z and enter here and on the applicable line of Part II 5	2,624
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 6	2,636
	Form 3800 (2019)

Na	me(s)	shown on return			dentifying nur	nber
Ν	ORTH	HISHORE UNIVERSITY HEALTHSYSTEM			36-	2167060
E	art I	General Business Credits or Eligible Small Business Credits (see ins	tructi	ons)		
		ete a separate Part III for each box checked below. See instructions.				
A		General Business Credit From a Non-Passive Activity E Reserved				
В		General Business Credit From a Passive Activity F Reserved				
C	=	General Business Credit Carryforwards General Business Credit Carryforwards G Eligible Small Busin	nace (Cradit C	arndonward	e
D		General Business Credit Carrybacks H Reserved	1033	Ji edil O	arrytorward	3
ĭ		ou are filing more than one Part III with box A or B checked, complete and attach first an	~dd.+	anal Dar	+ III oombinii	a amazinta fram
٠	ali F	Parts III with box A or B checked. Check here if this is the consolidated Part III	auuitit	Jilai Par	t iii combiriii	> []
_		(a) Description of credit	· ·		(b)	(c)
		···		If claimi	ng the credit	Enter the
		in any line where the credit is from more than one source, a separate Part III is needed for each rough entity		from a p	pass-through	appropriate amount
<u> </u>	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, e	enter the EIN	umount
	b	Reserved	1b			
	C	Increasing research activities (Form 6765)	1c	06	1623810	11
	_			06-	1623610	
	d	Low-income housing (Form 8586, Part I only)	1d			
	e	Disabled access (Form 8826) (see instructions for limitation)	1e	<u> </u>		
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	ļ		
	g	Indian employment (Form 8845)	1g	ļ		
	h	Orphan drug (Form 8820)	1h			
	İ	New markets (Form 8874)	1i			
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>			
	k	Employer-provided child care facilities and services (Form 8882) (see instructions				
		for limitation)	1k			
	1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
	m	Low sulfur diesel fuel production (Form 8896)	1m			
	n	Distilled spirits (Form 8906)	1n			
	0	Nonconventional source fuel (carryforward only)	10			
	р	Energy efficient home (Form 8908)	1p			
	q	Energy efficient appliance (carryforward only)	1q			
	r	Alternative motor vehicle (Form 8910)	1r			
	s	Alternative fuel vehicle refueling property (Form 8911)	1s			
	t	Enhanced oil recovery credit (Form 8830)	1t			
	u	Mine rescue team training (Form 8923)	1u			
	v	Agricultural chemicals security (carryforward only)	1v	<u> </u>		
	w	Employer differential wage payments (Form 8932)	1w		<u> </u>	
	x	Carbon oxide sequestration (Form 8933)	1x			
	y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			·
	z	Qualified plug-in electric vehicle (carryforward only)	1z			
	aa	Employee retention (Form 5884-A)	1aa			
	bb	General credits from an electing large partnership (carryforward only)	1bb			
		Other. Oil and gas production from marginal wells (Form 8904) and certain other	שטו			
	ZZ	credits (see instructions)	1zz	Į		
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			
	2 3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			
	ა 4a	Investment (Form 3468, Part III) (attach Form 3468)				
		· · · · · · · · · · · · · · · · · · ·	4a	00.4	1000040	
	b	Work opportunity (Form 5884)	4b	1-00	623810	6
	C	Biofuel producer (Form 6478)	4c			
	d	Low-income housing (Form 8586, Part II)	4d			· .
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	ļ		
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f			
	g	Qualified railroad track maintenance (Form 8900)	4g			
	h	Small employer health insurance premiums (Form 8941)	4h			
	i	Increasing research activities (Form 6765)	4i			
	j	Employer credit for paid family and medical leave (Form 8994)	4j			
	Z	Other	4z	06-1	623810	2
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			8
	e e	Add lines 2.3, and 5 and enter here and on the applicable line of Part II	6			10

