-orm 990-T	E	xempt Orga	NDED TO NOV	sine	ss Inco	me T	ax Re	turn	ı L	OMB No 1545-	-0047
•	Fa. 401	-	and proxy tax und	ler se		• • • •	141	7		201	Ω
	ror cai	endar year 2019 or other tax y	w irs gov/Form990T for i	nstructi	, and end ons and the late		ation	<u> </u>	-	ZU 1	J
epartment of the Treasury Internal Revenue Service	▶		ers on this form as it ma)1(c)(3)		Open to Public Ins 501(c)(3) Organizat	pection follows
Check box if address changed		Name of organization (Check box if name	changed	and see instruc	tions.)			(Empl	yer identification r byees' trust, see ctions)	number
Exempt under section	Print	ADVOCATE NORTH	SIDE HEALTH NETWO	RK						36-3196629	
X 501(c(0)3) 408(e) 220(e)	or Type	Number, street, and roo 3075 HIGHLAND PA	m or suite no. If a P.O. bo	x, see II	nstructions.					ted business activistructions)	ıty code
408A 530(a)		City or town, state or pr	ovince, country, and ZIP of	or foreig	n postal code		<u>-</u>		53112	0	
Book value of all assets		F Group exemption num	···	>					1		
at end of year 903,781,	713.	G Check organization ty	pe 🕨 🗓 501(c) cor	poration	501	(c) trust		401(a)	trust	Othe	er trust
Enter the number of the	organizat	ion's unrelated trades or	businesses. 🕨	2		Describe	the only (or	fırst) un	related	,	
trade or business here	RENT	AL			lf	only one,	complete P	arts I-V.	If more	than one,	
describe the first in the b	ank spa	ce at the end of the previ	ous sentence, complete P	arts I an	d II, complete a	Schedule	M for each	addition	al trade	or	
business, then complete	Parts III-	V									
During the tax year, was	the corp	oration a subsidiary in ar	affiliated group or a pare	nt-subs	idiary controlled	group?	STMT 3	▶ [x Ye	s No	
If "Yes," enter the name a											
The books are in care of							one number	▶ 6	30-92	9-6057	
Part I Unrelated	Trad	e or Business In	come		(A) Inco	ne	(B) E	xpenses		(C) Ne	t
1 a Gross receipts or sale	S		_								
b Less returns and allow			c Balance ►	1c							
2 Cost of goods sold (S		•		2							
3 Gross profit. Subtract	line 2 fr	om line 1c		3							
4 a Capital gain net incom	•	•		4a							
b Net gain (loss) (Form		. , ,	m 4797)	4b					_4		
4a Capital gain net incom b Net gain (loss) (Form c Capital loss deduction Income (loss) [20] 6 Rent insome (Schedu				4c				,	\angle		
5 Indome (loss particul		ntopr an S corporation (attach statement)	5				_/_			
6 Rent in some (S chedu		၂ပ္ဟု		6	33	9,195.				339	9,19
7 Unr <u>ela</u> ted dept-financ	d Ancon	e (Schedere E)		7			/_				
8 Interest, annuities, roy	áltles, ar	d lents from a controlled	organization (Schedule F)	8							
			organization (Schedule G)			$-\!\!/\!\!-$					
O Exploited exemples	TAN CO	nd (Schedule I)		10						,	
1 Adve rtising income (€	chedule	0)		11							
2 Other income (See ins		•		12				···			
3 Total. Combine lines Part II Deductio				13		9,195.			i	33	9,19
			re (See instructions for			ictions)					
· · · · · · · · · · · · · · · · · · ·		•		#C33 II IC	201110)		· - · · · · · · · · · · · · · · · · · ·				
•	cers, air	ectors, and trustees (Sch	eaule K)						14	177	3,67
5 Salaries and wages									15		3,07
 Repairs and mainten Bad debts 	ance								16		
	tulo) /co	o instructions)							17		
Interest (attach sche	າຕາຕ) (ຂຣ	e manuchons)							18		
9 Taxes and licenses D Depreciation (attach	Form 4F	62)			1.	n I	74	,909.	19		
•		Schedule A and elsewhe	re on return			20 1a	7.2	,	21b	7.	4,90
2 Depletion		Concustor and elsewife	io on iotuin		۷	14]		_	22		_,,
3 Contributions to defe	rred con	ngensation plans							23		
4 Employee benefit pro		Janousion plans	٠						24	42	2,674
5 Excess exempt expe	~ /	nedule I)							25		
Excess readership of									26		
7 Other deductions (at					SEE ST	TATEMEN	T 2		27	34	4,869
B Total deductions A		•							28		5,13:
/			g loss deduction Subtrac	t line 29	from line 12				29		3,064
/			ginning on or after Janua						23		,,,,,
	namy K	ou arrowy iii tak ycaro Ut	gorning on or after Jaffua	y 1, 20	10				1		(
(see instructions)								i	30		

