**Exempt Organization Business Income Tax Return** 

Form 990-T (2018) PAGE 1

Form	990-T (2			Page 2
Pai	t III	Total Unrelated Business Taxable Income		
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses	(see	
	ınstruc	nons)	• • 33	238,761.
34	Amour	ts paid for disallowed fringes	34	
35		on for net operating loss arising in tax years beginning before January 1, 2018		
	ınstruc	ions)	<sup>⊥</sup>	238,761.
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum	
		33 and 34		
37	•	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.
38		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line		0
Do		e smaller of zero or line 36	· ·   38	0.
39		rations Taxable as Corporations. Multiply line 38 by 21% (0 21)	. ▶ 39	
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax		
		bunt on line 38 from Tax rate schedule or Schedule D (Form 1041)	[ -	
41		ax. See instructions	~ ; _	
42		tive minimum tax (trusts only)		
43		Noncompliant Facility Income. See instructions		
44_		dd lines 41, 42, and 43 to line 39 or 40, whichever applies		
Par	t V	Tax and Payments		
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)		
		redits (see instructions)		
С	Genera	business credit Attach Form 3800 (see instructions)		
		or prior year minimum tax (attach Form 8801 or 8827)		
		edits. Add lines 45a through 45d		<del> </del>
46		t line 45e from line 44	<del> </del>	
47		tes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	· · · <del></del>	0.
48 49		x. Add lines 46 and 47 (see instructions)		<del></del>
		tts A 2017 overpayment credited to 2018	· · · <del>      -   -   -   -   -   -   -   -   </del>	
		stimated tax payments		
		osited with Form 8868		
		organizations Tax paid or withheld at source (see instructions)		
		withholding (see instructions)		
f	Credit f	or small employer health insurance premiums (attach Form 8941) 50f		
9	Other c	edits, adjustments, and payments Form 2439		
		orm 4136 Other Total ▶ 50g		441 601
51		ayments. Add lines 50a through 50g	7 - 1 - 1	441,601.
52 52		ed tax penalty (see instructions) Check if Form 2220 is attached	<u>52</u> . ▶ ∠53	
53 54		. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	441,601.
55	•	e amount of line 54 you want Credited to 2019 estimated tax > 441,601.		
Par		Statements Regarding Certain Activities and Other Information (see instruc		<del> </del>
		time during the 2018 calendar year, did the organization have an interest in or a signature		authority Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have	e to file
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foreign	country
	here 🕨	······································		X
57	During 1	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust	? <u>X</u>
	If "Yes,"	see instructions for other forms the organization may have to file		
58		e amount of tax-exempt interest received or accrued during the tax year ▶ \$	the base of	ha anilada cara da la la cara
<b>~</b> :-	l tn	der penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	the best of m	y knowledge and belief, it is
Sign		7// L		RS discuss this return
Here		anature of officer Date Title	•	preparer shown below ns)? X Yes No
		PrintType preparer's name Preparer's signature Date		PTIN
Paid		1 4 4 4 4 4 1 4 1 2 9 1 2 0 2 0	Check if self-employed	P00634378
Prep	arer			34-6565596
Use	Only	Firm's address > 4365 EXECUTIVE DR., #1600, SAN DIEGO, CA 92121	Phone no 85	8-535-7200

JSA

Form 990-T (2018)

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

▶

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B)

(2) (3)

(4)

Total dividends-received deductions included in column 8.

Page 4

Schedule F-Interest, Annu	uides, Noyaide.			ontrolled Or				0110 (30)	o motracti		
Name of controlled organization	2. Employer identification numb	nei I		unuslated tenance   4 Tetal of exception		specified included in the controllin		ed included in the control		6 Deductions directly connected with income in column 5	
(1)											
(2)		_			<u> </u>		_				
(3)											
(4)					L						
Nonexempt Controlled Organiz						10	Parl	of column	9 that is	1	1. Deductions directly
7. Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		ind	clude	d in the co	ntrolling		nnected with income in column 10
(1)											
(2)	<del></del>					-					
(3)						<u> </u>					
(4)						<del>-</del>		olumns 5 a			dd columns 6 and 11
Totals		ction 50	 1(c)(7),	(9), or (17		Pi	art I,	ere and on line 8, colu	mn (A)		ter here and on page 1, art I, line 8, column (B)
1. Description of income	2. Amount of	f income		3 Deduction directly cor (attach sch	nected				t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)	<u> </u>										
(2)		<del></del>	-								
(3) (4)	<u> </u>										<del></del>
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	other Th	an Adverti	sing Ir	come	e (se	ee instru			Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Exp dire connect product unre business	ectly ted with ction of lated	4. Net incon from unrelat or business 2 minus col If a gain, α cols 5 thro	ed trade (column umn 3) ompute	from	n acti	income vity that related income	6 Expe attributa colum	ble to	7 Excass exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							-				
(2)			<del>-</del>	<u> </u>				· · <u>-</u>			
(3)				-		-					<del> </del>
(4)		_									
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,		-				,		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising In	come (see instri	uctions)		<u></u>							
Part I Income From Peri	odicals Report	ed on a	Consoli	dated Bas	is						
1. Name of periodical	2. Gross advertising income	3. Di advertisii	rect	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	ising s) (col i 3) If npute	5.	Circu	lation me	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				. ,					-		
(2)	<del> </del>		<del></del>	· •					-		7
(3)		<del></del>		•	ł						7
(4)			<del></del>	, ,			-				7
<del>`</del>											
Totals (carry to Part II, line (5))											Form 990-T (2018)

(4)

Total. Enter here and on page 1, Part II, line 14

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4. Advertising 7 Excess readership costs (column 6 2. Gross gain or (loss) (col 5 Circulation 6. Readership 3. Direct minus column 5, but 2 minus col 3) If 1 Name of periodical advertising advertising costs income costs not more than column 4) income a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (B) page 1, Part I, on page 1, Part II, line 27 line 11, col (A) Totals, Part II (lines 1-5) . . . . ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4. Compensation attributable to unrelated business 1. Name time devoted to 2. Title (1) % (2) % (3) %

Form 990-T (2018)

%

ATTACHMENT 1

#### ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

UBI FROM LIMITED PARTNERSHIP INTERESTS.

99-	$\sim$		$\Gamma \cap A$
44-	( ) ( )	! / ≺	<b>〜</b> ノ4

THE QUEEN'S MEDICAL CENTER

ATTACHMENT 2

#### NAME AND FEIN OF PARENT CORPORATION

THE QUEEN'S HEALTH SYSTEMS 99-0238120

,

ATTACHMENT 3

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

COLONY INVESTORS III, LP COMMONFUND CAPITAL INTERNATIONAL PARTNERS VIII, LP COMMONFUND CAPITAL US PRIVATE EQ. PARTNERS IX, LP COMMONFUND CAPITAL VENTURE PARTNERS XI, LP SPO PARTNERS II, LP SSGA MSCI ECTF (MSCI EAFE INDEX NL QP CTF) COMMONFUND CAPITAL EMERGING MARKETS 2013, LP OAKTREE REAL ESTATE OPPORTUNITIES FUND IV, L.P.	-26,010. -1,874. 20,790. 95,811. -7,178. 489. -1,274. 695.
INCOME (LOSS) FROM PARTNERSHIPS	81,449.