Na	me(s)	shown on return			Identifying num	nber
N	ORTH	ISHORE UNIVERSITY HEALTHSYSTEM			36-2	2167060
_	art I		tructi	ons)		
		ete a separate Part III for each box checked below. See instructions.		J. 10,		<u> </u>
Δ		General Business Credit From a Non-Passive Activity E Reserved				
В		General Business Credit From a Passive Activity F Reserved Reserved				
C	=	General Business Credit Carryforwards General Business Credit Carryforwards G Eligible Small Business	(`rodit	Carnifonward	•
D		General Business Credit Carrybacks H Reserved	1633	Jeun	Carry to ward.	•
7		-		l D.		
•	all E	ou are filing more than one Part III with box A or B checked, complete and attach first an a Parts III with box A or B checked. Check here if this is the consolidated Part III......	additio	onai Pa	art III combinir	ig amounts from
	airi					► <u></u>
	_	(a) Description of credit		If clair	(b) ning the credit	Enter the
No	ote: O	n any line where the credit is from more than one source, a separate Part III is needed for each rough entity		from a	pass-through	appropriate · amount
_	<u> 1a</u>		1a	entity.	enter the EIN	amount
		Investment (Form 3468, Part II only) (attach Form 3468)		-		
	b	Reserved	1b	26	-4486500	1
	C	Increasing research activities (Form 6765)	1c	30	-4466500	<u>'</u>
	d	Low-income housing (Form 8586, Part I only)	1d			
	e	Disabled access (Form 8826) (see instructions for limitation)	1e		· · · · · · · · · · · · · · · · · · ·	
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			·—·—
	g	Indian employment (Form 8845)	1g		-	
	h	Orphan drug (Form 8820)	1h		+	
	!	New markets (Form 8874)	1i			
	J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	<u> </u>		
	k	Employer-provided child care facilities and services (Form 8882) (see instructions	١.,			
		for limitation)	1k			
	ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		+	
	m	Low sulfur diesel fuel production (Form 8896)	1m			
	n	Distilled spirits (Form 8906)	1n	ļ		
	0	Nonconventional source fuel (carryforward only)	10	ļ		
	р	Energy efficient home (Form 8908)	1p			
	q	Energy efficient appliance (carryforward only)	1q			
	r	Alternative motor vehicle (Form 8910)	1r			
	S	Alternative fuel vehicle refueling property (Form 8911)	1s			
	t	Enhanced oil recovery credit (Form 8830)	1t			
	u	Mine rescue team training (Form 8923)	1u			
	V	Agricultural chemicals security (carryforward only)	1v			
	W	Employer differential wage payments (Form 8932)	1w			· · · · · · · · · · · · · · · · · · ·
	X	Carbon oxide sequestration (Form 8933)	1x			
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
	Z	Qualified plug-in electric vehicle (carryforward only)	1z			
	aa	Employee retention (Form 5884-A)	1aa			
	bb	General credits from an electing large partnership (carryforward only)	1bb			
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other	1			
		credits (see instructions)	1zz			
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			1
;	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3_			
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			
	b	Work opportunity (Form 5884)	4b			
	С	Biofuel producer (Form 6478)	4c			
	d	Low-income housing (Form 8586, Part II)	4d			
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f			
	g	Qualified railroad track maintenance (Form 8900)	4g			
	h	Small employer health insurance premiums (Form 8941)	4h			
	i	Increasing research activities (Form 6765)	4i			
	j	Employer credit for paid family and medical leave (Form 8994)	4j			
	Z	Other	4z			
į	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			0
	8	Add lines 2.3, and 5 and enter here and on the applicable line of Part II	6			4

