3971EK 2020

り PAGE 2

Pa	rt III Total Unrelated Business Taxable Income			
, 32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1		
	instructions)	32	795,	424.
33				_
34	Amounts paid for disallowed fringes	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			
- •	34 from the sum of lines 32 and 33	35	795,	424.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		<u>-</u>	
•	instructions)	36	795.	424.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
		38	1.	000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	100		
39	Unrelated business taxable Income. Subtract line 38 from line 37 If line 38 is greater than line 37,			0.
	enter the smaller of zero or line 37	39		
	rt IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)			
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	44		
<u>45</u>	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
\ Pa	rt V Tax and Payments			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
` t	Other credits (see instructions)			
c	General business credit Attach Form 3800 (see instructions)			
c	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).			
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
	Payments A 2018 overpayment credited to 2019	-		
U 1 6	2019 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)	}		
ξ				
**	Form 4136 Other Total ▶ 51g	ا م	441	601.
52	Total payments. Add lines 51a through 51g	52 <u>.</u>	441,	001.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	441	601
\ 55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	441,	601.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax > 441,601. Refunded >	56		
	rt VI Statements Regarding Certain Activities and Other Information (see instructions			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or			No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	ay have t	o file	1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign c	ountry	
	here >			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?		X_
	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			<u> </u>
	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the bitrue coffect and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my kr	nowledge and be	olief it is
Sig		u the IPS	discuss this	return
He		•	parer shown	
		e instructions)		No
	Print/Type preparer's name Preparer's signature Date Check		PTIN	
Pai	JOCELYNE MILLER JOCELYNE C. Miller 5/4/21 self-e	mployed	P0063437	78
	parer Fum's name FRNST & YOUNG II S. LLP		4-6565596	
Use			-535-7200	

Form 990-T (2019)	1112 Q0		0010710 0				99 0070024	Page 3
Schedule A - Cost of Go	oods Sold. Er	nter method	d of invento	ry valuation	>			
1 Inventory at beginning of y		1				ar	6	
2 Purchases	2					ld. Subtract line	r=4m 3	
3 Cost of labor	3			6 from lii	ne 5 Enter	here and in Part		
4a Additional section 263A co	osts			I, line 2 .			7	
(attach schedule)	4a					section 263A (v	vith respect to	Yes No
b Other costs (attach schedu	ile) . 4b					or acquired for		
5 Total. Add lines 1 through				to the orga	anization? .	·		A/N
Schedule C - Rent Income	e (From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Prope	rty)	
(see instructions)		<u></u>			 -			
1. Description of property						· <u></u>		
(1)				 		<u></u>		
(2)								
(3)								
(4)	2. Rent recei	ved or accru			 	Γ		
(2) From 201-201 200-241 (44)					/d the	atal Dadwahana di		·
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	age of rent for	personal property personal property pased on profit or	exceeds		rectly connected with (a) and 2(b) (attach sch	
(1)				· · · · · · · · · · · · · · · · · · ·				
(2)			·					
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	, ,					(b) Total deduction Enter here and on Part I, line 6, colur	page 1,	
Schedule E - Unrelated De			e instructio	ns)				
			2. Gross in	ncome from or	3. [Deductions directly cor debt-finance		e to
1. Description of deb	ot-financed property		1	debt-financed operty	(a) Straigl	nt line depreciation	(b) Other deduc	ctions
			pro-		(atta	ch schedule)	(attach sched	ule)
(1)								
(2)			ļ					
(3)								
4. Amount of purpose	E Averse edu	ated bears	ļ					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju- of or alloca debt-financed (attach sche	ble to property	4 d	Column Ivided olumn 5		income reportable n 2 x column 6)	8. Allocable ded (column 6 x total o 3(a) and 3(b	f columns
(1)				%				
(2)				%				
(3)				<u>%</u>				
(4)				%				
Totals					Enter her Part I, lin	e and on page 1, le 7, column (A)	Enter here and or Part I, line 7, colu	
Total dividends-received deducti	· · · · · · · · · · · · · · · · · · ·	olumn 8						

Form 990-T (2019)

