

May 8, 2023

Mr. Jeremy Storer
MaineGeneral Medical Center
35 Medical Center Parkway
Augusta, ME 04330

Dear Jeremy

Enclosed are the original and one copy of the 2021 Exempt Organization returns and 2022 estimated tax worksheet, as follows...

2021 Form 990-T

2021 Maine Corporate Income Tax Return

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The returns were prepared from the information furnished by you. Please review the returns before signing to ensure that there are no omissions or misstatements of material facts. If you note anything which may require a change to the returns, please contact us before filing them.

Prior to preparing your returns, we asked questions to determine if you had any foreign financial accounts requiring disclosure with the tax returns on IRS Form 8938 and filing of U.S. Treasury Form FinCEN 114. We have prepared your tax returns based on the information you provided in response to these questions. If you indicated that you have no reportable interest in foreign financial accounts or you have not responded to our inquiries related to this request, your tax returns were prepared without any disclosure for these accounts. Otherwise, we have prepared your tax returns in accordance with the information you provided to us and have made the appropriate disclosure on your return and have prepared Form FinCEN 114 and/or Form 8938 and the accompanying filing instructions.

Please be advised that there are significant civil and criminal penalties for non-disclosure and reporting of such

accounts. Baker Newman Noyes will not be liable for any penalties resulting from your failure to provide us with accurate and timely information regarding such accounts or to timely file the required disclosure forms.

Tax Shelter Disclosure: Please remember that, although tax shelters can be perfectly legal, the IRS monitors this area closely, and disclosure requirements must be given the utmost consideration. As a taxpayer, you are required to disclose any transaction that the IRS deems "reportable." In general, reportable transactions include: certain listed or potential tax avoidance transactions; transactions that require keeping secret an advisor's tax strategies; transactions in which fees are contingent on your realization of tax benefits; and transactions that result in claiming certain sizable casualty losses.

If you have questions or believe that you may have participated in a reportable transaction, please contact your advisor at Baker Newman Noyes.

In addition, the IRS maintains a tax shelter hotline that you may contact anonymously at (866) 775-7474. You are responsible for ensuring that you have properly disclosed all reportable transactions. Failure to make required disclosures will result in substantial penalties.

Furthermore, Baker Newman Noyes will not be liable where penalties arise from your failure to disclose reportable transactions. Please remember that our ability to assist you is limited to the information that you have provided us. Thus, your tax returns will not contain the appropriate disclosures unless you notify us about potential reportable transactions. Please contact us with any information or concerns about reportable transactions before filing your returns.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,



Nicholas E. Porto
Principal

Filing Instructions

Prepared for:

Mr. Jeremy Storer
MaineGeneral Medical Center
35 Medical Center Parkway
Augusta, ME 04330

Prepared by:

Baker Newman & Noyes
P.O. Box 507
Portland, ME 04112

2021 FORM 990-T

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

Form 990-T has an overpayment of \$7,562. The entire overpayment has been applied to next year's taxes.

Please sign and return Form 8879-EO to us by May 15, 2023.

Filing Instructions

Prepared for:

MaineGeneral Medical Center
35 Medical Center Parkway
Augusta, ME 04330

Prepared by:

Baker Newman & Noyes
P.O. Box 507
Portland, ME 04112

2021 MAINE FORM 1120ME

No payment is required with this return when filed.

This return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the ME DOR. Do not mail the paper copy of the return to the ME DOR.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

MaineGeneral Medical Center

EIN or SSN

04-3369653

Name and title of officer or person subject to tax

**Terrance Brann Jr
Chief Financial Officer**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>91,438.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Baker Newman & Noyes to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

01102412345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Nicholas E. Porto  Date ▶ 05/08/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

▶ **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).**

Department of the Treasury
Internal Revenue Service

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number	
	Print or Type	MaineGeneral Medical Center	04-3369653	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions.	35 Medical Center Parkway	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code	Augusta, ME 04330	9706
		C Book value of all assets at end of year ▶ 699,971,411.	F <input type="checkbox"/> Check box if an amended return.	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust				
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) ▶ 3				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶ MaineGeneral Health & 32-0265031				
L The books are in care of ▶ Jeremy Storer Telephone number ▶ (207) 626-1000				

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	436,417.
2 Reserved	2	
3 Add lines 1 and 2	3	436,417.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	436,417.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	436,417.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	435,417.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	91,438.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	91,438.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		91,438.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		91,438.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	99,000.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		99,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		7,562.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 7,562. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	620000	\$	40,056.
	720000	\$	1,461.
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: _____ Date: _____ Title: **Chief Financial Officer**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **Nicholas E. Porto** Preparer's signature: _____ Date: **05/08/23** Check if self-employed PTIN: **P01310283**

Firm's name: **Baker Newman & Noyes** Firm's EIN: **01-0494526**

Firm's address: **P.O. Box 507, Portland, ME 04112** Phone no.: **(207)879-2100**

Form 990-T	Parent Corporation's Name and Identifying Number	Statement	1
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<u>Corporation's Name</u>	<u>Identifying No</u>
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MaineGeneral Health & Affiliates	32-0265031
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**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

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

▶ 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).