Na	me(s)	shown on return			Identifying nun	nber
N	ORTH	ISHORE UNIVERSITY HEALTHSYSTEM			36-2	2167060
Р	art l	General Business Credits or Eligible Small Business Credits (see inst	ruction	ons)	<u>. </u>	
		ete a separate Part III for each box checked below. See instructions.		,		
A		General Business Credit From a Non-Passive Activity E Reserved				
В		General Business Credit From a Passive Activity F Reserved				
C	=	General Business Credit Carryforwards G Eligible Small Busin	iess C	redit	Carryforward	s
D		General Business Credit Carrybacks H 🔲 Reserved			,	
ī		ou are filing more than one Part III with box A or B checked, complete and attach first an	addıtic	nal P	art III combinii	ng amounts from
-	all F	Parts III with box A or B checked. Check here if this is the consolidated Part III				▶ □
_		(a) Description of credit			(b)	(c)
		n any line where the credit is from more than one source, a separate Part III is needed for each rough entity.		lfrom a	ming the credit a pass-through , enter the EIN	Enter the appropriate amount
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	January	, onto the Ent	
	b	Reserved	1b			
	c	Increasing research activities (Form 6765)	1c		-	
	d	Low-income housing (Form 8586, Part I only)	1d			
	e	Disabled access (Form 8826) (see instructions for limitation)	1e			
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
	g	Indian employment (Form 8845)	1g			
	h	Orphan drug (Form 8820)	1h			
	i	New markets (Form 8874)	1i	l		
	i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			
	k	Employer-provided child care facilities and services (Form 8882) (see instructions	'''			
	ĸ	for limitation)	1k			
		Biodiesel and renewable diesel fuels (attach Form 8864)	11	-		
	m	Low sulfur diesel fuel production (Form 8896)	1m	 	+	
		Distilled spirits (Form 8906)	1n			
	n	Nonconventional source fuel (carryforward only)	10			
	0	Energy efficient home (Form 8908)	1p			
	P	Energy efficient appliance (carryforward only)	1q			
	q		1r	l		
	r	Alternative motor vehicle (Form 8910)	1s			
	S	Alternative fuel vehicle refueling property (Form 8911)	1t			
	t	Enhanced oil recovery credit (Form 8830)	1u			
	u	Agricultural chemicals security (carryforward only)	1v		+	
	٧		<u> </u>	<u> </u>		
	w	Employer differential wage payments (Form 8932)	1w 1x			
	X	Carbon oxide sequestration (Form 8933)				
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
	Z	Qualified plug-in electric vehicle (carryforward only)	1z		-	
	aa	Employee retention (Form 5884-A)	1aa			
	bb	General credits from an electing large partnership (carryforward only)	1bb			
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other	 		{	
	_	credits (see instructions)	1zz 2			0
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I				
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			<u></u>
•	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		0404005	040
	b	Work opportunity (Form 5884)	4b		3-0191265	640
	C	Biofuel producer (Form 6478)	4c			
	d	Low-income housing (Form 8586, Part II)	4d			
	е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	<u> </u>		
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	26	5-0191265	1,976
	g	Qualified railroad track maintenance (Form 8900)	4g			
	h	Small employer health insurance premiums (Form 8941)	4h			
	i	Increasing research activities (Form 6765)	4i			
	j	Employer credit for paid family and medical leave (Form 8994)	4j			
	Z	Other	4z	L		
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			2,616
(6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			2,616