99-0073524

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

3,050.

PART II - LINE 28 - OTHER DEDUCTIONS

3,050.

#### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

(C) Net

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{06/30}{}$  , 20  $\frac{19}{}$ 

► 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)

(A) Income

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

Name of organization

THE QUEEN'S MEDICAL CENTER

Part I Unrelated Trade or Business Income

Employer identification number

99~0073524

(B) Expenses

Unrelated business activity code (see instructions) ► 561612

Describe the unrelated trade or business ► SECURITY GUARD SERVICES

			1	l .		
1 a	Gross receipts or sales 363,861.			,		
b	Less returns and allowances c Balance	1c	363,861.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	363,861.			363,861.
4a	Capital gain net income (attach Schedule D)	4a_			<u> </u>	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach	ĺ				
	statement)	5				
6	Rent income (Schedule C)	6_				
7	Unrelated debt-financed income (Schedule E)	7				
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)					
	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)		0.50 0.51			
13	Total. Combine lines 3 through 12	13	363,861.	<u></u>		363,861.
14	deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages					404,223.
16	Repairs and maintenance					<del></del>
17	Bad debts					
18	Interest (attach schedule) (see instructions)					
19	Taxes and licenses					
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)			3,869.		
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	3,869.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)			ATCH 5	28	60,523.
29	Total deductions. Add lines 14 through 28				29	468,615.
30	Unrelated business taxable income before net operating	loss (	deduction Subtract line	29 from line 13	30	-104,754.
	· · ·					
31	Deduction for net operating loss arising in tax years	begini	ning on or after Janua	ry 1, 2018 (see		

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

-104,754.

99-0	071	352	Δ

# <u>ATTACHMENT 5</u>

SCHEDULE M -	PART II	- LI	E 28 -	- TOTAL	OTHER	DEDUCTIONS
--------------	---------	------	--------	---------	-------	------------

SUPPLIES	3,587.
PURCHASED SERVICES	7,509.
OTHER DIRECT EXPENSES	46,535.
UTILITIES	2,892.

PART II - LINE 28 - OTHER DEDUCTIONS

60,523.

4562

Department of the Treasury

Internat Revenue Service

#### **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

Identifying number

Name(s) shown on return 99-0073524 THE OUEEN'S MEDICAL CENTER 561612 - SECURITY GUARD SERVICES Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 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 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If mamed filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) وخر Listed property Enter the amount from line 29. Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 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 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 . . . 13 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.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 3.869 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 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use period only - see instructions) 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 g 25-year property 25 yrs S/L 27 5 yrs h Residential rental ММ S/L property 27 5 yrs 39 yrs MM S/L i Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs c 30-year ММ 30 yrs S/L d 40-year ММ S/L 40 yrs Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 3,869 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

	m 4562 (2018)			<del></del> -	<del></del>						- 0				Page 2
Pa		operty (Include ent, recreation, o			certai	n otr	ner ve	nicle	s, certa	ıın aır	craft,	and	prope	rty us	ed for
		iny vehicle for wh is (a) through (c) o									lease	expens	se, comp	olete o	nly 24a,
		Depreciation and									r passe	nger a	utomobil	es)	
24	a Do you have evidend						es		24b If "			_		Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us	se Cost	(d) or other t		(e) asis for depr usiness/inve			Met	g) hod/ rention		(h) reciation duction	Elected	(i) section 179
		In service	percentage			J	use only	<u>')                                    </u>	period					ļ`	
25	Special depreciati the tax year and us									<u></u>	. 25				
26	Property used mor	re than 50% in a q	ualified busii	ness us	e										
				%											
				%								ļ			
		<u> </u>	<u> </u>	%		L			<u> </u>	<u> </u>				<u> </u>	
27	Property used 50%	6 or less in a qualif	ed business	use						,					
				%					ļ	S/L -		L			
_				%					ļ	S/L -				1	
		<u> </u>	L	%					<u> </u>	S/L -				4	
28	Add amounts in co	lumn (h), lines 25	through 27.	Enter	here a	nd on li	ne 21, p	age 1	۱		. 28	L		<del> </del>	
29	Add amounts in co	lumn (i), line 26 E								• • • •	<u></u>	<u></u>	. 29		
_							on Use								
	mplete this section for your employees, first an													rovided	vehicles
10 y	our employees, mst an	swer trie questions ii						Comp	<del></del>					<del>,                                     </del>	
					a) icle 1		(b) ncle 2	l v	(c) ehicle 3		d) icle 4		(e) hicle 5		f) icle 6
30	Total business/inve	estment miles drive ude commuting m	en during iles)												<u></u>
31	Total commuting m	niles driven during	the year .			ļ									
32	Total other p	ersonal (nonco	mmuting)												
	miles driven														
33	Total miles drive	n during the ye	ear Add			}				l		l		}	
	lines 30 through 32	2			0		0		0		0		0		0
34	Was the vehicle	e available for	personal	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	use during off-duty	hours?					<u> </u>						<u> </u>		<u> </u>
35	Was the vehicle		1												
	than 5% owner or r	•	,		ļ <u> </u>	ļ	ļ						<del>                                     </del>		<u> </u>
36	Is another vehicuse?														
		ction C - Questio		nlove	rs Who	Provi	ide Veh	icles	for Use	by Th	eir Fm	nlove	AS		
	swer these question re than 5% owners o	s to determine if	you meet a	n exc						•				who a	ren't
	Do you maintain a	a written policy s	tatement th	nat pro									ng, by	Yes	No
30	your employees?.  Do you maintain			 hat =-	obsbate			 of	hiolog	· · · · ·					
30	employees? See th														
39	Do you treat all use	of vehicles by em	ninvaes as i	nerson:	orporate	e onice	is, ullec	1015, 1	01 176 01 1	iioie ov	VIICIS				<del></del>
40		ore than five vel	ncles to vo	ocioon	inlovee	 s obta	in infor	 matio	n from v	our en	 nnloves	 s aho	ut the		
	use of the vehicles,		-		, ,				•				ĺ		
41	Do you meet the re					 demo	nstratio	n use?	? See inst	ructions				_	
• •	Note: If your answ	er to 37, 38, 39, 4	0. or 41 is '	Yes." c	lon't co	mplete	Section	B for	the cove	red veh	icles.		)		
Pa	rt VI Amortizati		<del></del>												
	7 inortizati							$\top$			(e)				
	(a) Description o	f costs	( <b>b</b> ) Date amorti begins		Am	(c) ortizable	amount		(d) Code sec	tion	Amortiz perior percen	ation d or	Amortiza	(f) tion for th	ııs year
42	Amortization of cos	ts that begins duri	na vour 201	8 tax	vear (se	e instri	uctions)		<del></del>	1	20,001	·5			
· <u>-</u>		Jogalo dall	, 551 20		, 54, 150		2	7		т					
					<u> </u>			+	<del></del> _						
43	Amortization of cos	ts that began befo	re your 201	8 tax	ear							43			
44	Total. Add amount	s in column (f) Se	e the instru	ctions	for whe	re to re	port	· · · ·		· · · · ·		44			

8X2310 1 000

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

(C) Net

Department of the Treasury Internal Revenue Service

06/30 .20 19

► 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).