Form 990-T (2019)	THE QUEE										073524	Page 4
Schedule F - Interest, Ann	uities, Royaltie						zations	(see	instruction	ons)		
Name of controlled organization	2. Employer identification numb	er 3. No	et unre	ontrolled Organizated income instructions)	4. Total		fied inc	5. Part of column 4 that is included in the controlling organization's gross income			connected with inco	
(1)												
(2)												
(3)					ļ							
(4)			·		<u> </u>						L	
Nonexempt Controlled Organia 7. Taxable Income	8. Net unrelated in	come		Total of specific			Part of co				1. Deductions di	
	(loss) (see instruct	tions)	F	payments made			anization's				column 10	
(1)	·				-							
(2)								_				
(3)					,	 						
Tabela					.	En	dd colum ter here a irt I, line 8	nd on p	age 1,	En	dd columns 6 and ter here and on pa art I, line 8, colum	age 1,
Schedule G-Investment In) Orga	nizati	on (see	ınstı	ructions)			
1. Description of income	2. Amount of			3. Deduc directly con (attach sch	tions inected			4. Set-	asides schedule)		5. Total deduction and set-asides plus col 4	(col 3
<u>(1)</u>	 	·	 	(4112011-0011								' ——
(2)												
(3)			1									
(4)												
	Enter here and o Part I, line 9, co					: ,	•				Enter here and on page Part I, line 9, column (E	
Totals									-			
Schedule I-Exploited Exe	mpt Activity Inc	come, Oth	er Th	an Adverti	sing Ir	ncome	(see ii	nstruc	tions)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelated business income	v with n of id	4. Net incomfrom unrelation business 2 minus collif a gain, cc cols 5 thro	ed trade (column umn 3) ompute	from	ross incor activity t ot unrelati ness incor	hat ed	6. Exper attributal column	ble to	7. Excess e expens (column 6, 1 more th column	es minus but not ian
<u>(1)</u>				· ·								
(2)						<u> </u>		-				
(3)												
(4)												
7-1-1-	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	irt I,		-		•			,	Enter here on page Part II, line	1,
Totals ▶ Schedule J- Advertising In	Come (see instri	ictions)										
Part I Income From Per			nsoi	idated Bas	is						 -	
Tare modification and	Calcals (Cport	ca on a ot	711301	lauted Bus						_		
1. Name of periodical	2. Gross advertising income	3. Direct advertising of		4. Adverting gain or (loss 2 minus con a gain, cor cols 5 thro	s) (col i 3) If npute	1	5. Circulation 6. Readershij costs		•	7. Excess reaccests (columinus columinus colum	ımn 6 ın 5, but than	
(1)					7						 	
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))			_	<u> </u>							Form 990-	T (2040)

(3)

(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.) 7. Excess readership 4. Advertising costs (column 6 gain or (loss) (col 2. Gross 3. Direct 5. Circulation 6. Readership minus column 5, but 2 minus col 3) If 1. Name of periodical advertising costs advertising costs income not more than a gain, compute ıncome column 4) cols 5 through 7 (1)(2) (3) <u>(4)</u> Totals from Part I. ₹, ; Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, line 11 col (A) line 11, col (B) Part II, line 26 Totals, Part II (lines 1-5) . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 2. Title time devoted to unrelated business business (1) % (2) %

Form 990-T (2019)

%

%

NAME AND FEIN OF PARENT CORPORATION

THE QUEEN'S HEALTH SYSTEMS 99-0238120

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

COLONY INVESTORS III, LP	-6,179.
COMMONFUND CAPITAL EMERGING MARKETS 2013, LP	-796.
COMMONFUND CAPITAL VENTURE PARTNERS XI, LP	75,438.
COMMONFUND CAPITAL US PRIVATE EQUITY PARTNERS IX	547,412.
SSGA MSCI ECTF (MSCI EAFE INDEX NL QP CTF)	357.

INCOME (LOSS) FROM PARTNERSHIPS

616,232.

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

2,950.

PART II - LINE 27 - OTHER DEDUCTIONS

2,950.

SCHEDULE M · (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

06/30 .20 20 .

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/

► 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 the organization	ì
--------------------------	---

THE QUEEN'S MEDICAL CENTER

Employer identification number 99-0073524

Unrelated Business Activity Code (see instructions) ▶ 56

Describe the unrelated trade or business ▶ SECURITY GUARD SERVICES

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 486,878.				······································
	Less returns and allowances C Balance	1c	486,878.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	486,878.		486,878
4 a	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		4.	
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			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12		, ,,	
3	Total. Combine lines 3 through 12	13	486,878.		486,878

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	461,611.
16	Repairs and maintenance	1 1	
17	Bad debts	1	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	3,988.
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)	1 1	
27	Other deductions (attach schedule)	27	61,879.
28	Total deductions. Add lines 14 through 27	28	527,478.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-40,600.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	((
31	Unrelated business taxable income Subtract line 30 from line 29		-40,600.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ATTACHMENT	4	 _

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES	3,698.
PURCHASED SERVICES	7,741.
OTHER DIRECT EXPENSES	47,459.
UTILITIES	2,981.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

61 879

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

Department of the Treasury Internal Revenue Service

Business or activity to which this form relates ldentifying number Name(s) shown on return THE QUEEN'S MEDICAL CENTER 56 - SECURITY GUARD SERVICES 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) 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 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . . Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property See instructions) 3,988 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property placed in (business/investment use period only - see instructions) 19a 3-year property 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 MM h Residential rental 27 5 yrs. MM S/L property MM S/L 39 yrs i Nonresidential real MM S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 30-year 30 yrs ММ S/I d 40-year ММ 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 3,988 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