Par	t III	Total Unrelated Business Taxable Income			
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	[32	15,167.
33	´ Amou	unts paid for disallowed fringes	•	33	
34	Charit	stable contributions (see instructions for limitation rules)	~	34	0.
35	Total	unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of knes 32 are	10 33	35	15,167.
36	Deduc	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	. 10	36	15,167.
37	Total	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	, ,	37	
38	Speci	ific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	Ъ	38	1,000.
39	Unrel	lated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	•	1	
		the smaller of zero or line 37		39	0.
Par				· ·	
40	-	nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	0.
41		is Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		i i	
		Tax rate schedule or Schedule D (Form 1041)		41	
42		y tax. See instructions		42	
43		native minimum tax (trusts only)		43	
44		on Noncompliant Facility Income. See instructions		44	
Par	+ A/	. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
	, , , ,	gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		ГТ	
%		credits (see instructions) 46b		1 1	
C	^	ral business credit. Attach Form 3800 46c		1]	
d		t for prior year minimum tax (attach Form 8801 or 8827)		1 1	
8		credits. Add lines 46a through 46d		46e	
47		act line 46e from line 45		47	0.
48		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	edule)	48	
49		tax. Add lines 47 and 48 (see instructions)		49	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
51 a			297.		
ь	2019 e	estimated tax payments 516]	
c	Tax de	eposited with Form 8868 51c		1 1	
d	Foreign	n organizations: Tax paid or withheld at source (see instructions) 51d			
e	Backup	p withholding (see instructions) 5te			
f	Credit	for small employer health insurance premiums (attach Form 8941)			
0	Other o	credits, adjustments, and payments: Form 2439			
	□ F	Form 4136 X Other 897. Total ▶ 51g	897.		
52	Total p	payments. Add lines 51a through 51g SEE STATEMENT 4		52	11,194.
53	Estima	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖		53	
54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	11,194.
√66 \ ⁄Part		the amount of line 55 you want: Credited to 2020 estimated tax 11,194. Refunded	•	56	0.
<u> </u>		Statements Regarding Certain Activities and Other Information (see instructions)			1,, 1,,
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			i l
	_	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			x
58	here	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			
00	_	, see instructions for other forms the organization may have to file.	• •	•	
59		the amount of tax-exempt interest received or accrued during the tax year > \$			1 1
	U	Index penalties of persurval declare that I have examined this return, including accompanying schedules and statements, and to the best of my k	cnowledg	ge and belie	f, It is true,
Sign		correct, and complete Dictaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	1400	the IRS du	even this extens with
Here		VP TAX & ACCTG SVCS		•	scuss this return with own below (see
		Signature of officer Date Title		ructions)?	Yes X No
		Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN	
Paid	ì	self- empl	loyed	1	
Prep				1	
	arer				
-		Firm's name ► Firm's El	N P		
-	oarer Only				
-		Firm's name ► Firm's El Firm's address ► Phone no			orm 990-T (2019)

