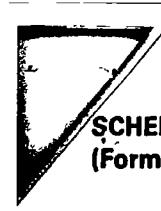




See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2012

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## SOUTH SHORE HOSPITAL PROF LIABILITY TRUST

**Employer identification number**

36-6745055

N/A

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule Q (Form 990 or 990-EZ) (2012)

JSA  
2E1300 1000

SO1902 K332 10/09/2013 14:40:49

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23

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

004265

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.

Karen Cleason

Signature of officer or trustee

1/13/14

Date

Trust Officer

Title