Forr	m 4562 (2019)														Page
_	art V Listed Pro	perty (Include			certai	n oth	ner ve	hicles	s, certa	in air	craft,	and	prope	ty us	ed f
	Note: For a	ent, recreation, o ny vehicle for wh s (a) through (c) of	ich you an	e usin	g the s	tandaro	d mileag	ge rat Cufa	te or dec	lucting	lease 6	expens	se, comp	olete o	nly 24
		Depreciation and									r passe	nger a	utomobil	es)	
24	Do you have evidence						res		24b If "					Yes	N
	(a) Type of property (list vehicles first)	(b) Date placed In service	(c) Business/ investment us	se Cost	(d) or other b		(e) asis for depr usiness/inve	estment	(f) Recovery period	Met	g) thod/ rention		(h) reciation duction	Elected	(i) section 17 cost
 25	Special depreciation							/ice d	uring	L					
26	the tax year and use					se See	instruct	tions		<u></u>	. 25			<u> </u>	
				%											
				%										<u> </u>	
	D		<u> </u>	%					L	<u></u>		l		L	
27	Property used 50%	or less in a qualiti		use					ı ———	S/L -				Τ	
				%	-	-				S/L -		-		1	
	-			%	-	-+			 	S/L -				†	
 28	Add amounts in col	lumn (h) lines 25	L	<u> </u>	here ar	nd on li	ne 21. c	age 1	L	L	. 28	-		1	
	Add amounts in col												. 29		
							on Use								
	nplete this section for													rovided	vehick
to y	our employees, first ans	swer the questions in	Section C to	see if	you mee	t an exc	eption to	compl	leting this	section	for those	vehicle	es 		
					a) nde 1		(b) nicle 2	\ \/a	(c) shicle 3		d) icle 4	\ \/a	(e) hicle 5		(f) nde 6
30	Total business/inve			V 61		761				Ven		V		Ven	
31	Total commuting m	iles driven during	the year .			<u> </u>		<u> </u>						ļ <u> </u>	
32	Total other permites driven	ersonal (nonco	mmuting)												
33	Total miles driver		ear Add												
	lines 30 through 32	2			0		0	ļ	0		0		0	<u> </u>	
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty					<u> </u>	<u> </u>				ļ		 	 -	
35	Was the vehicle u				}		Ì								
20	than 5% owner or re	·	li di		 		 					 	 	 	+-
36	ls another vehicle														
		ction C - Questic		ploye	rs Who	Prov	ide Vel	nicles	for Use	by Th	eir Em	ploye	es		
	swer these questions				eption t	to com	pleting	Section	on B for	vehicle	s used	by em	ployees	who a	ren't
	re than 5% owners o														T
37	Do you maintain a												ng, by	Yes	No
30	your employees? Do you maintain a		totomont t	 hat pr				of vo	hiclos o	· · · ·	· · · ·			<u> </u>	+-
J 0	employees? See the			•		-						ing, b	y your		
39	Do you treat all use				•							• • • •	• • • •		
	Do you provide m								n from v			s abo	out the		
	use of the vehicles,					•									
41	Do you meet the re-						nstratio	n use'	? See inst	ruction	s				
Pa	rt VI Amortizati		0, 01 41 10	100, 1	3011 (00	p.o.co	0000.01	101	110 0010		110.00				
	(a) Description of		(b) Date amorti		Am	(C)	e amount		(d) Code se	ction	(e Amorti;	zation	Amortiza	(f)	his vear
	<u></u>		begins			_	_				percer				
42	Amortization of cos	ts that begins duri	ng your 20	19 tax	year (se	e instr	uctions)					· · ·			
								-+							
	Amortization of ac-	to that bases before	ro veus 00:	10 400	L				 _		L	- - 			
	Amortization of cos Total. Add amount					ore to re	enort					43			
	- Julian Add annount	5 in Column (1) 36	uie iiisut		TOT WITE	10 10 10	CPOIL .	• • • •	<u> </u>		<u>. ,</u>	44		- 456	2 (00 ::

SCHEDULE M · (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending

06/30 20 20

► Go to www.irs.gov/Form9907 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 the organization

THE QUEEN'S MEDICAL CENTER

Employer Identification number 99-0073524

Unrelated Business Activity Code (see instructions) ▶ 81 Describe the unrelated trade or business ▶ PARKING & REPAIRS AND MAINTENANCE

Pai	tI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 258, 698.				
b	Less returns and allowances C Balance	1c	258,698.	•	
2	Cost of goods sold (Schedule A, line 7)				
3	Gross profit Subtract line 2 from line 1c	3	258,698.		258,698
4 a	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				
5	Income (loss) from a partnership or an S corporation (attach			•	
	statement)	5			
6	Rent income (Schedule C)				
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			
0	Exploited exempt activity income (Schedule I)				
1	Advertising income (Schedule J)				
2	Other income (See instructions, attach schedule)				
13	Total. Combine lines 3 through 12		258,698.		258,698

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	163,692.
16	Repairs and maintenance	!!	
17	Bad debts	f = 1 =	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	1,156.
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)		
27	Other deductions (attach schedule)	27	128,319.
28	Total deductions. Add lines 14 through 27	28	293,167.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-34,469.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-34,469.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ATTACHMENT	5	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES	88,434.
OTHER DIRECT EXPENSES	28,557.
UTILITIES	2,582.
SUPPLIES	8,746.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