(A) Income

Name of organization

THE QUEEN'S MEDICAL CENTER

Employer Identification number

(B) Expenses

99-0073524 Unrelated business activity code (see instructions) ▶ 812930

Describe the unrelated trade or business ▶ PARKING LOTS

62,204.

Part I Unrelated Trade or Business Income

1 a	Gross receipts or sales 62, 204.	1				
b	1 .	1c	62,204.			1
2	Cost of goods sold (Schedule A, line 7)	2				-
3	Gross profit Subtract line 2 from line 1c	3	62,204.			62,204
4a	Capital gain net income (attach Schedule D)	4a				
, b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach				t	
	statement)	5_				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
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)		[			
	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)	12				
13	Total. Combine lines 3 through 12	13	62,204.			62,204
14	deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	6,312
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)			147.		
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	22a		22b	147.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	44,470.
29	Total deductions. Add lines 14 through 28				29	50,929.
30	Unrelated business taxable income before net operating				30	11,275.
31	Deduction for net operating loss arising in tax years instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line				32	11,275.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

a	α_	$\cap$	73	52	1

#### ATTACHMENT 6

SCHEDULE M - PART II - LINE 28	8 –	TOTAL	OTHER	DEDUCTIONS
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PURCHASED SERVICES
OTHER DIRECT EXPENSES
UTILITIES

42,203.

1,429.

838.

PART II - LINE 28 - OTHER DEDUCTIONS

44,470.

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment

Name(s) shown on return Business or activity to which this form relates IdentifyIn	g number 73524
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I  1 Maximum amount (see instructions). 2 Total cost of section 179 property placed in service (see instructions). 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- Dollar imitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- I Listed property Enter the amount from line 29.  7 Listed property Enter the amount from line 29.  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7.  9 Tentative deduction Enter the smaller of line 5 or line 8.  10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562.  11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions.  11	
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I  1 Maximum amount (see instructions).	
Note: If you have any listed property, complete Part V before you complete Part I  1 Maximum amount (see instructions).	•
1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- 4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions 11	
Total cost of section 179 property placed in service (see instructions)  Threshold cost of section 179 property before reduction in limitation (see instructions)  Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-  Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions.  (a) Description of property  (b) Cost (business use only)  Cost (business use only)  Listed property. Enter the amount from line 29.  Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.  Tentative deduction. Enter the smaller of line 5 or line 8.  Carryover of disallowed deduction from line 13 of your 2017 Form 4562.  Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.  11	
Threshold cost of section 179 property before reduction in limitation (see instructions)  Reduction in limitation Subtract line 3 from line 2 if zero or less, enter -0-  Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- if married filing  separately, see instructions  (a) Description of property  (b) Cost (business use only)  Listed property Enter the amount from line 29.  Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7.  Tentative deduction Enter the smaller of line 5 or line 8.  Carryover of disallowed deduction from line 13 of your 2017 Form 4562.  Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions.  11	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29. 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions 11	
5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter-0- if married filing separately, see instructions  (a) Description of property  (b) Cost (business use only)  (c) Elected cost  7 Listed property Enter the amount from line 29.  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7.  9 Tentative deduction Enter the smaller of line 5 or line 8.  9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562.  10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions.  11	
7 Listed property Enter the amount from line 29.  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7.  9 Tentative deduction Enter the smaller of line 5 or line 8.  9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562.  10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions.	
7 Listed property Enter the amount from line 29	
7 Listed property Enter the amount from line 29	
7 Listed property Enter the amount from line 29	<del></del>
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	
9 Tentative deduction Enter the smaller of line 5 or line 8	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11	
<u></u>	
13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 ► 13	
Note: Don't use Part III or Part III below for listed property. Instead, use Part V	<del></del>
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	
during the tax year. See instructions	
15 Property subject to section 168(f)(1) election	
16 Other depreciation (including ACRS)	
Part III MACRS Depreciation (Don't include listed property See instructions)	
Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2018	147
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 2018 Tax Year Using the General Depreciation System	
(b) Month and year (c) Basis for depreciation (d) Recovery	ciation deduction
19a 3-year property	
b 5-year property	
c 7-year property	
d 10-year property	
e 15-year property	-
f 20-year property	-
g 25-year property 25 yrs S/L	
h Residential rental 27.5 yrs MM S/L	
property 27 5 yrs MM S/L	
i Nonresidential real 39 yrs MM S/L	
property MM S/L	
Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System	
20a Class life	
b 12-year 12 yrs S/L	
c 30-year 30 yrs MM S/L	
d 40-year 40 yrs MM S/L	
Part IV Summary (See instructions.)	

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.