Schedule A - Cost of Goods Sold. Enter	r method of invent	tory valuation N/	A		
1 Inventory at beginning of year 1		6 Inventory at end of	year		6
2 Purchases 2		7 Cost of goods sold.	Subtract i	line 6	
3 Cost of labor 3		from line 5. Enter h	ere and in l	Part I,	
4 a Additional section 263A costs		line 2			7
(attach schedule) 4a		8 Do the rules of sect	ion 263A (1	with respect to	Yes No
b Other costs (attach schedule) 4b		property produced	or acquired	for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?			Х
Schedule C - Rent Income (From Real (see instructions)	Property and	Personal Property	Lease	d With Real Prope	rty)
1. Description of property					
(1) TIME SHARE AGREEMENTS	·				
(2)					
(3)					
(4)	·-				
	red or accrued				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pe	nd personal property (if the perce ersonal property exceeds 50% or I is based on profit or income)	ntage If		onnected with the income in 2(b) (attach schedule)
(1)		33	9,195.	·	
(2)					
(3)					
(4)					
Total 0.	Total	33	9,195.		
(c) Total income Add totals of columns 2(a) and 2(b). Er here and on page 1, Part I, line 6, column (A)	>		9,195.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Debt-Financed	Income (see	nstructions)			
		2. Gross income from		Deductions directly conne to debt-financed	
Description of debt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					
(2)			1	· ·-	
(3)			ĺ		
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-fina	adjusted basis allocable to anced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 . Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		9/			
(2)		9/			
(3)		9/		•	
(4)		9/			
			E	nter here and on page 1 Part I line 7 column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		1	▶ │	0.	0.
Total dividends-received deductions included in column	n 8	·		_>	0.

