Form	990-T	E				siness Income		rn	OMB No 1545-0887
rom	, 555	For cale				der section 6033($07/01$, 2018, and endi			<u> ୬</u> ଲ 1 ହ
Dene	rtment of the Treasury	l or cale				nstructions and the latest			<u> </u>
	al Revenue Service	▶Do	-			ay be made public if your org		c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
Ā	Check box if		Name of organization (Check b	ox if na	me changed and see instruction	ns)		oyer identification number
	address changed]						(Empi	oyees' trust, see instructions)
	empt under section		THE OUEEN'S	HEALTH	SYST	EMS			
X	501(C <u>)(03</u>)	Print or	Number, street, and roor	n or suite no	lf a P O	box, see instructions			238120
<u> </u>	408(e) 220(e)	Type							lated business activity code instructions)
	408A530(a)	1	1301 PUNCHBO					,	•
	529(a) ok value of all assets	-	City or town, state or pro	•	y, and a	ZIP or foreign postal code		9000	00
	end of year	F 650	HONOLULU, HI up exemption number (\			9000	
5	40,070,000.		ck organization type		<u>-</u> -		trust	401(a)	trust Other trust
			nization's unrelated trad						(or first) unrelated
	ade or business her	_		ics or busine	2363				e than one, describe the
				entence, co	mplete	Parts I and II, complete a S	•		
	ade or business, the		•						
				y in an affil	ated g	roup or a parent-subsidiary	controlled group?		▶ Yes X No
			identifying number of t			on >			
J T	he books are in care	e of ▶CI	INTON YEE			Telephor	ne number ▶ 80	8-538-	-9011
Pai	t Unrelated	Trade o	or Business Incom	e		(A) Income	(B) Expen	ses	(C) Net
1a	Gross receipts or s	sales							
b	Less returns and allowa			c Balance			1 10	1	
2			ule A, line 7)				14		}
3			2 from line 1c						
4a			ttach Schedule D)		4a		R 'g		
b			Part II, line 17) (attach Foi		4b		* / * , , ,		
с 5			rusts		4c	7,607.	ATCH 2		7,607.
6			an 5 corporation (attach state)		6	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AICH Z	REC	EIVED T
7			come (Schedule E)		7		6		70
8			nts from a controlled organizati					ΜΔΥ	2 2 2020
9	-		I(c)(7), (9), or (17) organizatio		-		101		[S 2020 W
10	Exploited exempt	activity in	ncome (Schedule I)		10			000	
11	Advertising incom	ne (Sched	ule J)		11			OGL	PEN, UI
12	Other income (Se	e instruc	tions, attach schedule)		12		ξ.	<u>.</u>	
13	Total. Combine lin	nes 3 thro	ough 12		13	7,607.			7,607.
Pai						ns for limitations on d		Except f	or contributions,
						related business inco			
14									
15 16									
17									
18									
19									763.
20									
21						21			
22	Less depreciation	claimed	on Schedule A and else	ewhere on re	eturn			22b	
23	Depletion							. 23	
24	Contributions to d	leferred c	ompensation plans					24	
25	Employee benefit	programs						25	
26									
27									2.050
28								28	3,050.
29								29	3,813.
30						deduction Subtract line		1 11	3,794.
31						r after January 1, 2018 (see			3,794.
32 For F	Onrelated busines	ion Act N	otice, see instructions.	31 from line	:3U <u>.</u>	<u> </u>	<u> </u>	<u> </u>	Form 990-T (2018)
	0 13965EK 202							*	, S.III 000-1 (2010)