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

·	 	 4562	_

147

_	m 4562 (2018)			L:1				ماماما						<del></del>	Page 2
Lić	entertainme	operty (Include ent, recreation, o	r amusem	ent)									•	·	
	Note: For a 24b column	ny vehicle for wh s (a) through (c) of	ich you ar f Section A	e usin all of t	g the s Section	tandar B. and	d mileas Section	gerat Cıfa	e or dec policable	lucting	lease (	expens	e, comp	olete o	niy 24a
		Depreciation and									r passe	nger au	utomobil	 es )	
24	a Do you have evidence						res		24b If "\					Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	se Cos	(d) t or other t		(e) asis for depr usiness/inve use only	stment	(f) Recovery period	Met	(g) thod/ vention	Depr	(h) eciation luction	Elected	(i) section 179 cost
25	Special depreciation the tax year and us		qualified lis							L	1				
26	Property used mor					Se See	mstruct	10115	· · · · ·	<u></u>	. 25	L.,			
-	Troporty accounter	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		%					T			I		Ι	
_			<u> </u>	%										<u> </u>	
_	- · <del></del>		<del></del>	%						<del> </del>				-	
27	Property used 50%	or less in a qualif	ed business	use					·						
				%						S/L -				1	,
				%				7		S/L -					
				%						S/L -					
28	Add amounts in col	lumn (h), lines 25	through 27	Enter	here a	nd on li	ne 21, p	age 1			. 28	<u> </u>			
29	Add amounts in col	lumn (ı), line 26. E	nter here a	nd on	line 7, p	<u>age 1 .</u>	<u></u>	<u></u>	<u></u>	<u></u>	· · · · ·	<u></u>	. 29		
							on Use								
	nplete this section for													rovided	vehicles
ю у	our employees, first ans	swer the questions in	Section C to		<u> </u>			Compi							
					(a) ncle 1		(b) nicle 2	l ve	(c) ehicle 3		d) icle 4		( <b>e)</b> ncle 5		(f) icle 6
30	Total business/inve								<u> </u>						
31	Total commuting m	iles driven during	the year .			ļ									
32	Total other po	ersonal (nonco	· · ·												
33	Total miles driver														,
	lines 30 through 32	-			0		0		0		0		0		0
34	Was the vehicle	available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No_
	use during off-duty				ļ		<del>  </del>						<u> </u>	L	
35	Was the vehicle i		,					,					] .		
	than 5% owner or re	•			<u> </u>		<b>-</b>						ļ		ļ
36 	Is another vehicle use?														
	Sec	tion C - Questio	ns for Em	ploye	rs Who	Prov	ide Veh	icles	for Use	by Th	eir Em	ploye	es		
	wer these questions te than 5% owners o		•		eption t	o com	pleting	Section	on B for v	vehicles	sused	by em	ployees	who a	ren't
	Do you maintain a	written policy s	tatement t	hat pr										Yes	No_
38	your employees? Do you maintain a		tatement t	hat nr	ohihite	nersor	al use	of vel	hicles ex	 cent o	ommut	 Ina hi	····		<del>                                     </del>
	employees? See the														
39	Do you treat all use	of vehicles by em	ployees as	person	al use?		,00	, 0					• • • •		
40	Do you provide m	ore than five veh	nicles to vo	our en	nployee	s, obta	in infor	matio	n from y	our en	 nployee	s abou	ut the		
	use of the vehicles,	and retain the info	rmation re	ceived?	·										
41	Do you meet the red				omobile	demo	nstratio	n use?	' See inst	ructions	s				
	Note: If your answe		0, or 41 is '	Yes," c	lon't co	mplete	Section	B for	the cove	red veh	ucles				
Pa	rt VI Amortizati	on			,										
	(a) Description of	costs	(b) Date amorti begins		Am	(c) ortizable	amount		(d) Code sec	tion	(e) Amortiz period percen	ation for	Amortiza	(f) tion for th	ns year
42	Amortization of cost	ts that begins duri	ng your 20	8 tax	year (se	e instr	uctions)				,				
_					<u> </u>										
	<del></del>		· ·- ·-		<del>                                     </del>										
43	Amortization of cost	ts that began befo	re your 20	8 tax	year .							43			
44	Total. Add amounts	s in column (f) Se	e the instru	ctions	for whe	re to re	eport				[	44			

#### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19

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

un İ

99-0073524

Name of organization

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

O1(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

Employer Identification number

THE QUEEN'S MEDICAL CENTER

Unrelated business activity code (see instructions) ▶ 453998

Describe the unrelated trade or business ►MISC\_STORE\_RETAILERS

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 76,374.					7
b	Less returns and allowances c Balance ▶	1c	76,374.			
2	Cost of goods sold (Schedule A, line 7)	2				\ \strace{1}{2}
3	Gross profit Subtract line 2 from line 1c	3	76 <b>,</b> 374.			76,374.
4a	Capital gain net income (attach Schedule D)	4a				<u> </u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797), .	4b				
С	Capital loss deduction for trusts	4c_				
5	Income (loss) from a partnership or an S corporation (attach				•	
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7			•	
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)				-	
	organization (Schedule G)	9				1
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11		_		
12	Other income (See instructions, attach schedule)	12		-		
13	Total. Combine lines 3 through 12	13	76,374.			76,374.
14	Compensation of officers, directors, and trustees (Schedule K).				_	
15	Salaries and wages				1	
16	Repairs and maintenance				1	
17	Bad debts				1	
18	Interest (attach schedule) (see instructions)					
19	Taxes and licenses					<u> </u>
20	Charitable contributions (See instructions for limitation rules) .		1 1	• • • • • • • • •	20	ļ
21	Depreciation (attach Form 4562)			<del></del>	<b>∤</b> -	
22	Less depreciation claimed on Schedule A and elsewhere on retu				22b	
23	Depletion				23	<u> </u>
24	Contributions to deferred compensation plans					
25	Employee benefit programs					
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	46,000
28	Other deductions (attach schedule)				28	46,823.
29	Total deductions. Add lines 14 through 28				29	46,823.
30	Unrelated business taxable income before net operating lo				30	29,551.
31	Deduction for net operating loss arising in tax years be	-	•	•		
	Instructions)				31	00 552
32	Unrelated business taxable income Subtract line 31 from line 30	<u> </u>	<del> <u> </u></del>	<u> </u>	32	29,551.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

99-0073524

#### ATTACHMENT 7

SCHEDULE M - PART II - LINE 28 - TO	OTAL OTHER DEDUCTIONS
-------------------------------------	-----------------------

SUPPLIES 1,752.
PURCHASED SERVICES 41,768.
OTHER DIRECT EXPENSES 3,303.

PART II - LINE 28 - OTHER DEDUCTIONS

46,823.

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0887

(C) Net

Department of the Treasury

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30 .20 19

► 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).

(A) Income

Internal Revenue Service Name of organization

THE QUEEN'S MEDICAL CENTER

Part I Unrelated Trade or Business Income

Employer Identification number

99-0073524

(B) Expenses

Unrelated business activity code (see instructions) ▶ 811490 Describe the unrelated trade or business ▶ REPAIRS & MAINTENANCE SERVICES

			1			
1 a	Gross receipts or sales 154, 471.					
b	Less returns and allowances c Balance	1c	154,471.			, mr.
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	154,471.		:	154,471.
4a	Capital gain net income (attach Schedule D)	4a	<u> </u>	· ·		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<u> </u>			
С	Capital loss deduction for trusts	4c			,	
5	Income (loss) from a partnership or an S corporation (attach					1
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
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)					
	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)	12				
13	Total. Combine lines 3 through 12	13	154,471.			154,471.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the un	relate	ed business income )			
14	Compensation of officers, directors, and trustees (Schedule K)				$\overline{}$	124 070
15	Salaries and wages					134,970.
16	Repairs and maintenance				-	
17	Bad debts					
18	Interest (attach schedule) (see instructions)					
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		1 1		20	<del></del>
21	Depreciation (attach Form 4562)			1,007.		1 222
22	Less depreciation claimed on Schedule A and elsewhere on re			<del></del>	22b	1,007.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)			ATCH 8	28	32,271.

For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income Subtract line 31 from line 30 . . . . . . . . . . . .

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Schedule M (Form 990-T) 2018

30

168,248.

-13,777.

-13,777.

