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Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

SOUTH SHORE HOSPITAL PROF LIABILITY TRUST

Employer identification number

36-6745055

N/A

0425876265
Dec. 16, 2013 LTR 2694C 0 R
36-6745055 201308 67
00028042

SOUTH SHORE HOSPITAL PROF LIABILITY
TRUST
6111 N RIVER ROAD 8TH FLOOR
ROSEMONT IL 60018

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

M.B. Financial Bank, N.A.

Karin Clauson
Signature of officer or trustee

1/13/14
Date

Trust officer
Title