4			Exempt	Controlled O	rganızatı	ions				
Name of controlled organize	ıder	Employer htification umber	3. Net unr (loss) (see	related income e instructions)	4 To pay	tal of specified ments made	included	of column 4 i in the contr ion's gross i	olling	6. Deductions directly connected with income in column 5
1)			1							
2)										
3)										
4)			·				···			
onexempt Controlled Organ	nizations									
7. Taxable Income	8 Net unrelated inc (see instructi		9 Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that is ng organiza income	included ation's		ductions directly connected income in column 10
1)										
2)										
3)										
1)										
			-			Add colum Enter here and line 8, c		Part I,	Enter h	Id columns 6 and 11 ere and on page 1, Part I line 8, column (B)
tals								0.		0
chedule G - Investme		Section	501(c)(7	7), (9), or (⁻	17) Org	ganization				
	scription of income			2 Amount of	ıncome	3. Deduction directly conne	cted	4. Set-	asides	5. Total deductions and set-asides
						(attach sched	ule)	(attach s		(col 3 plus col 4)
1)				 						
2)										
3)										
1)										
				Enter here and o Part I line 9 co	on page 1 lumn (A)			,		t nter nere and on page Part I, line 9 column (년)
tals				<u></u>	0.					0
chedule I - Exploited (see insti	-	ty Incom	e, Other	Than Adv	rertisir	ng Income				
1. Description of	2 Gross unrelated business income from	directly with pi	kpenses connected	4. Net incomfrom unrelated business (co	trade or	5. Gross inco		6 5	enses	7. Excess exempt
exploited activity	trade or business		roduction arelated ss income	minus columi gain compute through	n 3) If a e cols 5	is not unrelati business inco	ed	attribut colur	able to	expenses (column 6 minus column 5, but not more than column 4)
exploited activity	trade or business		related	minus columi gain compute	n 3) If a e cols 5	is not unrelat	ed	attribut	able to	6 minus column 5, but not more than
1)	trade or business		related	minus columi gain compute	n 3) If a e cols 5	is not unrelat	ed	attribut	able to	6 minus column 5, but not more than
2)	trade or business		related	minus columi gain compute	n 3) If a e cols 5	is not unrelat	ed	attribut	able to	6 minus column 5, but not more than
1) 2) 3)	trade or business		related	minus columi gain compute	n 3) If a e cols 5	is not unrelat	ed	attribut	able to	6 minus column 5, but not more than
2)	Enter here and on page 1, Part 1, line 10, col (A)	Enter he page	ere and on 1 Part I, , , col (B)	minus columi gain compute	n 3) If a e cols 5	is not unrelat	ed	attribut	able to	6 minus column 5, but not more than
1) 2) 3) 4)	Enter here and on page 1, Part 1, line 10, col (A)	Enter hi page line 10	ere and on 1 Part I, I, col (B)	minus columi gain compute	n 3) If a e cols 5	is not unrelat	ed	attribut	able to	6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25
tals Advertis	Enter here and on page 1, Part I, line 10, col (A) oing Income (see	Enter hi page line 10	ere and on 1 Part I, 1, col (B)	minus columi gain compute through	n 3) If a e cols 5 .7	is not unrelat	ed	attribut	able to	6 minus column 5, but not more than column 4) Enter here and on page 1,
1) 2) 3) 4)	Enter here and on page 1, Part I, line 10, col (A) oing Income (see	Enter hi page line 10	ere and on 1 Part I, 1, col (B)	minus columi gain compute through	n 3) If a e cols 5 .7	is not unrelat	ed	attribut	able to	6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25
tals Advertis	Enter here and on page 1, Part I, line 10, col (A) oing Income (see	Enter hipage line 10	ere and on 1 Part I, 1, col (B)	minus column gain compute through	n 3) If a e cols 5 7 7 Basis Basis tising gain ol 2 minus gain, comput	is not unrelat business inco	ed me	attribut	ership	6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25
tals chedule J - Advertise	Enter here and on page 1, Part I, line 10, col (A) oing Income (see Periodicals Re	Enter hipage line 10	ere and on 1 Part I, , col (B) 0. ns) n a Cons	solidated 4. Advert or (ross) 18 a gs	n 3) If a e cols 5 7 7 Basis Basis tising gain ol 2 minus gain, comput	is not unrelat business inco	ed me	attributur colur	ership	6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more
tals chedule J - Advertise artill Income From 1. Name of periodical	Enter here and on page 1, Part I, line 10, col (A) oing Income (see Periodicals Re	Enter hipage line 10	ere and on 1 Part I, , col (B) 0. ns) n a Cons	solidated 4. Advert or (ross) 18 a gs	n 3) If a e cols 5 7 7 Basis Basis tising gain ol 2 minus gain, comput	is not unrelat business inco	ed me	attributur colur	ership	6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more
tals chedule J - Advertis artill Income From 1. Name of periodical	Enter here and on page 1, Part I, line 10, col (A) oing Income (see Periodicals Re	Enter hipage line 10	ere and on 1 Part I, , col (B) 0. ns) n a Cons	solidated 4. Advert or (ross) 18 a gs	n 3) If a e cols 5 7 7 Basis Basis tising gain ol 2 minus gain, comput	is not unrelat business inco	ed me	attributur colur	ership	6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more
tals chedule J - Advertise artill Income From 1. Name of periodical	Enter here and on page 1, Part I, line 10, col (A) oing Income (see Periodicals Re	Enter hipage line 10	ere and on 1 Part I, , col (B) 0. ns) n a Cons	solidated 4. Advert or (ross) 18 a gs	n 3) If a e cols 5 7 7 Basis Basis tising gain ol 2 minus gain, comput	is not unrelat business inco	ed me	attributur colur	ership	6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
lotals from Part I	0.	0.		e de la companya del companya de la companya del companya de la co		0.
	Futer here and on page 1, Port I, line 11, rot (A)	Enter here and on page 1, Port 1, tine 11, col (B)	er jank i jank Historia			Enter here and on page 1, Part II, line 26
Intals, Part II (lines 1-5)	0.	0.		*		U

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

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

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
MINOR EQUIPMEN' MEDICAL SUPPLIA DEPARTMENT SUP SUBSCRIPTIONS A MISCELLANEOUS	ES	221. 34,427. 140. 58. 23.
TOTAL TO FORM	990-T, PAGE 1, LINE 27	34,869.
FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 3
CORPORATION'S	NAME	IDENTIFYING NO
ADVOCATE HEALT	H & HOSPITALS CORPORATION	36-2169147