Naı	me(s) s	shown on return			Identifying nun	nber
N	DRTH	ISHORE UNIVERSITY HEALTHSYSTEM			36-2	2167060
	art II		ructi	ons)	<u> </u>	
		ete a separate Part III for each box checked below. See instructions.				
	•	General Business Credit From a Non-Passive Activity E Reserved				
		General Business Credit From a Passive Activity F Reserved				
		General Business Credit Carryforwards G Eligible Small Busin	_ee (redit (Carryfonward	e
		General Business Credit Carrybacks H Reserved	C33 C) Cuit (Sarry Tor Ward	•
		ou are filing more than one Part III with box A or B checked, complete and attach first an	ماطابة،م	nal Da	ut III aambinii	a amazinta fram
•	all P	Parts III with box A or B checked. Check here if this is the consolidated Part III.	iuuiii	חומו רם	irt in Combini	
	un i	(a) Description of credit			(b)	(c)
		n any line where the credit is from more than one source, a separate Part III is needed for each ough entity		from a	ning the credit pass-through enter the EIN	Enter the appropriate amount
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,		
	b	Reserved	1b			
	C	Increasing research activities (Form 6765)	1c			4,665
	d	Low-income housing (Form 8586, Part I only)	1d			
	е	Disabled access (Form 8826) (see instructions for limitation)	1e			
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
	g	Indian employment (Form 8845)	1g			
	h	Orphan drug (Form 8820)	1h			
	i	New markets (Form 8874)	1i			
	i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			 ,
	, k	Employer-provided child care facilities and services (Form 8882) (see instructions	,			
	^	for limitation)	1k			
	1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
	m	Low sulfur diesel fuel production (Form 8896)	1m		-	
	n	Distilled spirits (Form 8906)	1n			·
	0	Nonconventional source fuel (carryforward only)	10			
	р	Energy efficient home (Form 8908)	1p		+	
	q	Energy efficient appliance (carryforward only)	1g		-	
	ч r	Alternative motor vehicle (Form 8910)	1r	· · · · · ·		
	' S	Alternative fuel vehicle refueling property (Form 8911)	1s			
	t	Enhanced oil recovery credit (Form 8830)	1t			
	u	Mine rescue team training (Form 8923)	1u			<u> </u>
	v	Agricultural chemicals security (carryforward only)	1v			
	w	Employer differential wage payments (Form 8932)	1w			
	~	Carbon oxide sequestration (Form 8933)	1x			
	^ V	Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>			
	y z	Qualified plug-in electric vehicle (carryforward only)	1z			
	aa	Employee retention (Form 5884-A)	1aa			·
	bb	General credits from an electing large partnership (carryforward only)	1bb			1,759
		Other. Oil and gas production from marginal wells (Form 8904) and certain other	100		· · · · · ·	1,733
	ZZ	credits (see instructions)	1zz			
2	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			6,424
3	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			-
4	la	Investment (Form 3468, Part III) (attach Form 3468)	4a			· · · · · · · · · · · · · · · · · · ·
	b	Work opportunity (Form 5884)	4b			1,710
	С	Biofuel producer (Form 6478)	4c			
	d	Low-income housing (Form 8586, Part II)	4d			
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f			3,401
	g	Qualified railroad track maintenance (Form 8900)	4g			
	э h	Small employer health insurance premiums (Form 8941)	4h		-	
	i	Increasing research activities (Form 6765)	4i			
	i	Employer credit for paid family and medical leave (Form 8994)	4j			
	, Z	Other '	4z			_
5		Add lines 4a through 4z and enter here and on the applicable line of Part II	5			5,111
E		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			11,535
•			- 1			11,000