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TOM	990-1 (20			<u> </u>			_	rayo z
Par	rt III	Total Unrelated Business Tax	able Income					
33	Total	of unrelated business taxable income	computed from all unrelated trade	es or businesses (see			
-		ions)	•		i i		3,	794.
		•				+		
34		s paid for disallowed fringes						
35		on for net operating loss arising						
	instruct	ons)		АТСН.4.	35		3,	794.
36		f unrelated business taxable income						-
• •		33 and 34						
						+	1	000.
37	Specific	deduction (Generally \$1,000, but see lin	e 37 instructions for exceptions)	<i></i>	37		1,	000.
38	Unrelat	ed business taxable income. Subtract	line 37 from line 36 If line 37 is	greater than line	36,			
	enter th	e smaller of zero or line 36			38			0.
Par		Tax Computation						
39			20 hy 240/ (0.24)		. > 39	T		
		ations Taxable as Corporations. Multiply				 		
40	Trusts	Taxable at Trust Rates. See	instructions for tax computation	n Income tax	on			
	the amo	ount on line 38 from Tax rate sched	ule or Schedule D (Form 1041).		. ▶ 40			
41	Proxy t	ax. See instructions			. > 41			
42	•	ive minimum tax (trusts only)- · · · · ·						
43		Noncompliant Facility Income. See instru				 		
						+		
44		dd lines 41, 42, and 43 to line 39 or 40, v	nichever applies	· · · · · · · · · · · · · · ·	44			
	rt V	Tax and Payments						
45 a	Foreign	tax credit (corporations attach Form 1118	trusts attach Form 1116) 456	a				
		redits (see instructions)						
					─			
C	Genera	business credit Attach Form 3800 (see in	structions)	` -		1		
d	Credit f	or prior year minimum tax (attach Form 88	01 or 8827) <u>45</u> 6	<u> </u>	!			
е	Total ci	edits. Add lines 45a through 45d			45e			
46	Subtrac	t line 45e from line 44		<u>.</u>	46			
47	Other ta	es Check if from Form 4255 Form	8611 Form 8697 Form 8866	Other (attach schedu	le) . 47			
						 		0.
48		x. Add lines 46 and 47 (see instructions)						
49		t 965 tax liability paid from Form 965-A o						
50 a	Paymer	ts A 2017 overpayment credited to 2018		5,4	39.			
b	2018 es	timated tax payments		o [1			
		osited with Form 8868			j			
		organizations Tax paid or withheld at sou						
е		withholding (see instructions)			 !			
f	Credit f	or small employer health insurance premiu		<u> </u>	—- [
g	Other cr	edits, adjustments, and payments 🔃 Fo	m 2439		- 11			
_	_ [_] _F ,	orm 4136 Otl	erTotal ▶ 50	<u> </u>		ļ		
51		syments. Add lines 50a through 50g	.0	'	51	l	5.4	439.
					52	 		
52	Estimat	ed tax penalty (see instructions) Check if	form 2220 is attached	· · · · · · · · • •	— 	 		
53	Tax due	. If line 51 is less than the total of lines 4	3, 49, and 52, enter amount owed		. ▶ 53	<u> </u>		
54	Overpa	ment. If line 51 is larger than the total of	lines 48, 49, and 52, enter amount overp	aid	55 54	<u> </u>	5,	439.
055	Enter the	amount of line 54 you want Credited to 201	estimated tax > 5,439.	Refunded	55			
`		Statements Regarding Certai						
							Yes	No
56	•	time during the 2018 calendar year,	•	=		- 1	162	NO
	over a	financial account (bank, securities, or	other) in a foreign country? If "Ye	es," the organization	n may ha	ave to file		1
	FinCEN	Form 114, Report of Foreign Bank	and Financial Accounts If "Yes," ei	nter the name of	the foreign	gn country		1
	here 🕨							Х
-~				-1 111	·			Х
57		he tax year, did the organization receive a		or, or transferor to, a	roreign tru	st		
	If "Yes,"	see instructions for other forms the organi	ation may have to file					ĺ
58		e amount of tax-exempt interest received						
	Ur	der penalties of perjury, I declare that I have exam	ined this return, including accompanying schedule	s and statements, and to	the best of	my knowledge	and beli	ef, it is
Sign	n tru	e, correct, and complete Declaration of preparer (other	han taxpayer) is based on all information of which pre	eparer has any knowledge				
_			TREASUR	RER		IRS discuss		
Her		- for present	V/0/70			e preparer sh ctions)? X Ye		7 I
	Sı	gnature of officer	Dayle / Title		(see institu		S	No
_		Print/Type preparer's name	Preparer's signature	Date	Check 📖	if PTIN		
Paid	ı	JOCELYNE MILLER	Jouline C. Miller	4/00/000	self-employ	ed P006	3437	8
Prep	oarer	TDMOM + WOUND I				34-656		
Use	Only				Dhana S	858-535-	7200	
	•	Firm's address ▶ 4365 EXECUTIVE	DKIAE' #IRAA' 2WW DIECO'	CW ACTCT	Pnone no (120-222-	, , , , , ,	