FORM 990-	т отні	ER CREDITS AND PA	YMENTS	STATEMENT	4
DESCRIPTION	ИС			AMOUNT	
FORM 8827	 , LINE 5C				897
TOTAL INC	LUDED ON FORM 990-T	, PAGE 2, PART V,	LINE 51G		897
FORM 990-	r NET	OPERATING LOSS D	EDUCTION	STATEMENT	5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/01	460,648.	460,648.	0.		0.
12/31/02	464,906.	200,282.	264,624.	264,	624.
12/31/03	628,104.	0.	628,104.	628,	104.
12/31/04	131,573.	0.	131,573.	131,	573.
12/31/05	225,422.	0.	225,422.	225,	422.
	OVER AVAILABLE THIS		1,249,723.	1,249,	

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	6
	NTRIBUTIONS SUBJECT TO 100% LIMIT NTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF FOR TAX YE FOR TAX YE FOR TAX YE FOR TAX YE	AR 2015 25,844 2AR 2016 30,053 46,389			
TOTAL CARRYO	VER T YEAR 10% CONTRIBUTIONS	170,153		
	BUTIONS AVAILABLE ME LIMITATION AS ADJUSTED	170,153	_	
	IBUTIONS CONTRIBUTIONS CONTRIBUTIONS	170,153 0 170,153	_	
ALLOWABLE CO	NTRIBUTIONS DEDUCTION		_	0
TOTAL CONTRI	BUTION DEDUCTION			0

1

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

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

OMB No 1545-0047

0040

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, and ending ______, and ending ______.

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

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

Name of the organization
ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number 36-3196629

Unrelated Business Activity Code (see instructions)

900099

Describe the unrelated trade or business

INTERCOMPANY

	Describe the unrelated trade or business INTERCOM	IPANY			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Bala	ınce ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479	97) 4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	n			
	statement)	5			· · · · · · · · · · · · · · · · · ·
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7		1	
8	Interest, annuities, royalties, and rents from a controlled			,	
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)	1 1			
	organization (Schedule G)	9			-
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) STMT	7 12	2,103.		2,103.
13	Total. Combine lines 3 through 12	13	2,103.		2,103.

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 (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	,
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 3	28 from line 13	29	2,103.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 20	018 (see		
	instructions)		30	0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29	····	31	2,103.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M) OTHER INCOME		STATEMENT 7
DESCRIPTION		AMOUNT
INTERCOMPANY		2,103.
TOTAL TO SCHEDULE M, PAR	T I, LINE 12	2,103.

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

Depreciation and Amortization (Including Information on Listed Property)