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return NORTHSHORE UNIVERSITY HEALTHSYSTEM 611430 36-2167060 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1.020.000 2 2 Total cost of section 179 property placed in service (see instructions) n 2,550,000 3 -Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 0 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 1,020,000 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 0 9 0 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 0 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 0 13 Carryover of disallowed deduction to 2020, Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 0 0 15 16 Other depreciation (including ACRS) 16 0 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 13,177 17 MACRS deductions for assets placed in service in tax years beginning before 2019 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ □ Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Depreciation deduction (a) Classification of property (business/investment use only—see instructions) (e) Convention (f) Method placed in period service 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 275 yrs MM S/L h Residential rental ММ S/L 275 yrs property 39 yrs MM S/L i Nonresidential real ММ S/L property Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L **b** 12-year ММ S/L c 30-year 30 yrs MM S/L 40 yrs d 40-year Part IV Summary (See instructions.) 0 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 13,177 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form	4562 (2019)														Page 2			
Pa	rt V Listed Property (entertainment, recrea	Include auto ition, or amu		-	ertain	other	vehic	les,	cert	ain a	ircraft,	, and	prop	erty us	sed for			
	Note: For any vehicle f 24b, columns (a) throug										lease e	expens	se, com	iplete o	nly 24a,			
	Section A - Depreciation	and Other In	formati	ion (Ca	ution: S	See the	ınstru	ction	ns for	limits	for pas	senge	r auton	nobiles.))			
24	a Do you have evidence to support t	he business/inv	estment	use clain	ned?] Yes [No	24	b If "\	Yes," ı	the evi	dence	written?	Yes	□ No			
	(a) (b) (c) e of property (list vehicles first) (list in service) (c) un service (c) percer	ess/ (ent use Cost or o	d) other basis		(e) for depreness/investuse only)	stment	(f) Recove period		(g Meth Conve	nod/		(h) preciation duction	n E		-			
25	Special depreciation allowanthe tax year and used more to									25			0					
26	Property used more than 50%	6 ın a qualıfie	d busin	ess use):													
		%																
		%																
		%																
27	Property used 50% or less in		ısiness	use:									<u>r</u>					
		%							5/L –									
		%							5/L -									
		%							5/L -						,			
	Add amounts in column (h), li	-					-	-		28			0					
29	Add amounts in column (ı), lır									<u> </u>	<u></u>	<u>. l</u>	29		0			
_					mation					.,								
	plete this section for vehicles us our employees, first answer the q														venicies			
30	Total business/investment miles the year (don't include commuting	-		a) Icle 1		b) icle 2	Ve	(c) hicle 3	3	-	i) cle 4		(e) nicle 5					
31 Total commuting miles driven during the year		ring the year																
	32 Total other personal (noncomm miles driven										-							
33	33 Total miles driven during the year. Add																	
	lines 30 through 32			0	1	0		0)	İ	0		0			
34	Was the vehicle available for	personal	Yes	No	Yes	No	Yes	N	lo	Yes	No	Yes	No	Yes	No			
	use during off-duty hours? .	•					1											
35	Was the vehicle used primaril than 5% owner or related per	ly by a more																
36	Is another vehicle available for pe	ersonal use?																
	Section C-C		Emplo	yers W	ho Pro	vide Ve	hicles	s for	Use	by Th	eir Em	ployee	s		<u> </u>			
	ver these questions to determi e than 5% owners or related pe	ne if you mee	t an ex	ception										who ar	en't			
37	Do you maintain a written po your employees?	licy statemer			s all pe	rsonal	use of	veh	ıcles,	includ	ding co	mmuti	ng, by	Yes	No			
38	Do you maintain a written po employees? See the instructi														Yes No ted section 179 cost			
39	Do you treat all use of vehicle			-	-													
	Do you provide more than fivuse of the vehicles, and retain	ve vehicles to	your e	employe	es, ob	tain ınfo	ormati	on fr	om y	our er	mploye	es abo	out the					
41	Do you meet the requirement. Note: If your answer to 37, 3	s concerning	qualifie	d autor	nobile d													
Par		0, 39, 40, 01 4	115 1	es, doi	ii t com	piete 3	ection	<u> </u>	n the	COVE	eu veiii	CICS.		1	!			
гаг	Amortization	Т				-				-	(e)							
	(a) Description of costs	(b) Date amortiza begins	ation	(c) (d) Amortizable amount Code section					1	Amortization			(f) tization for this year					
42	Amortization of costs that beg	gins durıng yo	ur 2019	tax ye	ar (see	instruc	tions):											
	· · · ·	l																
	Amortization of costs that beg											43			0			
44	Total Add amounts in colum	in (f) See the	instruc	tions fo	r where	to ren	ort					1 44			Λ			