29

30

99-0073524

#### ATTACHMENT 8

SCHEDULE M - PART II - LIN	E 28 - TOTA	L OTHER	DEDUCTIONS
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SUPPLIES
PURCHASED SERVICES
OTHER DIRECT EXPENSES

8,747.

16,587.

6,937.

PART II - LINE 28 - OTHER DEDUCTIONS

32,271.

## Form **4562**

**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

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Business or activity to which this form relates

ldentifying number

1 H	E QUEEN'S MEDICAL CENTI	ER	811	490 - RE	PAIRS & MA	INTENANCE SE	RVICES	<u> </u>	99-0073524		
Pa	Note: If you have any li				you comp	olete Part I					
1	Maximum amount (see instructions)				· · · · · ·		]	1			
2	Total cost of section 179 property pl	aced in service (see in	structions)				[	2			
3	Threshold cost of section 179 prope							3			
4	Reduction in limitation. Subtract line	3 from line 2 If zero	or less, enter -0	)			[	4			
5	Dollar limitation for tax year Subtract line 4 fror separately, see instructions	n line 1 If zero or less, enter	-0- If marned filing	<u>.</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u> [</u>	5			
6	(a) Description	of property		(b) Cost (bu	isiness use onl	y) (c) Elect	ed cost		, ,		
									_ ^		
									<u></u>		
7											
8	Total elected cost of section 179 pro							8	<u> </u>		
9	Tentative deduction Enter the smaller							9_	<del> </del>		
10	Carryover of disallowed deduction fr							10	<del> </del>		
11	Business income limitation Enter th							11	<del></del>		
	Section 179 expense deduction Add							12	ļ		
	Carryover of disallowed deduction to			12	<u>▶ 13</u>				<u> </u>		
	e: Don't use Part II or Part III below fo										
	rt II Special Depreciation A		·			<del></del>		Inst	ructions)		
	Special depreciation allowance for										
	during the tax year See instructions.							14			
	Property subject to section 168(f)(1)							15	<del></del>		
Pal	rt    MACRS Depreciation (I	Jon't include listed	<u> </u>	ion A	lions )						
	MACRO deductions for social place							17	1,007		
18	MACRS deductions for assets place  If you are electing to group any a	assets placed in ser	vice during th	ne tax yea	ar into one	or more genera		/_	1,001		
	asset accounts, check here								<del></del>		
	Section B - Assets		(c) Basis for d			General Dep	reciati	on S	ystem		
	(a) Classification of property	(b) Month and year placed in	(business/inve	stment use	(d) Recovery period	(e) Convention	(f) Me	thod	(a) Description doduction		
19a		service		structions)					(g) Depreciation deduction		
b	3-year property	service		structions)					(g) Depreciation deduction		
	5-year property	service		structions)					(g) Depreciation deduction		
	5-year property 7-year property	1		Structions)					(g) Depreciation deduction		
d	5-year property 7-year property 10-year property	service		structions)					(g) Depreciation deduction		
d e	5-year property 7-year property 10-year property 15-year property	1		structions)					(g) Depreciation deduction		
е 	5-year property 7-year property 10-year property 15-year property 20-year property	1		structions					(g) Depreciation deduction		
d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	1		structions)	25 yrs		\$/1		(g) Depreciation deduction		
e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	1		structions)	27 5 yrs	MM	S/I		(g) Depreciation deduction		
d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	1		structions)	27 5 yrs 27 5 yrs	ММ	S/I	L	(g) Depreciation deduction		
d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real	1		structions)	27 5 yrs	MM	S/I S/I	L L	(g) Depreciation deduction		
d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property				27 5 yrs 27 5 yrs 39 yrs	MM MM	S/I S/I S/I				
d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P				27 5 yrs 27 5 yrs 39 yrs	MM MM	S/I S/I S/I precia	tion			
d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P				27 5 yrs 27 5 yrs 39 yrs Using the A	MM MM	S/I S/I S/I precia	tion			
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year	laced in Service D			27 5 yrs 27 5 yrs 39 yrs Using the A	MM MM MM Alternative De	S/I S/I S/I precia S/I	tion:			
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year	laced in Service D			27 5 yrs 27 5 yrs 39 yrs Using the A	MM MM Alternative De	S/I S/I S/I S/I S/I S/I	tion:			
d e f g h i 20a b c d	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year 40-year	laced in Service D			27 5 yrs 27 5 yrs 39 yrs Using the A	MM MM MM Alternative De	S/I S/I S/I precia S/I	tion:			
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year 40-year  **IV Summary (See instruction of the struction	laced in Service D	uring 2018 T		27 5 yrs 27 5 yrs 39 yrs Using the A	MM MM Alternative De	S/I S/I S/I S/I S/I S/I	tion:			
d e f g h i 20a b c d Par 21	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year 40-year t IV Summary (See instruction of the summary of	laced in Service D	uring 2018 T	ax Year	27 5 yrs 27 5 yrs 39 yrs  Using the A 12 yrs 30 yrs 40 yrs	MM MM Alternative De MM MM	S/II S/II S/II S/II S/II S/II	tion:			
d e f g h i 20a b c d Part 21 22	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year 40-year  **IV Summary (See instruction of the struction	ons.) ne 28	uring 2018 T	Tax Year	27 5 yrs 27 5 yrs 39 yrs  Using the A  12 yrs 30 yrs 40 yrs	MM MM Alternative De  MM MM MM	S/II S/II S/II Precia S/II S/II S/II	tion:			

