

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See attached Exhibit D

-
- 2 What are or will be the organization's sources of financial support? List in order of size.

See attached Exhibit E

-
- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

See attached Exhibit F

Part II Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.

b Annual compensation

See attached Exhibit G

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions for Part II, Line 4d, on page 3.) Yes No
If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? Yes No
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? Yes No
If either of these questions is answered "Yes," explain.

See attached Exhibit H

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? Yes No
If "Yes," explain fully and identify the other organizations involved.

7 Is the organization financially accountable to any other organization? Yes No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

See attached Exhibit I

Part II Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."

See attached Exhibit J

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? Yes No

See attached Exhibit K

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? Yes No

b Is the organization a party to any leases? Yes No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

See attached Exhibit L

11 Is the organization a membership organization? Yes No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

The incorporator and sole member of MaineGeneral Medical Center shall be the parent corporation, MaineGeneral Health.

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

N/A

c What benefits do (or will) the members receive in exchange for their payment of dues?

N/A

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? N/A Yes No
If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

See attached Exhibit M

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? N/A Yes No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation? Yes No
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? Yes No
If "Yes," explain fully.

Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? Yes No
If you answer "Yes," do not answer questions on lines 2 through 7 below.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 8.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See Specific Instructions, Line 2a, on page 4;
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes No

If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-2 C.B. 490, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7.

If "No," answer question 4.

4 If you answer "No" to question 3, has the organization been contacted by the IRS regarding its failure to file Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes No

If "No," your organization is requesting an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.

If "Yes," answer question 5.

5 If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filing requirement? Yes No

If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specific Instructions, Line 5, on page 4 before completing this item. Do not answer questions 6 and 7.

If "No," answer question 6.

6 If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? Yes No

7 If you answer "Yes" to question 6 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements (Continued)

- 8 Is the organization a private foundation?
 Yes (Answer question 9.)
 No (Answer question 10 and proceed as instructed.)

- 9 If you answer "Yes" to question 8, does the organization claim to be a private operating foundation?
 Yes (Complete Schedule E.)
 No

After answering question 9 on this line, go to line 15 on page 7.

- 10 If you answer "No" to question 8, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

- | | | |
|---|--|--|
| a | <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1) and 170(b)(1)(A)(i) |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1) and 170(b)(1)(A)(ii) |
| c | <input checked="" type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1) and 170(b)(1)(A)(iii) |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1) and 170(b)(1)(A)(v) |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.) | Section 509(a)(3) |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety. | Section 509(a)(4) |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit. | Sections 509(a)(1) and 170(b)(1)(A)(iv) |
| h | <input type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. | Sections 509(a)(1) and 170(b)(1)(A)(vi) |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| j | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of block h or block i. The organization would like the IRS to decide the proper classification. | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

If you checked one of the boxes a through f in question 10, go to question 15. If you checked box g in question 10, go to questions 12 and 13. If you checked box h, i, or j, in question 10, go to question 11.

Part III Technical Requirements (Continued)

- 11 If you checked box h, i, or j in question 10, has the organization completed a tax year of at least 8 months?
 Yes—Indicate whether you are requesting:
 A definitive ruling (Answer questions 12 through 15.)
 An advance ruling (Answer questions 12 and 15 and attach two Forms 872-C completed and signed.)
 No—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the application.

- 12 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

N/A

- 13 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:

- a Enter 2% of line 8, column (e), Total, of Part IV-A.
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.

- 14 If you are requesting a definitive ruling under section 509(a)(2), check here and:

- a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see Specific Instructions, Part II, Line 4d, on page 3.)
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

| 15 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.) | Yes | No | If "Yes," complete Schedule: |
|--|-----|----|------------------------------|
| Is the organization a church? | | | A |
| Is the organization, or any part of it, a school? | | | B |
| Is the organization, or any part of it, a hospital or medical research organization? | X | | C |
| Is the organization a section 509(a)(3) supporting organization? | | | D |
| Is the organization a private operating foundation? | | | E |
| Is the organization, or any part of it, a home for the aged or handicapped? | | | F |
| Is the organization, or any part of it, a child care organization? | | | G |
| Does the organization provide or administer any scholarship benefits, student aid, etc.? | | | H |
| Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . . | | | I |