Form **4562**

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2019

Attachment

Sequence No 179

Business or activity to which this form relates Identifying number Name(s) shown on return NORTHSHORE UNIVERSITY HEALTHSYSTEM 812930 36-2167060 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1.020.000 1 2 2 Total cost of section 179 property placed in service (see instructions) O 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2.550.000 4 0 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 1,020,000 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 8 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 0 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 0 0 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 0 15 0 16 Other depreciation (including ACRS) 16 0 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 3.074 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (g) Depreciation deduction (a) Classification of property (business/investment use only—see instructions) (f) Method period 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property 275 yrs ММ S/L h Residential rental 275 yrs MM S/L property ММ S/L 39 yrs i Nonresidential real ММ S/L property Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year 30 yrs S/L MM c 30-year 40 yrs ММ S/L d 40-year Part IV Summary (See instructions.) 21 0 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,074 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4	562 (2019)						_								Page 2
Par		•	(Include aut			ertain	other	vehic	es, ce	tain a	aircraft	, and	prope	erty us	ed for
		tainment, recrea			•	otondo	rd mila	000 10	o or do	ducting	loaco i	ovnone		nloto o	alu 24a
		For any vehicle columns (a) throug									lease	expens	e, com	hiere oi	niy 24a
		A-Depreciation									for pas	senge	r autom	obiles.)	
24a		evidence to support							24b If						
	(a) of property (list hicles first)	I IIIVestm	* . I	d) ther bas		(e) for depreness/inve		(f) Recove	ry Me	(g) thod/ vention		(h) preciation eduction	, EI	(i) ected sec cost	
	<u> </u>	in service perce			<u> </u>	use only									
		reciation allowar r and used more	•						-	25			o		
	<u>_</u>	ed more than 509									<u> </u>				<u> </u>
			%												
			%												
		1500/	<u>%</u>	· . · ·											
27	Property use	ed 50% or less in	na qualified bu	ısıness	use:				5/L -		Ι .		-		
		 	% %						5/L -		ļ				
			%				<u> </u>		5/L -						
28	Add amount	ts in column (h), l	ines 25 throug	h 27. E	Inter he	re and	on line	21, pa	ge 1 .	28	<u> </u>		0		
29	Add amount	ts ın column (i), lıı											29		0
`	lata thus asset	han fan richialas i ia			-Infor					or" or	ralatad r		lf vou n	roundad	vobiolos
		tion for vehicles us , first answer the q													venicies
- ,		,		-	(a)	1	b)	T	(c)		d)	1	(e)	T	f)
		s/investment miles 't include commuti	•		nicle 1								hicle 5 Vehicle 6		
31	Total commu	ting miles drıven dı	uring the year									1			
	Total other miles driven	r personal (nor	ncommuting)												
	Total miles lines 30 thro	driven during though 32	e year. Add	0 0			0			0 0			0		
34	Was the veh	nicle available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the veh	off-duty hours? . nicle used primari mer or related pe						<u> </u>	1						
		hicle available for p		<u> </u>	 	-		-	1					1	
30	is another ver		Questions for	Emplo	vers W	ho Pro	vide V	l ehicles	for Use	by Th	eir Em	plovee	s S	<u> </u>	l
		estions to determ ners or related p	ine if you mee	t an ex	ception					-				who ar	en't
	Do you maii your employ	ntain a written po	olicy statemen	t that	prohibit	s all pe	rsonal	use of	vehicles	, ınclu	ding co	mmutii	ng, by	Yes	No
38	Do you maii	ntain a written po													
		all use of vehicle			-										
		vide more than fi ehicles, and retail				es, ob	tain ınf	ormatio	on from	your e	mploye	es abo	ut the		
41	41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions														
		ır answer to 37, 3	88, 39, 40, or 4	1 is "Y	'es," do	n't com	plete S	ection	B for the	cover	ed vehi	cles.			
Part	VI Amor	tization		····				<u> </u>		Т.	(e)				
		a) on of costs	Date amortization	i Amortizable amount			(d) Code section			(e) Amortization period or Amor			(f) rtization for this year		
42	Amortization	of costs that be	gins durıng yo	ur 201	9 tax ye	ar (see	ınstruc	tions):							
40	۱	of oasts 45 - 4.1	gon before		0 tou : : :							42			
		n of costs that be amounts in colun			-							43		-	0
	iolai. Aud	arnounts in colun	in (i). See the	แารแน	AUTIS TO	n whitele	ιοτερ	OIL.	· · · ·	• •	· · -	-4-4	1	orm 456	32 (2019)