128.319

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 20**19**

Attachment Sequence No 179

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

Business or activity to which this form relates

1441116(3) 311	Own on lettin		Dusi	iless or acti	vity to writer th	is ionn relates		identifying number
THE QU	EEN'S MEDICAL CENTI	ER	81 -	PARKING	& REPAIRS	AND MAINTENA	ANCE	99-0073524
Part I	Election To Expense C	ertain Property I	Jnder Sect	ion 179				· · · · · · · · · · · · · · · · · · ·
	Note: If you have any lis				you comp	olete Part I.		
1 Maxir	num amount (see instructions).						1	
	cost of section 179 property pla							
3 Thres	shold cost of section 179 proper	rty before reduction i	n limitation (se	e instructio	ns)		3	
4 Redu	ction in limitation. Subtract line	3 from line 2 If zero o	r less, enter -(D			4	
5 Dollar i separat	limitation for tax year Subtract line 4 from tely, see instructions	line 1 If zero or less, enter	-0- If marned filing	·	<u> </u>	<u></u> <u></u>	5	
6	(a) Description	of property		(b) Cost (bu	isiness use onl	y) (c) Elect	ed cost	
	d property Enter the amount fro							
8 Total	elected cost of section 179 pro	perty. Add amounts i	n column (c), i	lines 6 and	7		8	
	itive deduction. Enter the smalle							
10 Carry	over of disallowed deduction fro	om line 13 of your 20	18 Form 4562				10	
	ess income limitation. Enter the							
12 Section	on 179 expense deduction Add	lines 9 and 10, but of	don't enter mo	ore than line	: 11 <u></u>	 	<u> 12</u>	
13 Carry	over of disallowed deduction to	2020 Add lines 9 ar	nd 10, less line	12	▶ 13			** , *
Note: Don	't use Part II or Part III below fo					 		
Part II	Special Depreciation A	llowance and Ot	her Deprec	iation (D	on't include	listed proper	ty See inst	ructions)
14 Speci	al depreciation allowance fo	r qualified property	y (other tha	n listed	property) pl	aced in servic	e	
	g the tax year See instructions.							<u> </u>
	erty subject to section 168(f)(1)							
	depreciation (including ACRS)					<u> </u>	<u></u> 16	
Part III	MACRS Depreciation (Oon't include listed	·		tions)			
		. 	Sect	tion A				·
	RS deductions for assets placed							1,156
-	u are electing to group any a	•	_	-		_	<u>al</u> .	
asset	accounts, check here							
	Section B - Assets		(c) Basis for			General Dep	reciation Sy	/stem
(a) Classification of property	(b) Month and year placed in	(business/inv	estment use	(d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
192 3-40	ear property	service	only - see in	structions)			 	
	ar property	 						
	ear property						 	
<u>_</u>	ar property							
	ar property	· .					 -	
 _	ar property	-						
	ar property				25 yrs		S/L	
	ential rental	 			27 5 yrs	MM	S/L	
prope					27 5 yrs	MM	S/L	
	- ' · · ·				39 yrs.	MM	S/L	
prope	esidential real rtv		·		00 310.	MM	S/L	
ргорс	Section C - Assets P	laced in Service D	uring 2019	Tay Year	Using the		<u> </u>	System
20a Class			dring 2010	100		THE THE THE TENT	S/L	
b 12-yea					12 yrs		S/L	
c 30-yea					30 yrs	ММ	S/L	
d 40-yea					40 yrs	MM	S/L	
	Summary (See instruction	ons.)						
	property Enter amount from lin						21	
	Add amounts from line 12,			nd 20 in (column (a)	and line 21 E	· · ·	
	and on the appropriate lines of ye	-						1,156
	ssets shown above and place					1	_ · L.,	
	n of the basis attributable to se				23			•