Part IV Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

| | Current tax year | 3 prior tax years or proposed budget for 2 years | | | (e) TOTAL |
|----------|---|--|-------------|-------------|-----------|
| | (a) From..... to | (b) 19..... | (c) 19..... | (d) 19..... | |
| Revenue | 1 Gifts, grants, and contributions received (not including unusual grants—see pages 5 and 6 of the instructions) | | | | |
| | 2 Membership fees received | | | | |
| | 3 Gross investment income (see instructions for definition) | | | | |
| | 4 Net income from organization's unrelated business activities not included on line 3 | | | | |
| | 5 Tax revenues levied for and either paid to or spent on behalf of the organization | | | | |
| | 6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) | | | | |
| | 7 Other income (not including gain or loss from sale of capital assets) (attach schedule) | | | | |
| | 8 Total (add lines 1 through 7) | | | | |
| | 9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22 | | | | |
| | 10 Total (add lines 8 and 9) | | | | |
| | 11 Gain or loss from sale of capital assets (attach schedule) | | | | |
| | 12 Unusual grants | | | | |
| | 13 Total revenue (add lines 10 through 12) | | | | |
| Expenses | 14 Fundraising expenses | | | | |
| | 15 Contributions, gifts, grants, and similar amounts paid (attach schedule) | | | | |
| | 16 Disbursements to or for benefit of members (attach schedule) | | | | |
| | 17 Compensation of officers, directors, and trustees (attach schedule) | | | | |
| | 18 Other salaries and wages | | | | |
| | 19 Interest | | | | |
| | 20 Occupancy (rent, utilities, etc.) | | | | |
| | 21 Depreciation and depletion | | | | |
| | 22 Other (attach schedule) | | | | |
| | 23 Total expenses (add lines 14 through 22) | | | | |
| | 24 Excess of revenue over expenses (line 13 minus line 23) | | | | |

Part IV Financial Data (Continued)

| B. Balance Sheet (at the end of the period shown) | | Current tax year Date |
|---|--|--------------------------------|
| Assets | | |
| 1 | Cash | 1 |
| 2 | Accounts receivable, net | 2 |
| 3 | Inventories | 3 |
| 4 | Bonds and notes receivable (attach schedule) | 4 |
| 5 | Corporate stocks (attach schedule) | 5 |
| 6 | Mortgage loans (attach schedule) | 6 |
| 7 | Other investments (attach schedule) | 7 |
| 8 | Depreciable and depletable assets (attach schedule) | 8 |
| 9 | Land | 9 |
| 10 | Other assets (attach schedule) | 10 |
| 11 | Total assets (add lines 1 through 10) | 11 |
| Liabilities | | |
| 12 | Accounts payable | 12 |
| 13 | Contributions, gifts, grants, etc., payable | 13 |
| 14 | Mortgages and notes payable (attach schedule) | 14 |
| 15 | Other liabilities (attach schedule) | 15 |
| 16 | Total liabilities (add lines 12 through 15) | 16 |
| Fund Balances or Net Assets | | |
| 17 | Total fund balances or net assets | 17 |
| 18 | Total liabilities and fund balances or net assets (add line 16 and line 17) | 18 |

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation

Schedule C. Hospitals and Medical Research Organizations

- Check here if claiming to be a hospital; complete the questions in Section I of this schedule; and write "N/A" in Section II.
- Check here if claiming to be a medical research organization operated in conjunction with a hospital; complete the questions in Section II of this schedule; and write "N/A" in Section I.

Section I Hospitals

- 1a How many doctors are on the hospital's courtesy staff?
 See attached Exhibit O
- b Are all the doctors in the community eligible for staff privileges? Yes No
 If "No," give the reasons why and explain how the courtesy staff is selected.

- 2a Does the hospital maintain a full-time emergency room? Yes No
- b What is the hospital's policy on administering emergency services to persons without apparent means to pay?
 The emergency room of KVMC and MMMC, open 24-hours a day, seven days a week, treat all patients, regardless of ability to pay.

- c Does the hospital have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? Yes No
 Explain. Although no formal arrangements exist between KVMC and MMMC and emergency municipal services, it is the practice of both medical centers to accept all patients for emergency treatment or admission who are brought to their facilities by local police, fire and voluntary ambulance services.

- 3a Does or will the hospital require a deposit from persons covered by Medicare or Medicaid in its admission practices? Yes No
 If "Yes," explain.
- b Does the same deposit requirement, if any, apply to all other patients? N/A. . . Yes No
 If "No," explain.