Form **4562**

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates Name(s) shown on return Identifying number NORTHSHORE UNIVERSITY HEALTHSYSTEM 541380 36-2167060 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1.020.000 2 Total cost of section 179 property placed in service (see instructions) . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 1.020.000 0 4 5 Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-. If married filing 5 1,020,000 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 8 9 0 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 0 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . 0 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 0 14 0 15 16 Other depreciation (including ACRS) 16 0 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 150,374 17 MACRS deductions for assets placed in service in tax years beginning before 2019 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use only—see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property 275 yrs ММ S/L h Residential rental 275 yrs ММ S/L property i Nonresidential real 39 vrs ММ S/L ММ S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L **b** 12-year S/L c 30-year 30 yrs MM 40 yrs ММ S/L d 40-year Part IV Summary (See instructions.) 21 0 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 150,374 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

orm	4562 (2019)														Page 2	
Pa	rt V Listed Prop entertainmen		clude auto			ertain	other	vehic	les, ce	rtaın	aırcraft	, and	prop	erty us	ed for	
	Note: For any	vehicle for	which you	are us	sing the						g lease	expens	e, com	plete o	nly 24a	
	24b, columns		· ·											L . l N		
24	Section A—Depr a Do you have evidence to													Oblies.)	☐ No	
240		c support the	Dusiness/inve	Sunen	use ciali	(e)	_ res_		240 11		T ITTE EV		Willens		<u>∟ No</u>	
	(a) (b) e of property (list vehicles first) Date place in service	ced Business/	use Costoro	d) ther bas		for depre ness/inve use only	stment	(f) Recove period		(g) ethod/ nvention		(h) preciation eduction	n E	(i) lected sec cost		
25	Special depreciation the tax year and use									25			0			
26	Property used more										J		<u> </u>			
			%		1											
			%													
			%													
27	Property used 50%			sines	use:				75		1					
			%		_				S/L -		↓					
			%						5/L -		 					
20	Add amounts in colu		% 25 throug	h 27	Enter be	re and	on line	21 02		1	+		0		•	
	Add amounts in colu		_								1		29		0	
	7100 0111001110 111 0011	(), o :			-Infor											
om	plete this section for ve	ehicles used								ner," or	related _I	oerson.	If you p	rovided	vehicles	
o yo	our employees, first ans	wer the ques	stions in Sec	tion C	to see if	you me	et an ex	ceptio	n to com	pleting	this sec	tion for	those v	ehicles.		
					(a)		b)		(c)		(d)		(e)		(f)	
30	Total business/investri the year (don't include		•	Ve	nicle 1	Ven	cle 2	2 Vehicle 3			Vehicle 4 Vel			ehicle 5 Vehicle 6		
	Total commuting miles															
32	Total other personal (noncommuting) miles driven															
33	Total miles driven of lines 30 through 32	during the y			0		0				0		0	0		
34	Was the vehicle avai	ilable for per	rsonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35	use during off-duty h Was the vehicle use	d primarily b	oy a more					<u> </u>	ļ	<u> </u> 						
26	than 5% owner or re				.	<u> </u>			+	-	 	-	 	 	<u> </u>	
30	Is another vehicle avail	iable for persi		Emple	overs W	ho Pro	vide V	hicles	for He	e by Ti	heir Em	nlovee	<u> </u>	1	l	
	wer these questions to e than 5% owners or	o determine	if you mee	t an ex	ception					-				who ar	en't	
	Do you maintain a v					s all pe	rsonal	use of	vehicle	s. inclu	ıdina co	mmutii	na. bv	Yes	No	
	your employees? . Do you maintain a v															
JÖ													y your		}	
39	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
	Do you provide mor						taın inf	ormatio	on from	your e	employe	es abo	ut the			
	use of the vehicles, a	and retain th	ne informati	on rec	eived?											
41	Do you meet the req														<u>L</u>	
2	Note: If your answe	•	39, 40, or 4	1 is "\	es," do	n't com	plete S	ection	B for th	e cove	red veh	icles.				
-ar	t VI Amortization	<u> </u>						Т-		1	(e)					
	(a) (b) Date amortize begins		ation	Amo	(c) rtizable ar	nount	((d) Code section			Amortization			(f) ortization for this year		
42	Amortization of cost	s that begin	s during yo	ur 201	9 tax ye	ear (see	instruc	tions):								
												1.5				
	Amortization of cost	-	_		-							43			0	
44	Total. Add amounts	in column ((ī). See the	instru	ctions fo	r where	to rep	οπ .		• •	· ·	44		Form AEG	0	
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