For	n 4562 (2019)															Page 2
Pa		operty (Include			certai	n o	ther	vehic	les	, certa	in aii	rcraft,	and	proper	rty us	ed fo
		ent, recreation, c			- 44				4-			1				-h. 24-
	Note: For all 24b, column	ny vehicle for wh s (a) through (c) o	iich you ai f Section A	e using	g the s Section	tanga Ran	ard mii id Sect	eage ion C	rate of ac	e or dec	ucting	lease	expens	e, comp	piete o	niy 24a
_		Depreciation and										r passe	nger au	utomobil	es)	_
24	a Do you have evidenc						Yes	No		24b f "\					Yes	No
	(a)	(b)	(c)					(e)		(f)		(g)	1	(h)	_	(I)
	Type of property (list	Date placed	Business/	600	(d)		Basis for			Recovery	1	thod/	1	eciation	ſ	section 179
	vehicles first)	in service	investment u percentage	se Cosi	or other b	asis	(business	s/investm only)	ent	period		vention		luction	4	ost
25	Special depreciation	n allowance for		tod p	conorty	place	od in s	OFVICE		ICIDO	·		 			
20	the tax year and us											. 25	į.		ļ	
26	Property used more					e 30	ee msu	uctioi	15 .			. 25	ــــــــــــــــــــــــــــــــــــــ		1	
	Froperty used more	e than 50 % in a q	Tallied Dusi	$\overline{}$		- 1					1				T	
				%		+	-		-				 		 	
				%							├ —		 		 	
	D 1500		<u> </u>	%							L		Щ		<u> </u>	
27	Property used 50%	or less in a qualit	ied busines:								T-:-					
				%					_		S/L -		├		4	
			ļ	%					_		S/L -		ļ. _		-	
		·	l	%	. –						S/L -		ļ		1	
28	Add amounts in col												<u></u>		ļ	
29	Add amounts in col	lumn (ı), line 26 E	nter here a	nd on	line 7, p	age 1	1	<u></u>			<u></u>	<u> </u>	<u></u>	. 29	<u> </u>	
			Section	nB-	Inform	atior	n on U	se of	Ve	hicles						
	mplete this section for														rovided	vehicle
to y	our employees, first ans	swer the questions if	n Section C t	see if	you meet	an e	xceptior	n to co	mple	eting this	section	for those	vehicle)S		
					(a)		(b)			(c)	1 3	(d)		(e)		(f)
30	Total business/inve	stment miles driv	en durina	Ver	ehicle 1 Vehicle 2			Ve	hicle 3	Veh	nicle 4	Vel	hicle 5	Veh	ııcle 6	
	the year (don't incli	ude commuting m	ıles)								1 .					
31	Total commuting m															
32	_	ersonal (nonco	•													-
	miles driven	•	•										-			
33	Total miles driver										-		 		ļ —	
••	lines 30 through 32				0			ol		0		0		0		į
34	Was the vehicle			Yes	No	Ye	s N	0 1	es.	No	Yes	No	Yes	No	Yes	No
V 7	use during off-duty		•		1.00					+	133	1	1,45	+	1	1
35	Was the vehicle i				 		+			 		 	<u> </u>	+	<u> </u>	
33											l		ļ		-	
20	than 5% owner or r	•			┼	_		_		 	-	+	 	 		†
20	Is another vehicl		•		1			- }		-				1		1
	use?			L		<u> </u>		 _			 -		<u> </u>	ــــــــــــــــــــــــــــــــــــــ		<u> </u>
		ction C - Questic									-					
	swer these question				eption t	0 00	mpletii	ng Se	ctio	n B for	vehicle	s used	by em	ployees	who a	ren't
<u>mo</u>	re than 5% owners o	r related persons	See instruc	tions.												т
37	Do you maintain a													ng, by	Yes	No
	your employees?															
38	Do you maintain a	a written policy s	statement 1	hat pr	ohibits	pers	ional u	se of	ver	nicles, e	xcept (commu	ting, b			1
	employees? See the	e instructions for	vehicles us	ed by c	orporate	e offi	cers, di	irecto	rs, o	or 1% or i	more o	wners				!
39	•	of vehicles by em	ployees as	person	al use?											ļ
40	Do you provide m	ore than five ve	hicles to y	our en	nployee	s, ob	otain ir	nforma	atior	n from y	your ei	mployee	es abo	ut the		1
	use of the vehicles,							. 							<u></u>	ļ
41	Do you meet the re	quirements conce	rning qualit	ied aut	tomobile	e den	nonstra	ation L	ıse?	See inst	truction	ns				l
	Note: If your answe	er to 37, 38, 39, 4	0, or 41 is	"Yes,"	d <u>on</u> 't co	mple	ete Sec	tion B	for	the cove	red vel	hicles				
Pa	rt VI Amortizati	on														
			(b)									(e)			
	(a)	f aanta	Date amon	ization			(c)			(d)		Amorti		A d	(f)	.
	Description of	COSIS	begin	S	^"	iortiza	able amou	aill		Code se	CUON	percer		Amortiza	ation for t	ıns year
42	Amortization of cos	ts that begins duri	ng your 20	19 tax	year (se	e ins	struction	ns)								
	<u></u> 		3,		1				Т			T				
			 		 				+-			1				
1.3	Amortization of cos	ts that began hofe	re vour 20	10 tov	Ve2r	-	· · · · · · · · · · · · · · · · · · ·						43			
14	Total. Add amount	s in column (f) Se	ee the instri	ictions	for whe	re to	report	• • •	• •	• • • •	• • • •	• • • •				
<u> </u>	. Jean Add amount	5 in 55141111 (1) 3t	o the matt		TOT WITE	, G (U	ropoit	<u> </u>				<u></u>	44			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending $\frac{06/30}{}$, 20 $\frac{20}{}$

•	tment of the Treasury at Revenue Service Do not enter SSN numbers on this form at				01(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization				Employer Ide	entification number
THE	QUEEN'S MEDICAL CENTER				99-0073	524
	Unrelated Business Activity Code (see instructions) ▶ 45					
	Describe the unrelated trade or business ►MISC STORE	RETA	ILERS			
Ра	Unrelated Trade or Business Income		(A) Income	(B) Ex	penses	(C) Net
1 a	Gross receipts or sales 51,169.				•	
b	Less returns and allowances c Balance ▶	1c	51,169.			<u> </u>
2	Cost of goods sold (Schedule A, line 7)	2		-		, i
3	Gross profit Subtract line 2 from line 1c	3	51,169.			51,169
4 a	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	4 c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				<u> </u>
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled	J				
	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				<u> </u>
13	Total. Combine lines 3 through 12	13	51,169.			51,169.
Pa:	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K)	<u>-</u>			· ·	
15	Salaries and wages				· · · · 	
16	Repairs and maintenance				•	
17	Bad debts					
18	Interest (attach schedule) (see instructions)					
19	Taxes and licenses					
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on re				211	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs					<u> </u>
25	Excess exempt expenses (Schedule I)					
26	Excess readership costs (Schedule J)					
27	Other deductions (attach schedule)			AT	CH . 6 27	46,769.

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

28

30

31

46,769.

4,400.

4,400.

28

29

,	ATTACHMENT 6
FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS	
SUPPLIES PURCHASED SERVICES OTHER DIRECT EXPENSES	1,973. 42,462. 2,334.
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	

PART II - LINE 27 - OTHER DEDUCTIONS

46,769.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

 $06/30_{,20}20$

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

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

Name of the organization

THE QUEEN'S MEDICAL CENTER

Employer Identification number 99-0073524

Unrelated Business Activity Code (see instructions) ▶ 53 Describe the unrelated trade or business ▶ LESSOR (NONRESIDENTIAL)

Pa	tI Unrelated Trade or Business Income	(A) Income		(B) Expenses	(C) Net
1 a	Gross receipts or sales 153, 464.	· •			
b	Less returns and allowances C Balance	1c	153,464.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	153,464.		153,464
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	4 c			
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			
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	153,464.		153,464