990-T

OMB No 1545-0172

Identifying number

▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

► Attach to your tax return. Attachment Sequence No 179

Advo Pa	ocate North Side Health Networ		'O Note: If yo		990-1			V bef	ore w	36-3196629
		y Oliver Section 17	5 Note. II yo	u nave any is	sted bit	perty,	complete rait	T		
	Maximum amount (see instructions)							F	1	1,020,000.
	Total cost of section 179 property place	•	-					F	2	2 550 000
	Threshold cost of section 179 property before reduction in limitation							-	3	2,550,000.
	Reduction in limitation. Subtract line 3 fr		-					-	4	
<u>5</u> [Dollar limitation for tax year Subtract line 4 from line 1		0- If married filing						5	
6	(a) Description of prop	perty		(b) Cost (busin	iess use o	nly)	(c) Elected	cost		
	····					\rightarrow				
7 l	isted property. Enter the amount from I	ine 29			l	7				
8	Total elected cost of section 179 proper	ty Add amounts	ın column (c)	, lines 6 and	7			L	8	
9 -	Tentative deduction Enter the smaller	of line 5 or line 8						L	9	
10 (Carryover of disallowed deduction from	line 13 of your 20	18 Form 456	62				L	10	
11 (Business income limitation. Enter the sm	naller of business	income (not	less than zer	o) or lin	e 5		L	11	
12 3	Section 179 expense deduction Add lin	es 9 and 10, but	don't enter m	nore than line	11				12	
13 (Carryover of disallowed deduction to 20	20 Add lines 9 a	nd 10, less lir	ne 12	▶	13				
Note	e: Don't use Part II or Part III below for I	sted property In:	stead, use Pa	art V						18
Pa	rt II Special Depreciation Allowan	ce and Other Do	epreciation (Don't includ	le listed	prope	rty)			
14 5	Special depreciation allowance for qualit	ied property (oth	er than listed	property) pla	aced in	service	during			
t	the tax year								14	
15 F	Property subject to section 168(f)(1) elec	tion							15	
16 (Other depreciation (including ACRS)							Γ	16	74,909.
	rt III MACRS Depreciation (Don't	nclude listed pro	perty See ins	structions)						
			90	ction A			·			
			Se	CHOILA						
17	MACRS deductions for assets placed in	service in tax ve)			-	17	
	MACRS deductions for assets placed in fyou are electing to group any assets placed in service	-	ars beginning	before 2019		k here	▶ □	_ F	17	
	MACRS deductions for assets placed in flyou are electing to group any assets placed in service Section B - Assets F	e during the tax year in	ars beginning to one or more ge	before 2019	unts, chec		▶ _	ntion S		m
	I you are electing to group any assets placed in service	e during the tax year in	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019	unts, check Using the		neral Deprecia	T	yste	m (g) Depreciation deduction
	f you are electing to group any assets placed in service Section B - Assets F	e during the tax year in Placed in Servic (b) Month and year placed	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the	he Gen		T	yste	
18	f you are electing to group any assets placed in service Section B - Assets F (a) Classification of property	e during the tax year in Placed in Servic (b) Month and year placed	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the	he Gen		T	yste	
18 19a b	Section B - Assets F (a) Classification of property 3-year property 5-year property	e during the tax year in Placed in Servic (b) Month and year placed	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the	he Gen		T	yste	
19a b	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property	e during the tax year in Placed in Servic (b) Month and year placed	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the	he Gen		T	yste	
19a b c	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property	e during the tax year in Placed in Servic (b) Month and year placed	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the	he Gen		T	yste	
19a b c d	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property	e during the tax year in Placed in Servic (b) Month and year placed	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the	he Gen		T	yste	
19a b c	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	e during the tax year in Placed in Servic (b) Month and year placed	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using ti	ne Gen		(f) Met	thod	
19a b c d	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property	e during the tax year in Placed in Servic (b) Month and year placed in Service	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the (d) F p	he Gen	(e) Convention	(f) Met	thod	
19a b c d	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	e during the tax year in Placed in Servic (b) Month and year placed in Service	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the (d) F p	he Gen decovery errod 5 yrs 5 yrs	(e) Convention	(f) Mel	thod	
19a b c d e f	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	e during the tax year in Placed in Service (b) Month and year placed in Service	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the (d) F P 25 27 27	he Gen Recovery Period 5 yrs 5 yrs 5 yrs	(e) Convention	(f) Mel	iyste thod	