1
OMB No. 1545-0047

2021

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

A Name of the organization MaineGeneral Medical Center	B Employer identification number 04-3369653
C Unrelated business activity code (see instructions) ▶ 520000	D Sequence: 1 of 3

E Describe the unrelated trade or business ▶ **Residency Insurance Premiums**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>485,698.</u>				
b Less returns and allowances _____ c Balance ▶	1c	485,698.		
2 Cost of goods sold (Part III, line 8) _____	2			
3 Gross profit. Subtract line 2 from line 1c _____	3	485,698.		485,698.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions _____	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions _____	4b			
c Capital loss deduction for trusts _____	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) _____	5			
6 Rent income (Part IV) _____	6			
7 Unrelated debt-financed income (Part V) _____	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) _____	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) _____	9			
10 Exploited exempt activity income (Part VIII) _____	10			
11 Advertising income (Part IX) _____	11			
12 Other income (see instructions; attach statement) _____	12			
13 Total. Combine lines 3 through 12 _____	13	485,698.		485,698.

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

1 Compensation of officers, directors, and trustees (Part X) _____				
2 Salaries and wages _____				
3 Repairs and maintenance _____				
4 Bad debts _____				
5 Interest (attach statement). See instructions _____				
6 Taxes and licenses _____				20,662.
7 Depreciation (attach Form 4562). See instructions _____	7			
8 Less depreciation claimed in Part III and elsewhere on return _____	8a			
9 Depletion _____				
10 Contributions to deferred compensation plans _____				
11 Employee benefit programs _____				
12 Excess exempt expenses (Part VIII) _____				
13 Excess readership costs (Part IX) _____				
14 Other deductions (attach statement) <u>See Statement 2</u>	14			28,619.
15 Total deductions. Add lines 1 through 14 _____	15			49,281.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	16			436,417.
17 Deduction for net operating loss. See instructions _____	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____	18			436,417.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶	0.			
11 Total dividends-received deductions included in line 10 ▶	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals row for Part VI with instructions for adding columns 5 and 10, and 6 and 11. Values shown as 0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides.

Totals row for Part VII with instructions for adding amounts in column 2 and column 5. Values shown as 0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses.

Form 990-T (A)	Other Deductions	Statement	2
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<u>Description</u>	<u>Amount</u>
Administrative Overhead	28,619.
Total to Schedule A, Part II, line 14	28,619.

**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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

A Name of the organization MaineGeneral Medical Center	B Employer identification number 04-3369653
C Unrelated business activity code (see instructions) ▶ 620000	D Sequence: 2 of 3

E Describe the unrelated trade or business ▶ **Phlebotomy Training**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>37,047.</u>				
b Less returns and allowances _____ c Balance ▶	1c	37,047.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	37,047.		37,047.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	37,047.		37,047.

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

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			52,495.
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			12,777.
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement)	14	See Statement 3		2,782.
15 Total deductions. Add lines 1 through 14	15			68,054.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-31,007.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-31,007.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A
 B
 C
 D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A
 B
 C
 D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Form 990-T (A)	Other Deductions	Statement	3
<u>Description</u>		<u>Amount</u>	
Supplies			2,018.
Travel			99.
Administrative Overhead			665.
Total to Schedule A, Part II, line 14			2,782.

990-T Sch A	Post-2017 Net Operating Loss Deduction			Statement	4
<u>Tax Year</u>	<u>Loss Sustained</u>	<u>Loss Previously Applied</u>	<u>Loss Remaining</u>	<u>Available This Year</u>	
06/30/21	40,056.	0.	40,056.	40,056.	
NOL Carryover Available This Year			40,056.	40,056.	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

A Name of the organization: MaineGeneral Medical Center; B Employer identification number: 04-3369653; C Unrelated business activity code: 720000; D Sequence: 3 of 3

E Describe the unrelated trade or business: Catering/Food Service

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (935), Less returns and allowances, Cost of goods sold, Gross profit (935), Capital gain net income, etc.

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

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees (1,878), Repairs and maintenance, Depreciation (66), Employee benefit programs (457), Total deductions (3,848), Unrelated business income before net operating loss deduction (-2,913), Deduction for net operating loss (0), Unrelated business taxable income (-2,913).