- 4 Does or will the hospital provide for a portion of its services and facilities to be used for charity patients? Yes No
 Explain the policy regarding charity cases. Include data on the hospital's past experience in admitting charity patients and arrangements it may have with municipal or government agencies for absorbing the cost of such care.

See attached Exhibit P

- 5 Does or will the hospital carry on a formal program of medical training and research? Yes No
 If "Yes," describe.

See attached Exhibit Q

- 6 Does the hospital provide office space to physicians carrying on a medical practice? Yes No
 If "Yes," attach a list setting forth the name of each physician, the amount of space provided, the annual rent, the expiration date of the current lease and whether the terms of the lease represent fair market value. See Exhibit R

Section II Medical Research Organizations

- 1 Name the hospitals with which the organization has a relationship and describe the relationship.
- 2 Attach a schedule describing the organization's present and proposed (indicate which) medical research activities; show the nature of the activities, and the amount of money that has been or will be spent in carrying them out. (Making grants to other organizations is not direct conduct of medical research.)
- 3 Attach a statement of assets showing their fair market value and the portion of the assets directly devoted to medical research.

Power of Attorney and Declaration of Representative

▶ For Paperwork Reduction and Privacy Act Notice, see the instructions.

OMB No. 1545-0150
 For IRS Use Only
 Received by:
 Name _____
 Telephone () _____
 Function _____
 Date / / _____

Part I Power of Attorney (Please type or print.)

1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, line 9.)

| | | |
|---|--|---|
| Taxpayer name(s) and address MaineGeneral Medical Center 6 East Chestnut Street Augusta, Maine 04330 | Social security number(s) _____ Daytime telephone number (207) 626-1000 | Employer identification number _____ Applied for 4/8/97 Plan number (if applicable) _____ |
|---|--|---|

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

| | |
|---|---|
| Name and address Gordon K. Gayer, Esq. Kozak, Gayer & Brodek, P.A. 75 Market St., Portland, ME 04101 | CAF No. None Telephone No. (207) 756-7750 Fax No. (207) 756-7754 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> |
| Name and address _____ _____ | CAF No. Telephone No. () Fax No. () Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> |
| Name and address _____ _____ | CAF No. Telephone No. () Fax No. () Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> |

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax Matters

| Type of Tax (Income, Employment, Excise, etc.) | Tax Form Number (1040, 941, 720, etc.) | Year(s) or Period(s) |
|--|--|----------------------|
| Tax Exemption Recognition | 1023 | 1997 |
| | | |

4 Specific Use Not Recorded on Centralized Authorization File (CAF).—If the power of attorney is for a specific use not recorded on CAF, check this box. (See Line 4—Specific uses not recorded on CAF on page 3.)

5 Acts Authorized.—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see Line 5—Acts authorized on page 4).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

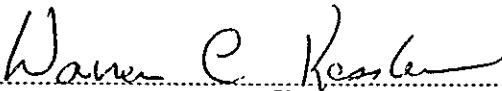
Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner/person of a partnership or S corporation is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of Refund Checks.—If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

- 7 Notices and Communications.**—Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.
- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box
 - b If you also want the second representative listed to receive a copy of such notices and communications, check this box
 - c If you do not want any notices or communications sent to your representative, check this box
- 8 Retention/Revocation of Prior Power(s) of Attorney.**—The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.
- 9 Signature of Taxpayer(s).**—If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- ▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**


 Signature 4/8/97 President/CEO
 Date Title (if applicable)

.....
 Warren C. Kessler
 Print Name

.....
 Signature Date Title (if applicable)

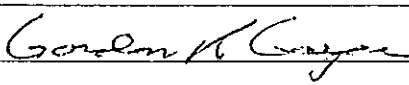
.....
 Print Name

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(a)(7) of Treasury Department Circular No. 230.

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

| Designation—Insert above letter (a–h) | Jurisdiction (state) or Enrollment Card No. | Signature | Date |
|---------------------------------------|---|--|--------|
| a | Maine |  | 4/8/97 |
| | | | |
| | | | |

Application for Employer Identification Number
 (For use by employers, corporations, partnerships, trusts, estates, churches,
 government agencies, certain individuals, and others. See instructions.)