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		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
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)	l	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	153,464.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions), , , , , , , , , , , , , , , , , , ,	I	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	153,464.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending

06/30 .20 20

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

Name of the organization

THE QUEEN'S MEDICAL CENTER

Employer identification number 99-0073524

Unrelated Business Activity Code (see instructions) ▶ 62 Describe the unrelated trade or business ▶ MEDICAL LABORATORIES & INTEGRATED PHYSICIAN NETWORK PAYMENTS

Pai	tI Unrelated Trade or Business Income	Unrelated Trade or Business Income (A) Income		(B) Expenses	(C) Net
1 a	Gross receipts or sales 10,173,275.		 		
b	Less returns and allowances c Balance	1c	10,173,275.	•	• ` ·
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	10,173,275.		10,173,275
4 a	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)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
3	Total. Combine lines 3 through 12	13	10,173,275.		10,173,275

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated husiness income \

	connected with the unrelated business income)		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		6,756,096.
16	Repairs and maintenance	1 1	
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	97,437.
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_	6,178,018.
28	Total deductions. Add lines 14 through 27	28_	13,031,551.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-2,858,276.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-2,858,276.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES	1,140,205.
PURCHASED SERVICES	1,722,180.
OTHER DIRECT EXPENSES	990,694.
UTILITIES	16.
RENTAL EQUIPMENT	15,716.
PROFESSIONAL FEES	68,094.
EMPLOYEE BENEFITS	942,629.
INSURANCE	72,294.
OVERHEAD	1,226,190.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

6,178,018.

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

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

Business or activity to which this form relates

MEDICAL LABORATORIES & INTEGRATED

Identifying number 00-0072524

THE	QUEEN'S MEDICAL CENTE	CR CR	62	- PHYSI	CIAN NETWO	ORIES & INTI	EGRATED		99-0073524
Pa	t I Election To Expense C Note: If you have any lis		Under Sect	tion 179					
1	Maximum amount (see instructions).							1	
2	Total cost of section 179 property pla	aced in service (see in	astructions)					2	
	Threshold cost of section 179 proper							3	
4	Reduction in limitation Subtract line							4	
	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter	-0- If married filing)			⊢	-	
6	(a) Description				siness use only				
<u> </u>	(0, 0.55.)			()		(7,511)			,
					·	 			'
	Listed property Enter the amount fro	m line 20		I	7				1
	Total elected cost of section 179 pro							8	
	Tentative deduction Enter the smalle						_	9	
10	Carryover of disallowed deduction from	om line 13 of voir 20	18 Form 4563	· · · · ·	• • • • • •			10	
	Business income limitation Enter the							<u>10</u> 11	
	Section 179 expense deduction. Add							'' 12	
	Carryover of disallowed deduction to						• • •	12	
	: Don't use Part II or Part III below fo				113				<u> </u>
_	t II Special Depreciation A				on't include	listed proper	ty See	ınst	ructions)
								11131	1 400,0110)
	Special depreciation allowance for		• •						
	during the tax year. See instructions.							<u>14</u> 15	
	Property subject to section 168(f)(1) Other depreciation (including ACRS)							16	
Par	t III MACRS Depreciation (Onn't include listed	property S	ee instruc	tions)	· · · · · · · ·		10	<u> </u>
· a	The inverse Bepresiation (E	Jon t morage listed	<u> </u>	tion A	dono y				
17	MACRS deductions for assets placed	d in corrigo in tay you		-				17	97,437
	If you are electing to group any a						•••	''	
	asset accounts, check here	· ·	_			- 1	<u>"</u>		`
	Section B - Assets						reciatio	n Sv	vstem
	(a) Classification of property	(b) Month and year placed in service		depreciation	(d) Recovery period	(e) Convention	(f) Meth		(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property				-				
d	10-year property								
е	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		
ī	Nonresidential real				39 yrs.	ММ	S/L		
	property					MM	S/L		
	Section C - Assets P	laced in Service D	Ouring 2019	Tax Year	Using the A	Alternative De	preciat	ion	System
20a	Class life						S/L		
b	12-year				12 yrs		S/L		
С	30-year		<u> </u>		30 yrs	MM	S/L		
d	40-year				40 yrs	MM	S/L		
	t IV Summary (See instructi	ons.)			<u></u>				· · · · · · · · · · · · · · · · · · ·
	Listed property Enter amount from lin						:	21	
	Total. Add amounts from line 12,			nd 20 in a	column (a)	and line 21 E	–		
	here and on the appropriate lines of y	our return. Partnershi	ps and S corp	orations - se	ee instruction			22	97,437
دی	For assets shown above and place	eu in service auting	ງ ເກe curren	. year, ente	si me	1			l 1