Form 456		<del></del>										·		<del></del>	Page
Part V	entertainme	operty (Include ent, recreation, o	r amuseme	ent.)					s, certa		•		prope	•,	ed fo
	Note: For a 24b, column	ny vehicle for wh s (a) through (c) of	ich you are f Section A,	all of S	g the s Sectio <u>n</u>	tandar B, an <u>d</u>	rd mileac I Section	ge rat Cıfa	te or dec pplicable	ducting	lease	expens	e, com	olete o	nly 24a —
		Depreciation and					ee the in	struct	ions for li	mits fo	r passe	nger au	ıtomobil	es)	
24a Do	you have evidence	e to support the bus		ent use	claimed	2		No	24b If "	es," is	the evide	nce writ	ten?	Yes	No.
	(a) of property (list ehicles first)	(b) Date placed in service	(c) Business/ Investment us percentage	e Cost	(d) or other b		(e) Basis for depri business/inve use only	stment	(f) Recovery period	Met	g) hod/ rention	Depr	(h) eciation uction	Elected	(i) section 179 cost
		on allowance for ed more than 50%									. 25				
<b>26</b> Pro	perty used mor	e than 50% in a qi	ualified busin	ess us	e										
				%											
				<b>%</b>											
		<u> </u>		%										<u></u>	
27 Pro	perty used 50%	or less in a qualifi		$\overline{}$					1						
				% ./		-			<u> </u>	S/L -		<del> </del>		-	
				% %				_		S/L -				-	
28 Add	d amounts in co	lumn (h), lines 25	<u> </u>	<u> </u>	horo ar	nd on l	line 21 n	200 1	L		28	-			
29 Add	d amounts in co	lumn (i), line 26 E	nter here ar	nd on i	line 7. p	age 1	ιιι <del>ις</del> 21, μ	aye i				L	29		
							on Use			· · <u>· · ·</u>	<u> </u>	<u> </u>	<u>.,</u>		
Complete	e this section for	r vehicles used by								r," or r	elated p	erson	lf you p	rovided	vehicle
to your e	mployees, first an	swer the questions in	Section C to	see if y	ou mee	t an exc	ception to	compl	leting this	section	for those	vehicle	s		
					a)	1	(b)		(c)		d)		e)		(f)
		estment miles drive		Veh	icle 1	Ve	hicle 2	Ve	ehicle 3	Veh	icle 4	Veh	icle 5	Veh	icle 6
31 Tot	al commuting m	iles driven during	the year . [												
32 Tot	•	ersonal (nonco	٠, ١												
		n during the ye	i i		0		0		0		0		0		(
		available for	. г	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	-	hours?					<del></del>						ļ		<del> </del>
		used primarily by	,		}	ŀ									1
		elated person?					-								<u> </u>
		e available for	,											1	
use	990	ction C - Questio	ne for Em	nlovo	re Who	Prov	ida Veh	iclas	for Hea	by Th	air Fm	nlove		L	L
	these questions	s to determine if the related persons is	you meet a	n exce						-				who a	ren't
37 Do	you maintain a	written policy s	tatement th	at pro					vehicles,	ınclud	ing co	mmutin	g, by	Yes	No
38 Do	you maintain a	written policy s	tatement th	nat pro	ohibits	persor	nal use	of ve							
9 Do	vou treat all use	e instructions for v of vehicles by em	ninvese se n	o by co	יו הפט היהמומונ	5 OHICE	as, unec	.UIS, C	JI 170 Of F	noie ov	VIICIS		• • • •		<del></del>
io Do	vou provide m	ore than five veh	pictes to vo	ur em	nlovee:	 s obta	aın ınfori	natio	n from v	 our en	 nalovee	 s abou	it the		<b> </b>
		and retain the info							-		-				
		quirements concei				demo	onstration	use?	See inst	ructions	 S		• • • •		
Not	e: If your answe	er to 37, 38, 39, 40	0, or 41 is "	Yes," d	on't co	mplete	Section	B for	the cove	red veh	ıcles				
Part V	<b>Amortizati</b>	on													
	(a) Description of	costs	(b) Date amortiz begins	ation	Am	(c) nortizabl	) e amount		(d) Code sec	tion	(e) Amortiz period	ation	Amortiza	(f) tion for th	ns year
2 ^~	ortization of con	te that begins divin		Q tox	voor /co	o inch-	uctions)	L_			percen	tage	_		
∠ Am	UTUZALIDIT DI COS	ts that begins durii	ig your 201	o (ax	year (Se	e mstr	uctions)								
							<del></del>	+							
3 Am	ortization of cos	ts that began befo	re vour 201	8 tay	/ear							43			
4 Tota	al. Add amount	s in column (f). Se	e the instru	ctions	for whe	re to r	eport			• • • •		44			

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

THE QUEEN'S MEDICAL CENTER

06/30 , 20 19 For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, 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).

Name of organization

Employer identification number 99-0073524

Unrelated business activity code (see instructions) ▶ 531120 Describe the unrelated trade or business ► LESSOR (NONRESIDENTIAL)

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 122,593.					÷ , <b>2</b> <
b	Less returns and allowances c Balance ▶	1c	122,593.			
2	Cost of goods sold (Schedule A, line 7)	2				31 V
3	Gross profit Subtract line 2 from line 1c	3	122,593.			122,593.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach			,		
	statement)	5			•	·
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E),	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	88				
9	Investment income of a section 501(c)(7), (9), or (17)					
	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)	12				
13	Total. Combine lines 3 through 12	13	122,593.			122,593.
44	deductions must be directly connected with the unre		<del></del>	<del></del>	T 44	<del> </del>
14	Compensation of officers, directors, and trustees (Schedule K).					
15	Salaries and wages				15	
16 47	Repairs and maintenance				16	
17 40	Bad debts				17	
18 19	Interest (attach schedule) (see instructions)	-			18_	
19 20	Taxes and licenses				19	<del> </del>
21	Depreciation (attach Form 4562)		1 1		20	
22	Less depreciation claimed on Schedule A and elsewhere on retu				22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	<del></del>
26	Excess exempt expenses (Schedule I).				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	-
29	Total deductions. Add lines 14 through 28				29	
30	Unrelated business taxable income before net operating to				30	122,593.
31	Deduction for net operating loss arising in tax years b	egini	ning on or after January	/ 1, 2018 (see		
	instructions),				31	
32	Unrelated business taxable income Subtract line 31 from line 3	ο	<u></u>	<u> </u>	32	122,593.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{}{}$ 06/30 , 20 19 ► Go to www.irs.gov/Form990T for instructions and the latest information.

(B) Expenses

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

1 c

(A) Income

3,711,762

(C) Net

Name of organization THE QUEEN'S MEDICAL CENTER

1a Gross receipts or sales

b Less returns and allowances

Part I Unrelated Trade or Business Income

Cost of goods sold (Schedule A, line 7). . . .

Employer Identification number 99-0073524

Unrelated business activity code (see instructions) ▶ 621511

Describe the unrelated trade or business MEDICAL LABORATORIES

3,711,762.

c Balance

-	Cost of goods sold (concusion, line 1)				<del></del>
3	Gross profit Subtract line 2 from line 1c	3	3,711,762.		3,711,762.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	Γ		.,'	
	statement)	_ 5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
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)				
	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)	12			
13	Total. Combine lines 3 through 12	13	3,711,762.		3,711,762.
15 16 17	Salaries and wages			. 16	2,703,475.
17	Bad debts				
18	Interest (attach schedule) (see instructions)			. 18	
19	Taxes and licenses			. 19	
20	Charitable contributions (See instructions for limitation rules)		1 1		
21	Depreciation (attach Form 4562)		21 100,329	<u>'</u>	_
22	Less depreciation claimed on Schedule A and elsewhere on re-	eturn	22a	22b	100,329.
23	Depletion				
24	Contributions to deferred compensation plans			. 24	
25	Employee benefit programs			. 25	
26	Excess exempt expenses (Schedule I)				
27	Excess readership costs (Schedule J)			. 27	
28	Other deductions (attach schedule)				1,147,507.
29	Total deductions. Add lines 14 through 28			. 29	3,951,311.
30	Unrelated business taxable income before net operating	ioss	deduction Subtract line 29 from line 13	30	-239,549.
31	Deduction for net operating loss arising in tax years	begin	nning on or after January 1, 2018 (see	·	
	instructions),				
32	Unrelated business taxable income. Subtract line 31 from line	30 .	<u></u>	. 32	-239,549.
For Pa	nerwork Reduction Act Notice, see instructions			S	chedule M (Form 990-T) 2018

Schedule M (Form 990-T) 2018

99-0073524

#### ATTACHMENT 9

SUPPLIES	850,620.
PURCHASED SERVICES	243,607.
OTHER DIRECT EXPENSES	23,166.
RENTAL BUILDING & EQPT	28,912.
UTILITIES	1,202.