19a b c d e f	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	e during the tax year in Placed in Servic (b) Month and year placed in Service	ars beginning to one or more ge e During 201 (c) Basis for (business/in	before 2019 eneral asset accounts 9 Tax Year I depreciation vestment use	unts, check Using the (d) F P 25 27 27	he Gen decovery errod 5 yrs 5 yrs	(e) Convention MM MM MM	(f) Mel	thod (L (L (L	
19a b c d e f g h	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	e during the tax year in Placed in Servic (b) Month and year placed in Service / / / / /	ars beginning to one or more ge e During 20 (c) Basis for (business/in) only - see i	before 2019 meral asset account of the second of the secon	25 27 38	Recovery Recovery Period O yrs S yrs S yrs O yrs O yrs	(e) Convention MM MM MM MM	(f) Mel	thod	(g) Depreciation deduction
19a b c d e f g h	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	e during the tax year in Placed in Servic (b) Month and year placed in Service / / / / /	ars beginning to one or more ge e During 20 (c) Basis for (business/in) only - see i	before 2019 meral asset account of the second of the secon	25 27 38	Recovery Recovery Period O yrs S yrs S yrs O yrs O yrs	(e) Convention MM MM MM MM	(f) Mel	thod L L L Syst	(g) Depreciation deduction
18 19a b c d e f g h i 20a	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets PI Class life	e during the tax year in Placed in Servic (b) Month and year placed in Service / / / / /	ars beginning to one or more ge e During 20 (c) Basis for (business/in) only - see i	before 2019 meral asset account of the second of the secon	unts, check Using the (d) F p 25 27 27 39 ssing the	6 yrs 5 yrs 5 yrs 5 yrs 9 yrs	(e) Convention MM MM MM MM	(f) Met S/ S/ S/ S/ S/ siation S/	L Syst	(g) Depreciation deduction
19a b c d e f g h i 20a b	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Pi Class life 12-year	e during the tax year in Placed in Servic (b) Month and year placed in Service / / / / aced in Service	ars beginning to one or more ge e During 20 (c) Basis for (business/in) only - see i	before 2019 meral asset account of the second of the secon	unts, check Using the (d) F p 25 27 27 39 ssing the	6 yrs 5 yrs 5 yrs 6 yrs 2 yrs	(e) Convention MM MM MM MM MM MM mative Deprec	(f) Met S/ S/ S/ S/ S/ siation S/ S/	L'L Syst	(g) Depreciation deduction
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19a b c d e f g h i 20a b C C d Pa	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year Summary (See instructions) Listed property Enter amount from line	e during the tax year in Placed in Service (b) Month and year placed in Service // // aced in Service	ars beginning to one or more ge e During 20 (c) Basis for (business/in) only - see i	before 2019 ineral asset accounty 9 Tax Year Uses depreciation vestment use instructions)	25 27 27 39 sing the	6 yrs 5 yrs 5 yrs 9 yrs 9 yrs 9 yrs 9 yrs 9 yrs	MM	(f) Met S/ S/ S/ S/ S/ siation S/ S/ S/	Syste thood	(g) Depreciation deduction
19a b c d e f g h i 20a b C C d Pa 21 1 22 1	Section B - Assets I (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year **T IV Summary (See instructions) Listed property Enter amount from line incestors.	e during the tax year in Placed in Service (b) Month and year placed in Service / / / aced in Service / / / 28 4 through 17, line	ars beginning to one or more ge e During 201 (c) Basis for (business/in only - see i	p before 2019 meral asset accou 9 Tax Year U depreciation vestment use instructions) Tax Year Use	25 27 27 39 sing the 40	6 yrs 5 yrs 5 yrs 6 yrs 9 yrs 9 yrs 9 yrs 9 yrs 9 yrs	MM	(f) Met S/ S/ S/ S/ S/ siation S/ S/ S/	Syste L Syst L L L L L L L L L L L L L L L L L L L	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa 21 1 22 1	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets PI Class life 12-year 30-year 40-year **T IV Summary (See instructions) Listed property Enter amount from line in Enter here and on the appropriate lines of	e during the tax year in Placed in Service (b) Month and year placed in Service / / / / aced in Service / / / / aced in Service	beginning to one or more ge e During 201 (c) Basis For (business/in only - see in the control of the control o	p before 2019 eneral asset accou 9 Tax Year I depreciation vestment use instructions) Tax Year Use in column (g) ind S corporati	25 27 27 39 sing the 40	6 yrs 5 yrs 5 yrs 6 yrs 9 yrs 9 yrs 9 yrs 9 yrs 9 yrs	MM	(f) Met S/ S/ S/ S/ S/ siation S/ S/ S/	Lithod	(g) Depreciation deduction
19a b c d e f g h i 20a c d Pa 21 1 22 1 1 23 i i	Section B - Assets I (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year **T IV Summary (See instructions) Listed property Enter amount from line incestors.	e during the tax year in Placed in Service (b) Month and year placed in Service / / / / aced in Service / / / / aced in Service	beginning to one or more ge e During 201 (c) Basis For (business/in only - see in the control of the control o	p before 2019 eneral asset accou 9 Tax Year I depreciation vestment use instructions) Tax Year Use in column (g) ind S corporati	25 27 27 39 sing the 40	6 yrs 5 yrs 5 yrs 6 yrs 9 yrs 9 yrs 9 yrs 9 yrs 9 yrs	MM	(f) Met S/ S/ S/ S/ S/ siation S/ S/ S/	Syste L Syst L L L L L L L L L L L L L L L L L L L	(g) Depreciation deduction