$\overline{}$	1 4562 (2019)															Page 4
Pa		operty (Include ent, recreation, c			certai	n c	other	veh	ıcles,	, certa	ıın aiı	rcraft,	and	prope	rty us	ed fo
	Note: For a	ny vehicle for wh	iich you ai	re usin								lease (expense	e, comp	olete or	nly 24a
		s (a) through (c) o												4	\	
240		Depreciation and					T 1									1.00
244	Do you have evidence	1		nent use	e ciaimed	1_	Yes	(e)	NO 2	24b f "\	Τ		1		Yes	No
	(a) Type of property (list	(b)	(c) Business/		(d)		Basis for		ciation	(f)		(g)	1	(h)	1	(I) section 179
	vehicles first)	Date placed in service	investment u		t or other b	asıs	(busines	s/invesi e only)	tment	Recovery period		thod/ /ention		eciation luction	1	ost
25	0		percentage	!				··			<u>. </u>		 		 	
25	Special depreciation the tax year and us											1 25				
26	Property used more					, c	ee mst	ructic	JII3 .	<u> </u>	<u> </u>	25	L		L	
	Troperty used more	C than 50 /0 in a q	dailled busi	%					- 1		7					
				%							ļ				<u> </u>	
				%							<u> </u>				 	<u>-</u>
27	Property used 50%	or less in a qualif	ied husines								.L		<u> </u>		<u> </u>	
<u></u>	Troperty used 5070	or less in a quali	led busines	% Suse	-	—-т					S/L -		l		1	
				%							S/L -		<u> </u>		┨	
_			 	%				_	+		S/L -		 		1	
20	Add amounts in col	luma (h) lunca 25	through 27		horo or		a line 2	1 00	200.1			28	├		1	
20 29	Add amounts in col												<u> </u>	. 29	 	
23	Aud amounts in col	idilifi (i), lifle 20 E									· · · · ·	<u> </u>	· · · · ·	. 25	L	
C 0 00	nplete this section for	r volueles weed by			Inform						" or .	olated r	oroon	lf vou n	roudod	vobiolo
	our employees, first ans														ii Ovided	Vernois
				T · · · · · · · · · · · · · · · · · · ·	(a)	ī	(b)			(c)	τ .	d)		(0)	1 ((f)
••	**			1	nicle 1	١,	Vehicle 2	:		hicle 3		icle 4	1 '	nicle 5		icle 6
30	Total business/inve	estment miles ariv	en auring													
31	Total commuting m			}	 , .	-		-+							 	
	-	-	mmuting)	-		<u> </u>										
J2	miles driven	•	minuting)													
22	Total miles driver		oor Add			 					 					
JJ	lines 30 through 32				0	l		اه		0	ł	0	1	0	}	ı
34	Was the vehicle			Yes	No	Ye	s N	io l	Yes	No	Yes	No	Yes	No	Yes	No
04	use during off-duty		•			 ``	-				1.40	 	1 3 3	1	1.33	
35	Was the vehicle i			-			_					 		†		
•	than 5% owner or re											1				
36	Is another vehicle				 					†		<u> </u>		 		<u> </u>
•	use?							1								
		ction C - Questic		nnlove	re Who	Dr	ovida	Vehi	cles	for He	by Th	eir Em	nlove	96	·	
Δne	wer these questions										-				who a	ron't
	e than 5% owners o				eption	.0	Jilipieti	ing 3	ecuo	11 15 101	vernoie	s useu	by em	pioyees	WIIO a	1 CH L
						-11 -		ala.			الم ما ا				Yes	No
	Do you maintain a your employees?														· · · ·	
38	your employees? Do you maintain a		statement	that pr	ohibits	ners	sonal u	 Ise o	of veh	nicles e	xcept o	commu	ing by	v vour	 	
	employees? See the															
39																
40	Do you treat all use Do you provide m	ore than five ve	hicles to v	our er	nolovee:	s of	btaın ii	nform	 nation	from	vour ei	mplove	s abo	ut the		†
	use of the vehicles,	and retain the infe	ormation re	ceived	?	-,									1	
41	Do you meet the re					 der	monstr	 atıon	use?	See ins	truction	 s			<u> </u>	
	Note: If your answer															
Pa	rt VI Amortizati															
	Amortizati				T							(e	,			
	(a)	_	(b) Date amor				(c)			(d)		Amorti	zation		(f)	
	Description of	f costs	begin		Am	nortiza	able amo	unt		Code se	ction	percei		Amortiza	ation for the	nis year
12	Amortization of cos	ts that begins dur	ing your 20	19 tax	vear (se	e ins	structio	ns)				, ,,,,,,,	·			
			3,23.20		1	,				 -						
_			 		†				\dashv			 				
13	Amortization of cos	its that began before	ore vour 20	19 tax	vear							<u> </u>	43			
14	Total. Add amount	s in column (f) Se	ee the instr	uctions	for whe	ere to	report	 i	• • •			• • • •	44			
_						••		• •			• • • •	• • • •	77.			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

06/30 ,20 20

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

Intern	■ Revenue Service Do not enter SSN numbers on this form a	s it m	y be made p	ublic if your org	anization is a	501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Name	e of the organization	Employe	yer identification number					
THE	QUEEN'S MEDICAL CENTER					99-0	0735	24
	Unrelated Business Activity Code (see instructions) ▶			_				
	Describe the unrelated trade or business ▶ DEBT-FINANC	ED	INCOME		<u>,</u>			
Pa	Unrelated Trade or Business Income		(A)	Income	(B) E	Expenses		(C) Net
1 a	Gross receipts or sales							*
b	Less returns and allowances c Balance ▶	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 4797)	4b		<u>.</u>				
c	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach	ł	-		}	•		
	statement) ATCH 8 .	5		24,883	·			24,883.
6	Rent income (Schedule C)	6			<u> </u>			
7	Unrelated debt-financed income (Schedule E)	7			ļ			
8	Interest, annuities, royalties, and rents from a controlled	1	1		1			
	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	<u> </u>	24,883	<u>. </u>	·		24,883.
Pai	connected with the unrelated business income)							e directly
14	Compensation of officers, directors, and trustees (Schedule K)						14	
15	Salaries and wages						15	
16	Repairs and maintenance						16	
17	Bad debts						17	<u> </u>
18	Interest (attach schedule) (see instructions)						18	
19	Taxes and licenses			1 1	• • • • • •	• • • •	19_	
20	Depreciation (attach Form 4562)							
21	Less depreciation claimed on Schedule A and elsewhere on re						21b	
22	Depletion						22	
23	Contributions to deferred compensation plans						23	
24	Employee benefit programs						24	
25 26	Excess exempt expenses (Schedule I)						25	<u> </u>
26 27	Excess readership costs (Schedule J)						26	
27	Other deductions (attach schedule)					1	27	
28	Total deductions. Add lines 14 through 27						28_	24,883.
29	Unrelated business taxable income before net operating	1055	aeauction	SUDDINGCE IIDE	:∠o iromi l	ine IJ	29	