Form 990-T (2018)					Page 3
Schedule A - Cost of Goods Sold.	Enter method				
1 Inventory at beginning of year . 1	-			ear	
2 Purchases 2				old. Subtract line	i i
3 Cost of labor				inter here and in	
4 a Additional section 263A costs					
(attach schedule) 4a				section 263A (
b Other costs (attach schedule) . 4b				or acquired fo	
5 Total. Add lines 1 through 4b . 5		to the or	ganization?	Mish Deal Drane	N/A
Schedule C - Rent Income (From Real	Property a	nd Personal Propert	y Leased	with Real Prope	erty)
(see instructions)			· · · · · · · · · · · · · · · · · · ·		
1 Description of property					
(1)					
(2)					
(3)		 .			
(4)					
	erved or accrue			┥	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percenta	rom real and personal proper age of rent for personal prope of the rent is based on profit	rty exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total	Total			(h) Total doducti	
(c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)				(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,
Schedule E - Unrelated Debt-Financed		e instructions)			
		2 Gross income from or	3		onnected with or allocable to iced property
Description of debt-financed property		allocable to debt-financed property		ght line depreciation tach schedule)	(b) Other deductions (attach schedule)
(1)					
(2)			<u></u>		
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average ac of or allo debt-financed debt-financed (attach schedule)	cable to ed property	6. Column 4 divided by column 5		s income reportable nn 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		9	6		
(2)		0	6		
(3)		d	6		
(4)		q	6		
			Enter he Part I, I	ere and on page 1, ine 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals					

Form 990-T (2018)	THE QUE									238120 _	Page 4
Schedule F-Interest, Annu	uities, Royaltie	s, and Re	ents Fro	om Contro	lled O	ganizat	i ons (se	e instructio	ons)		
Name of controlled organization	2. Employer identification number	oer 3.	Net unrel	entrolled Organizated income instructions)	4. Total	ons of specified ents made	included	of column 4 th I in the contro tion's gross in	olling	6. Deductions connected with in column	ıncome
(1)			•	<u></u>							
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7 Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific payments made		includ	rt of columned in the co ation's gros	ntrolling		Deductions din nected with inco column 10	
(1)											
(2)				_							
(3)											
(4)											
Totals					•	Enter	columns 5 a here and on , line 8, colu	page 1,	Ent	ld columns 6 and er here and on pa rt I, line 8, columr	age 1,
Schedule G-Investment Ir) Orga	nization	(see ins	tructions)			
1. Description of income	2. Amount of		(0)(1)	3. Deduction directly control (attach sch	tions nected		4. S€	d-asides schedule)		5 Total deduction and set-asides plus col 4	(col 3
(1)				_,,, `							·
(2)					_						
(3)									\neg		
(4)											
	Enter here and Part I, line 9, c		(B) ¢	,						Enter here and or Part I, line 9, col	
Schedule I - Exploited Exe	mpt Activity In	come, O	ther Th	an Adverti	sing Ir	come (see instru	ıctions)			
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connects product unrels business	ctly ed with tion of ated	4. Net inconfrom unrelat or business 2 minus col If a gain, co	ed trade (column umn 3) ompute	from ac	s income tivity that inrelated s income	6 Experatorio	ble to	7. Excess expense (column 6 r column 5, b more the column	es minus out not an
(1)			 .		_						
(2)			-					 		-	
(3)				 			<u> </u>			<u> </u>	
(4)				_				<u> </u>			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,					, a		Enter here on page Part II, line	1,
Totals ▶	<u> </u>			<u></u>			٠,٠				
Schedule J- Advertising In											
Part I Income From Per	iodicals Report	ed on a (<u>Consol</u>	idated Bas	is						
1 Name of periodical	2 Gross advertising income	3. Dir advertisin		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col il 3) If npute		culation ome	6. Reade		7 Excess rea costs (colu minus columi not more (mn 6 n 5, but than
(1)				,							
(2)				1	•						
(3)				1	,						
(4)				-	•						
Totals (carry to Part II, line (5))									· <u>-</u>	Form 990-1	(2018)

THE QUEEN'S HEALTH SYSTEMS

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.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, bu not more than column 4)
(1)						
(2)						
(3)						ļ <u> </u>
(4)						ļ <u>.</u>
Totals from Part I ▶				•		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr			
1. Name		2	Title	3 Percent of time devoted to business	4 Compensation	
(1)				%		_
2)				%		
3)				%		
4)				%		
otal. Enter here and on page 1, Page 1	art II. line 14					

Form 990-T (2018)