PART II - LINE 28 - OTHER DEDUCTIONS

1,147,507.

### 4562

#### **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 Identifying number

Department of the Treasury Internal Revenue Service Business or activity to which this form relates Name(s) shown on return THE QUEEN'S MEDICAL CENTER 621511 - MEDICAL LABORATORIES 99-0073524 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 1 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 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 lf zero or less enter -0. If marned filing separately, see instructions 6 (a) Description of property 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . . . Tentative deduction Enter the smaller of line 5 or line 8 . . . . . . . . . 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11... 12 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 . . 13 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.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property See instructions) 100,329 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 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only - see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs мм h Residential rental S/L 27 5 yrs ММ property 39 yrs мм S/L i Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L

Part IV Summary (See instructions.)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 100,329 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

ММ

мм

30 yrs

40 yrs

S/L

S/L

c 30-year

d 40-year

For	m 4562 (2018)														Page 2
P		perty (Include			certa	ın otl	her ve	hicle	s, certa	ın aıı	craft,	and	prope	rty us	ed fo
		ent, recreation, o		•	a tha c	tondor	d milan	ao ra	to or doc	lucting	laasa	04000	o com	olote o	nly 242
	24b, column	ny vehicle for wh s (a) through (c) of	f Section A	e usin	Section	B, and	Section	ge ra⊪ C⊪fa	ie or dec ipplicable	lucting	lease	expens	e, comp	JIELE O	111y 24a
		Depreciation and									r passe	nger a	utomobil	es)	
24	a Do you have evidence	e to support the bus	iness/investr	nent us	e claimed	15 ,	Yes	No	24b If "	es," is	the evide	nce wri	tten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(	(g)		(h)		(1)
_	Type of property (list vehicles first)	Date placed in service	Business/ investment u percentage		t or other I		asis for depi ousiness/invi use only	estment	Recovery period		hod/ rention		reciation fuction		section 179 cost
25															
	the tax year and us					se See	instruct	tions		<u></u>	. 25	<u>1                                    </u>			
26	Property used more	e than 50% in a qu	ualified busi		<u>se</u>							1		, — · · ·	
				%					ļ	ļ		<del> </del>		<b>.</b>	
_				%						ļ		<del> </del>		<u> </u>	
27	Brongthy upped 50%		<u> </u>	%	_					L		L		<u> </u>	
27	Property used 50%	or less in a quaim	ea busines:	s use					<del></del>	C/I		, –		7 -	
_				%						S/L -		<del> </del>		-	
_		<del></del>		%			<del></del>			S/L -		<del> </del> -		1	
28	Add amounts in col	umn (h) lines 25 (	hrough 27		here a	nd on li	ına 21 r	200 1			28	<del>                                     </del>		1	
	Add amounts in col											L	. 29	_	
		(7)					on Use			<del></del>	· · · · ·	· · · · ·	. 1 = 0	<u></u>	
Cor	nplete this section for	vehicles used by								r." or r	elated r	erson	If you p	rovided	vehicles
	our employees, first ans														
					(a)	1	(b)		(c)		d)		(e)		(f)
30	Total business/inve	stment miles drive	en durina	Vel	nicle 1	Vel	hicle 2	\ v	ehicle 3	Veh	icle 4	Vel	nicle 5	Veh	ıcle 6
	the year (don't inclu														
31	Total commuting ma	iles driven during	the year .											_	
32	Total other pe	ersonal (noncor	mmuting)					ĺ						1	
	miles driven							1				<u> </u>		ļ	
33	Total miles driver				•				0		^		0		_
	lines 30 through 32			- :-	0	ļ.,	<del>0</del>	<u> </u>	0		0		<del>0</del>		1
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty l					_	<del> </del>					<del> </del>	<del> </del>	<del> </del> -	
35	Was the vehicle u											i			
26	than 5% owner or reals another vehicle				<del> </del>		<del>                                     </del>		+			<del> </del>	<del> </del> -		_
30	use?												1		
	Sec	tion C - Questio	ns for Em	nlove	rs Who	Prov	ide Veh	icles	for Use	hv Th	eir Fm	plove	es	l	
Ans	swer these questions									-				who a	ren't
	re than 5% owners or										_	.,	,,		
37	Do you maintain a	written policy s	tatement t	hat pr	ohibits	all per	sonal us	se of	vehicles.	ınclud	lina co	mmutir	na. by	Yes	No
	your employees?														
38	Do you maintain a	written policy s	tatement t	hat pr	ohibits	persor	nal use	ot ve	hicles, ex	cept c	ommut	ing, by	y your		
	employees? See the	instructions for v	ehicles use	ed by c	orporat	e office	ers, direc	tors, d	or 1% or r	nore ov	vners				
39	•	of vehicles by emi	ployees as	person	al use?								]	ļ	ļ
40	- /		-			s, obta	ain infor	matio	n from y	our en	nployee	s abo	ut the		
	use of the vehicles,	and retain the into	rmation re	ceived											
41	Do you meet the red	quirements concer	ning qualit	ied aut	lomobile	e demo	nstratio	n use	See inst	ructions	5				
Da	Note: If your answe		J, 01 41 IS	res, c	ion ( co	mpiete	Section	D 101	the cove	reu ver	licies	<del></del>			
ιē	rt VI Amortization	110						<del></del>			(e)				
	(a) Description of	costs	(b) Date amort		Am	(c) nortizable	e amount		(d) Code sec	tion	Amortiz	ation	Amortiza	(f) tion for th	nıs year
4.0	A	- 4b - 4 b -	begins		l						percen	tage			
42	Amortization of cost	s that begins durir	ng your 20	18 tax	year (se	e instr	uctions)					<del></del>			
42	Amortization of cont	to that have here	ro vous 20:	10 +	L			Щ.				42			
+3 44	Amortization of cost Total. Add amounts	s mai began beto sin column (f). Se	ie your 20' e the instri	io (ax) Ictione	year for whe		eport				• • • •	44			
-	rotali riaa ailioalita	,	0 1110 1110111		10. 1111							77			

#### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{06/30}{}$  , 20  $\frac{19}{}$ 