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

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

24,883.

30

99-0073524

ATTACHMENT 8

DEBT-FINANCED INCOME

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

COMMONFUND CAPITAL INTERNATIONAL PARTNERS VIII, LP

24,883.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

24,883.

3971EK 2020 PAGE 21

FORM 990-T, PART III, LINE 36 - NET OPERATING LOSS ARISING IN TAXABLE YEARS BEGINNING BEFORE JANUARY 1, 2018

FISCAL YEAR ENDED		AMOUNT GENERATED	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 6/30/20	CARRYOVER NOT UTILIZED
6/30/2015		688,094	-	132,415	555,679	-
6/30/2016		999,492	-	-	239,745	759,747
6/30/2017		173,541	-	-	-	173,541
6/30/2018	*	3,793,557		-	-	3,793,557
6/30/2019		-	23,876	-	-	23,876
6/30/2020		-	79,542	-	-	79,542
TOTAL	_	5,654,684	103,418	132,415	795,424	4,830,263
				TOTAL CARRYFORWA	RD TO NEXT YEAR	4,830,263

^{*} 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.

56 - SECURITY GUARD SERVICES

SCHEDULE M, PART II, LINE 30 - NET OPERATING LOSS DEDUCTION

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN 6/30/20	CARRYOVER NOT UTILIZED
6/30/2019	104,754	-	-	-	104,754
6/30/2020	40,600	-	-	-	40,600
TOTAL	145,354			<u> </u>	145,354
			TOTAL CARRYFORW	ARD TO NEXT YEAR	145,354

81 - PARKING & REPAIRS AND MAINTENANCE

SCHEDULE M. PART II, LINE 30 - NET OPERATING LOSS DEDUCTION

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN 6/30/20	CARRYOVER NOT UTILIZED
6/30/2019	* 13,777	-	-	-	13,777
6/30/2020	34,469	-	-	-	34,469
TOTAL	48,246	-			48,246
			TOTAL CARRYFORW	ARD TO NEXT YEAR	48,246

^{*} THE ORGANIZATION HAS COMBINED THE NET OPERATING LOSS DEDUCTION CARRYOVERS FOR MULTIPLE ACTIVITIES THAT WERE REPORTED SEPARATELY ON THE PRIOR YEAR FORM 990-T UNDER SIX-DIGIT NAICS CODES TO BE REPORTED UNDER THE 81 TWO-DIGIT NAICS CODE ON THE CURRENT YEAR FORM 990-T.

62 - MEDICAL LABORATORIES & INTEGRATED PHYSICIAN NETWORK PAYMENTS

SCHEDULE M. PART II. LINE 30 - NET OPERATING LOSS DEDUCTION

FISCAL YEAR ENDED		AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN 6/30/20	CARRYOVER NOT UTILIZED
6/30/2019	*	3,430,223	-	-	-	3,430,223
6/30/2020		2,858,276	-	-	-	2,858,276
TOTAL	-	6,288,499		<u> </u>		6,288,499
				TOTAL CARRYFORW	ARD TO NEXT YEAR	6,288,499

^{*} THE ORGANIZATION HAS RECLASSED THE INTEGRATED PHYSICIAN NETWORK PAYMENTS ACTIVITY FROM NAICS CODE 813910 AS REPORTED ON THE PRIOR YEAR FORM 990-T TO NAICS 62 TO MORE ACCURATELY REPRESENT THE BUSINESS ACTIVITY.

THE ORGANIZATION HAS COMBINED THE NET OPERATING LOSS DEDUCTION CARRYOVERS FOR MULTIPLE ACTIVITIES THAT WERE REPORTED SEPARATELY ON THE PRIOR YEAR FORM 990-T UNDER SIX-DIGIT NAICS CODES TO BE REPORTED UNDER THE 62 TWO-DIGIT NAICS CODE ON THE CURRENT YEAR FORM 990-T

FORM 990-T, PART II, LINE 34 - CHARITABLE CONTRIBUTIONS

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS		NVERTED TO CARRYOVER	AMOUNT UTILIZED IN CURRENT YEAR	AMOUNT EXPIRED 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
6/30/2020	3,688,193	-	*	79,542	-	-	3,608,651
TOTAL	16,898,584	<u> </u>	_	103,418		2,185,011	14,610,155
				т	OTAL CARRIED FORWA	RD TO NEXT YEAR	14,610,155

^{*} Charitable contributions converted to Net Operating Loss (NOL) pursuant to IRC Section 170(d)(2)(B)(ii)