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895 Attachment Sequence No 22

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

THE QUEEN'S HEALTH SYSTEMS

Identifying number 99-0238120

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II)	<u>-</u>)	
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with	- 	
•	box C checked See instructions for statement to attach	4	11,610
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with		<u>-</u> -
J	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	11,610
Part II		1 .	
7	Regular tax before credits]	
•	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2		
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
	• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the		
	applicable line of your return	7	0
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, or the amount from the applicable line of your return		
8	Alternative minimum tax		
•	• Individuals Enter the amount from Form 6251, line 11	_	
	• Corporations Enter -0	8	0
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56		
		l	
9	Add lines 7 and 8	9	0
	- Lead		
10a	Foreign tax credit	}	
	Certain allowable credits (see instructions)	400	
С	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
	instructions]	
14	Tentative minimum tax		
	• Individuals Enter the amount from Form 6251, line 9		
	• Corporations Enter -0		
	Estates and trusts Enter the amount from Schedule I		
	(Form 1041), line 54]	
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11 If zero or less, enter -0	16	0
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
Ear Ban	or reorganization		Form 3800 (2018)

Part	Allowable Credit (continued)		
	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter	er -0- (on line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0	20	
21	Subtract line 17 from line 20 If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27 If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	11,610
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	11,610
37	Enter the smaller of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c		
	• Estates and trusts Form 1041, Schedule G, line 2b	38	0
		 l	Form 3800 (2018)

identifying number

Par	General Business Credits or Eligible Small Business Credits (see in:	structi	ons)	
Com	plete a separate Part III for each box checked below See instructions			
A	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	X General Business Credit Carryforwards G Eligible Small	l Busi	ness Credit Carryfon	wards
D [General Business Credit Carrybacks H Reserved			
	f you are filing more than one Part III with box A or B checked, complete and attach first an			
	Il with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b) If claiming the credit	(c)
pass-	On any line where the credit is from more than one source, a separate Part III is needed for through entity	each	from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	_1b		
C	Increasing research activities (Form 6765)			
	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h :	Orphan drug (Form 8820)	1h		
i :	New markets (Form 8874)	1i		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u> 1j</u>		
k		1k		
1	Instructions for limitation)	-		
	Low sulfur diesel fuel production (Form 8896)	1m		
n		1n		
0	Distilled spirits (Form 8906)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r	- 	
S		1s		
t	Enhanced oil recovery credit (Form 8830)	1t		<u> </u>
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	10	_	
w	F 1 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
		1bb		
Z Z	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz_		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c	<u></u>	
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846),	4f	ATCH 7	11,610
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		11 (10
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		11,610
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		11,610

ATTACHMENT 2

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

COLONY INVESTORS III, LP COMMONFUND CAPITAL EMERGING MARKETS 2013, LP COMMONFUND CAPITAL INTERNATIONAL PARTNERS VIII, LP COMMONFUND CAPITAL VENTURE PARTNERS XI, LP COMMONFUND CAPITAL US PRIVATE EQUITY PARTNERS IX OAKTREE REAL ESTATE OPPORTUNITIES FUND IV, LP	-2,429. -119. -175. 8,948. 1,942.
SPO PARTNERS II, LP SSGA MSCI ECTF (MSCI EAFE INDEX NL QP CTF)	-670. 45.
INCOME (LOSS) FROM PARTNERSHIPS	7,607.

99-0238120

ATTACHMENT	3

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

TAX PREPARATION FEES

3,050.

PART II - LINE 28 - OTHER DEDUCTIONS

3,050.

THE QUEEN'S HEALTH SYSTEMS

99-0238120

FORM 990-T, PART III, LINE 35 - NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018 CARRYFORWARD

CARRYOVER NOT UTILIZED	257,269	133,385	108,492	35,689	49	72	36	53	528,033	93,392	32,137	36,216	ı	5,034	4,830	681	1	ı	1,235,368
AMOUNT UTILIZED IN 6/30/2019	3,794	1	1	1	1	1	ı	ı	1	1	1	1	ı	ı	1	1	1	ı	3,794
AMOUNT UTILIZED IN PRIOR YEARS	52,131	1	ı	ı	1	•	ı	ı	ı	1	1	ı	1	1	ı	1	ı	1	52,131
	*																		
CONVERTED	I	1	ı	I	ı	ı	1	1	1	1	Ī	1	ı	5,034	ı	681	1	1	5,715
ŏ														*		*			
AMOUNT GENERATED	313,194	133,385	108,492	35,689	49	72	36	53	528,033	93,392	32,137	36,216	1	1	4,830	ı	ı	1	1,285,578
FISCAL YEAR ENDED	6/30/2001	6/30/2002	6/30/2003	6/30/2004	6/30/2005	6/30/2006	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018	TOTAL