Form 4562 (2019) ADVOCATE NORTH SIDE HEALTH NETWORK 36-3196629 Page 2 (Part\V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Ye<u>s</u> Yes No (b) (c) (e) (f) (g) (d) Date Business/ Elected Basis for depreciation Depreciation Type of property Cost or Recovery Method/ placed in investment section 179 (business/investment (list vehicles first) other basis period Convention deduction use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L -% % S/L % S/L 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (f) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Νo Yes No Yes No Yes No Yes No Yes Nο during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
Amortization of costs that begins during yo	ur 2019 tax year				
3 Amortization of costs that began before your 2019 tax year					
Total. Add amounts in column (f) See the i	nstructions for whe	ere to report		44	

Form **8827**

(Rev May 2020) Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No 1545 0123

2019

ivan	e	Employer ide	nuncadon number
	ADVOCATE NORTH SIDE HEALTH NETWORK	36-31	96629
1	Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827 STMT 8	1	897.
2	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2	
3	Enter the refundable minimum tax credit (see instructions)	3	897.
4	Add lines 2 and 3	. 4	897.
5a	Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	5a	897.
b	Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 3, go to line 5c. Otherwise, skip line 5c.	5b	
c	Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c	897.
6	Minimum tax credit carryforward. Subtract line 5a from line 1 Keep a record of this amount to carry forward and use in future years	6	

Form 3800

General Business Credit

► 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.

OMB No 1545-0895

2019
Attachment
Sequence No 22

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

Identifying number

Advoc	ate North Side Health Network	36-31966	29
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(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	
2	Passive activity credits from line 2 of all Parts III with box B checked . 2		
3	Enter the applicable passive activity credits allowed for 2019. See instructions	3	0
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box C		
	checked. See instructions for statement to attach	4	51617
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D	1 1	
	checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	51617
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
8	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 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
10a	Foreign tax credit	0	
b	Certain allowable credits (see instructions)	0	
С	Add lines 10a and 10b	10c	0
		1 1	
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
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12	의	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
4.4		의	
14	Tentative minimum tax.	1	
	Individuals Enter the amount from Form 6251, line 9 Corporations Enter -0		
		의	
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 52		
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0
17	Enter the smaller of line 6 or line 16	17	0
••	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or		
	reorganization		

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	S
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		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	0
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		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	0
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	0
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	0
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

Nar	ne(s) st	nown on return			Identifying nur	nber
Ad	vocate	e North Side Health Network			36-	3196629
	art III		ruction	ons)		
		te 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	осс (radit	Carnifonward	c
		General Business Credit Carrybacks H Reserved	1033 0	realt	Carrylorward	3
_				! D		
ı		are filing more than one Part III with box A or B checked, complete and attach first an a arts III with box A or B checked. Check here if this is the consolidated Part III		nai Pa	art III combinii	. —
	allFa	· · · · · · · · · · · · · · · · · · ·	· · ·		(1-)	(c)
		(a) Description of credit		lf clair	(b) ning the credit	Enter the
		any line where the credit is from more than one source, a separate Part III is needed for each ough entity		from a	pass-through , enter the EIN	appropriate amount
_	la	Investment (Form 3468, Part II only) (attach Form 3468)	1a		,	
	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			
		Indian employment (Form 8845)	1g			
	g	Orphan drug (Form 8820)	1h			
	h		-			
	!	New markets (Form 8874)	1i			
	J	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			
	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			
	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			
	w	Employer differential wage payments (Form 8932)	1w			
	x	Carbon oxide sequestration (Form 8933)	1x			
	v	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
	y -	Qualified plug-in electric universities (rom osco)	1z			
	Z	, , , , , , , , , , , , , , , , , , , ,	1aa			· · · · · · · · · · · · · · · · · · ·
	aa	Employee retention (Form 5884-A)	1bb			
	bb	General credits from an electing large partnership (carryforward only)	100		-	
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other				
_		credits (see instructions)	1zz			51617
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			51617
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			
	С	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_			
	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			
	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			· ,-
6		Add lines 2. 3, and 5 and enter here and on the applicable line of Part II	6			51617