▶ 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

Name of organization

THE QUEEN'S MEDICAL CENTER

Employer identification number 99-0073524

Unrelated business activity code (see instructions) ► 813910

Describe the unrelated trade or business ► INTEGRATED PHYSICIAN NETWORK PAYMENTS

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 4,141,953.					1; 71
b	Less returns and allowances c Balance	1c	4,141,953.			- '
2	Cost of goods sold (Schedule A, line 7)	2				43127
3	Gross profit Subtract line 2 from line 1c	3	4,141,953.			4,141,953.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach				F	
	statement)	5			Ť	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
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)					
	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)	12				
13	Total. Combine lines 3 through 12	13	4,141,953.			4,141,953.
Par	deductions must be directly connected with the ur	relate	ed business income )			tions,
14	Compensation of officers, directors, and trustees (Schedule K)					3,516,601.
15	Salaries and wages					3,310,001.
16	Repairs and maintenance				1 .	
17 18	Bad debts					
19	Interest (attach schedule) (see instructions)					
20	Taxes and licenses				19 20	<del></del>
21	Depreciation (attach Form 4562)				20	<del></del>
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	
23			· · · · · · · · · · · · · · · · · · ·		23	
24	Depletion					<del></del>
25					25	
26	Employee benefit programs				26	<del></del>
27					27	<del></del>
28	Excess readership costs (Schedule J)					3,816,026.
28 29					28	7,332,627.
30	Total deductions. Add lines 14 through 28				30	-3,190,674.
	Unrelated business taxable income before net operating				30	3,130,074.
31	Deduction for net operating loss arising in tax years	pegini	iing on or after Januar	y i, ∠∪1δ (see		·

For Paperwork Reduction Act Notice, see Instructions

Unrelated business taxable income Subtract line 31 from line 30.

Schedule M (Form 990-T) 2018

-3,190,674.

99-0073524

ATTACHMENT 10

SCHEDULE M -	PART II	- LINE	28 -	TOTAL	OTHER	DEDUCTIONS
--------------	---------	--------	------	-------	-------	------------

PROFESSIONAL FEES	969,447.
EMPLOYEE BENEFITS	773,461.
PURCHASED SERVICES	457,143.
OTHER DIRECT EXPENSES	340,056.
INSURANCE	80,957.
OVERHEAD	1,194,962.

PART II - LINE 28 - OTHER DEDUCTIONS

3,816,026.

#### FORM 990-T, PART 111, LINE 35 - NET OPERATING LOSS ARISING IN TAXABLE YEARS BEGINNING BEFORE JANUARY 1, 2018

CARRYOVER NOT UTILIZED	AMOUNT UTILIZED IN 6/30/19	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT GENERATED	FISCAL YEAR ENDED
-	96,678	96,678	-	-	6/30/2013
-	9,668	9,668	-	-	6/30/2014
555,679	132,415	-	_	688,094	6/30/2015
999,492	_	_	_	999,492	6/30/2016
173,541	_	-	-	173,541	6/30/2017
3,793,557	_		_	* 3,793,557	6/30/2018
23,876	-	23,876	-	· · · -	6/30/2019
5,546,145	238,761	130, 222	<del></del>	5,654,684	TOTAL -

TOTAL	CARRYFORWARD	TO	NEXT	YEAR	5,546,145

<sup>\*</sup> PURSUANT TO SECTION 302 OF THE NEWLY "ENACTED TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019", THE NET OPERATING LOSS ("NOL") GENERATED FOR FISCAL YEAR ENDED JUNE 30, 2018 HAS BEEN ADJUSTED TO REMOVE IRC SECTION 512(A) (7) QUALIFIED TRANSPORTATION FRINGE BENEFITS THAT WERE INCLUDED AS UNRELATED BUSINESS INCOME ON THE JUNE 30, 2018 FORM 990-T

561612 - SECURITY GUARD SERVICES

#### SCHEDULE M, PART II, LINE 31 - NET OPERATING LOSS DEDUCTION

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN 6/30/19	CARRYOVER NOT UTILIZED
6/30/2019	104,754	-	-	-	104,754
TOTAL	104,754				104,754
			TOTAL CARRYFORW	ARD TO NEXT YEAR	104,754

811490 - REPAIRS & MAINTENANCE SERVICES

#### SCHEDULE M. PART II. LINE 31 - NET OPERATING LOSS DEDUCTION

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN 6/30/19	CARRYOVER NOT UTILIZED
6/30/2019	13,777	-	-	-	13,777
TOTAL	13,777				13,777
			TOTAL CARRYFORWA	ARD TO NEXT YEAR	13,777

621511 - MEDICAL LABORATORIES

#### SCHEDULE M. PART II. LINE 31 - NET OPERATING LOSS DEDUCTION

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN 6/30/19	CARRYOVER NOT UTILIZED
6/30/2019	239,549	-	-	-	239,549
TOTAL	239,549			<u> </u>	239,549
			TOTAL CARRYFORWA	RD TO NEXT YEAR	239,549

813910 - INTEGRATED PHYSICIAN NETWORK PAYMENTS

#### SCHEDULE M, PART\_II, LINE 31 - NET OPERATING LOSS DEDUCTION

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN 6/30/19	CARRYOVER NOT UTILIZED
6/30/2019	3,190,674	-	-	-	3,190,674
TOTAL	3,190,674				3,190,674
			TOTAL CARRYFORWA	ARD TO NEXT YEAR	3,190,674

#### FORM 990-T, PART II, LINE 20 - CHARITABLE CONTRIBUTIONS

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED TO NOL CARRYOVER	AMOUNT UTILIZED IN CURRENT YEAR	CARRYOVER NOT UTILIZED
6/30/2015	2,185,011	_	_	_	2,185,011
6/30/2016	1,978,956	-	-	-	1,978,956
6/30/2017	2,621,913	_	-	-	2,621,913
6/30/2018	3,156,651	_	=	=	3,156,651
6/30/2019	3,267,860	-	* 23,876	-	3,243,984
TOTAL	13,210,391		23,876		13,186,515
		TOTA	L CARRIED FORWARI	D TO NEXT YEAR	13,186,515

<sup>\*</sup> Charitable contributions converted to Net Operating Loss (NOL) pursuant to IRC Section 170(d)(2)(B)(ii)

EIN: 99-0073524 Tax Year Ending 06/30/2019

#### Section 1.263(a)-1(f) de minimis safe harbor election statement

Taxpayer Name: The Queen's Medical Center ("Taxpayer")
Taxpayer Address: 1301 Punchbowl Street, Honolulu, HI 96813

EIN: 99-0073524

The above-referenced Taxpayer is making the de minimis safe harbor election under Section 1.263(a)-1(f) for its tax year ending 06/30/2019.

EIN: 99-0073524 Tax Year Ending 06/30/2019

#### Section 1.263(a)-3(n) Election Statement

Taxpayer Name: The Queen's Medical Center ("Taxpayer")
Taxpayer Address: 1301 Punchbowl Street, Honolulu, HI 96813

EIN: 99-0073524

The above-referenced Taxpayer is making the election to capitalize repair and maintenance costs under Section 1.263(a)-3(n) for its tax year ending 06/30/2019.