TOTAL CARRIED FORWARD TO NEXT YEAR

* Charitable contributions converted to NOL pursuant to IRC Section 170(d)(2)(B)(11)

FOR THE FISCAL YEAR ENDED JUNE 30, 2019

FRINGE BENEFITS THAT WERE INCLUDED AS UNRELATED BUSINESS INCOME ON THE JUNE 30, 2018 FORM 990-T. ** PURSUANT TO SECTION 302 OF THE NEWLY ENACTED "TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT ENDED JUNE 30, 2001 HAS BEEN ADJUSTED TO REMOVE IRC SECTION 512(A)(7) QUALIFIED TRANSPORTATION OF 2019", THE NET OPERATING LOSS ("NOL") DEDUCTION UTILIZED IN PRIOR YEARS FOR FISCAL YEAR

THE QUEEN'S HEALTH SYSTEMS 99-0238120 FOR THE FISCAL YEAR ENDED JUNE 30, 2019

FORM 990-T - NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING ON OR AFTER JANUARY 1, 2018 CARRYFORWARD

FISCAL YEAR ENDED 6/30/2019	AMOUNT GENERATED	CONVERTED CONTRIBUTIONS	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 6/30/2019	CARRYOVER NOT UTILIZED
	-				1

^{*} Charitable contributions converted to NOL pursuant to IRC Section 170(d)(2)(B)(11)

THE QUEEN'S HEALTH SYSTEMS
99-0238120
FOR THE FISCAL YEAR ENDED JUNE 30, 2019

FORM 990-T, PART II, LINE 20 - CHARITABLE CONTRIBUTION DEDUCTION

FISCAL YEAR ENDED	AMOUNT GENERATED	CONVERTED CONTRIBUTIONS	AMOUNT UTILIZED IN 6/30/2019	CARRYOVER NOT UTILIZED
6/30/2015	537,204	-	_	537,204
6/30/2016	338,000	* 681	-	337,319
6/30/2017	-	-	-	_
6/30/2018	-	_	-	-
6/30/2019	-	-	-	-
TOTAL	875,204	681		874,523
	TOTAL CARRIED	FORWARD TO NEXT	YEAR	874,523

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

THE QUEEN'S HEALTH SYSTEMS 99-0238120 FOR THE FISCAL YEAR ENDED JUNE 30, 2019

FORM 3800, LINE 6 CARRYFORWARD OF GENERAL BUSINESS CREDIT

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED FYE 6/30/2019	CARRYOVER NOT UTILIZED
6/30/2002	11,988	* 5,376	-	6,612
6/30/2003	473	_	-	473
6/30/2004	531	-	_	531
6/30/2005	479	-	-	479
6/30/2006	1,375	_	_	1,375
6/30/2007	467	-	-	467
6/30/2008	_	-	_	-
6/30/2009	440	-	-	440
6/30/2010	339	-	-	339
6/30/2011	326	-	-	326
6/30/2012	274	-	-	274
6/30/2013	194	_	_	194
6/30/2014	100	_	-	100
6/30/2015	-	-	-	-
6/30/2016	-	-	_	-
6/30/2017	-	-	-	-
6/30/2018			-	_
6/30/2019	-	-	-	-
TOTAL	16,986	5,376		11,610
TOTAL	16,986	5,376		11,610

TOTAL CARRIED FORWARD TO NEXT YEAR 11,610

^{*}PURSUANT TO SECTION 302 OF THE NEWLY ENACTED "TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019", THE GENERAL BUSINESS CREDIT UTILIZED IN PRIOR YEARS FOR FISCAL YEAR ENDED JUNE 30, 2002 HAS BEEN RESTORED TO THE EXTENT THAT IT WAS UTILIZED AGAINST TAX DUE ON THE RETROACTIVELY REVOKED IRC SECTION 512(A)(7) QUALIFIED TRANSPORTATION FRINGE BENEFITS THAT WERE INCLUDED AS UNRELATED BUSINESS INCOME ON THE JUNE 30, 2018 FORM 990-T.