EIN _____
 OMB No. 1545-0003

► Keep a copy for your records.

1 Name of applicant (legal name) (See instructions.)
MaineGeneral Medical Center

2 Trade name of business (if different from name on line 1) _____

3 Executor, trustee, "care of" name
N/A

4a Mailing address (street address) (room, apt., or suite no.)
6 East Chestnut Street

4b City, state, and ZIP code
Augusta, Maine 04330

5a Business address (if different from address on lines 4a and 4b) _____

5b City, state, and ZIP code _____

6 County and state where principal business is located
Kennebec County, Maine

7 Name of principal officer, general partner, grantor, owner, or trustee - SSN required (See instructions.) ►
Warren C. Kessler 006-40-8268

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN) _____

Partnership Personal service corp.

REMIC Limited liability co.

State/local government National Guard

Other nonprofit organization (specify) ► Hospital (enter GEN if applicable) _____

Other (specify) ► _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Maine Foreign country _____

9 Reason for applying (Check only one box.)

Started new business (specify) ► _____

Banking purpose (specify) ► _____

Changed type of organization (specify) ► _____

Purchased going business

Created a trust (specify) ► _____

Hired employees

Created a pension plan (specify type) ► _____

Other (specify) ► Consolidation of existing non-profit corp.

10 Date business started or acquired (Mo., day, year) (See instructions.)
July 1, 1997

11 Closing month of accounting year (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural 2100 Agricultural _____ Household _____

14 Principal activity (See instructions.) ► Hospital

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ► _____

16 To whom are most of the products or services sold? Please check the appropriate box.

Business (wholesale) N/A

Public (retail) Other (specify) ► _____

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) 207-626-1000

Fax telephone number (include area code) 207-626-1911

Name and title (Please type or print clearly.) ► Warren C. Kessler, President/CEO

Signature ► Warren C. Kessler President/CEO Date ► 4/8/97

Note: Do not write below this line. For official use only.

| | | | | | |
|----------------------|------|------|-------|------|---------------------|
| Please leave blank ► | Gov. | Ind. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|

**User Fee for Exempt Organization
Determination Letter Request**

▶ Attach this form to determination letter application.
(Form 8718 is NOT a determination letter application.)

For IRS Use Only

Control number _____
Amount paid _____
User fee screener _____

1 Name of organization **MaineGeneral Medical Center** 2 Employer Identification Number **Applied for 4/8/97**

Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

3 Type of request Fee

a Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶ \$150

Note: If you checked box 3a, you must complete the Certification below.

Certification

I certify that the annual gross receipts of _____ name of organization
have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.
Signature ▶ _____ Title ▶ _____

b Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years . ▶ \$465

c Group exemption letters ▶ \$500

Instructions

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 96-8, 1996-1 I.R.B. 107.

Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the Internal Revenue Service for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

To avoid delays, send the determination letter application and

Form 8718 to the applicable IRS address shown below. Use the address below even if a different address appears in another form or publication.

| If the organization is in | Send fee and request for determination letter to |
|--|---|
| Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont | Internal Revenue Service EP/EO Division P. O. Box 1600, GPO Brooklyn, NY 11202 |
| Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, any U.S. possession or foreign country | Internal Revenue Service EP/EO Division P. O. Box 17010 Baltimore, MD 21203 |
| Indiana, Kentucky, Michigan, Ohio, West Virginia | Internal Revenue Service P. O. Box 192 Covington, KY 41012-0192 |

| | |
|--|--|
| Arizona, Colorado, Kansas, Oklahoma, New Mexico, Texas, Utah, Wyoming | Internal Revenue Service EP/EO Division Mail Code 4950 DAL 1100 Commerce Street Dallas, TX 75242 |
| Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee | Internal Revenue Service EP/EO Division P.O. Box 941 Atlanta, GA 30370 |
| Alaska, California, Hawaii, Idaho, Nevada, Oregon, Washington | Internal Revenue Service EO Application EP/EO Division McCaskill Industrial Park 2 Cupanna Circle Monterey Park, CA 91755-7406 |
| Illinois, Iowa, Minnesota, Missouri, Montana, Nebraska, North Dakota, South Dakota, Wisconsin | Internal Revenue Service EP/EO Division 230 S. Dearborn DPN 20-5 Chicago, IL 60604 |

Attach Check or Money Order Here