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A
 B
 C
 D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A
 B
 C
 D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Form 990-T (A)	Other Deductions	Statement	5
<u>Description</u>		<u>Amount</u>	
Supplies			996.
Administrative Overhead			401.
Purchased Services			50.
Total to Schedule A, Part II, line 14			<u>1,447.</u>

990-T Sch A	Post-2017 Net Operating Loss Deduction			Statement	6
<u>Tax Year</u>	<u>Loss Sustained</u>	<u>Loss Previously Applied</u>	<u>Loss Remaining</u>	<u>Available This Year</u>	
06/30/21	1,461.	0.	1,461.	1,461.	
NOL Carryover Available This Year			1,461.	1,461.	

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

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

MaineGeneral Medical Center

Catering/Food Service

Identifying number
04-3369653

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	66.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	66.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use: % % %
27 Property used 50% or less in a qualified business use: % % % S/L - S/L - S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (f) Vehicle
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year:
43 Amortization of costs that began before your 2021 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

2021

Maine Corporate Income Tax Return Form 1120ME



04

For calendar year 2021 or tax year

07 01 2021 to 06 30 2022

MAINEGENERAL MEDICAL CENTER

622000 Check if you filed federal Form 990-T, X 1120-C, or 1120-H

Name of Corporation

Federal Business Code

35 MEDICAL CENTER PARKWAY

04 3369653 ME

Address

Federal Employer ID Number

State of Incorporation

AUGUSTA

ME 04330

City, Town or Post Office

State ZIP Code

Parent Company Employer ID Number

JEREMY

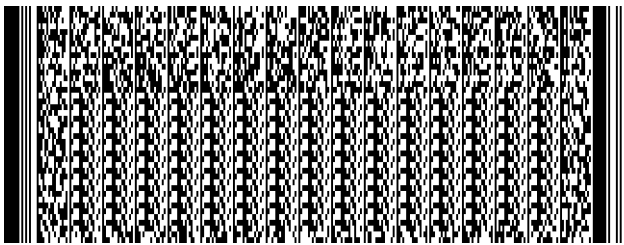
STORER

207 626 1000

Contact Person's First Name

Contact Person's Last Name

Telephone Number



Check this box if the address has changed.

Check this box if claiming an exemption from the Maine corporate income tax pursuant to PL 86-272.

Check this box if during the tax year any member of the combined group owned or disposed of an interest in a pass-through entity doing business in Maine: If so, provide EIN of pass-through entity (use a separate sheet, if necessary):

Check applicable boxes:

- (1) Initial return (2) Amended return (3) Combined return (4) Final return (5) Member of an affiliated group filing a separate return (6) Based on a pro forma federal return

A. Federal consolidated income (federal Form 1120, line 30) .00

B. Tentative total tax filed on federal Form 7004 .00

1. Federal taxable income (federal Form 1120, line 30. If filing a combined report, enter amount from Form CR, line 11). If negative, enter a minus sign to the left of the number 435417 .00

Subtractions from federal taxable income:

- 2. a. Nontaxable interest 2a. .00 b. Foreign dividend gross-up 2b. .00 c. Work Opportunity Credit and Empowerment Zone Credit deductions 2c. .00 d. Income not taxable under the Constitution of Maine or the United States 2d. .00 e. Dividends from certain affiliated corporations 2e. .00 f. Net operating loss recapture 2f. .00 g. Income from ownership interest in pass-through entity financial institutions 2g. .00 h. State income tax refunds 2h. .00

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Federal EIN



Subtractions, continued:

i. Bonus depreciation/Section 179 expense recapture (see instructions)	2i.	.00
j. Medical marijuana business expenses (see instructions)	2j.	.00
k. 50% of apportionable subpart F income(see instructions)	2k.	.00
l. 80% of apportionable deferred foreign income(see instructions)	2l.	.00
m. 50% of Global Intangible Low-Taxed Income (GILTI)(see instructions)	2m.	.00
n. Northern Maine Transmission Corporation adjustment (see instructions)	2n.	.00
o. Gain on sale of multifamily affordable housing (see instructions)	2o.	.00
p. Seed capital investment tax credit (see instructions)	2p.	.00
q. Gains from sale of timberlands (see instructions)	2q.	.00
r. New markets capital investment credit (see instructions)	2r.	.00
s. Charitable contributions recapture (see instructions)	2s.	.00
t. Business interest deduction recapture (see instructions)	2t.	.00
u. Other	2u.	.00
v. Total subtractions (add lines 2a through 2u)	2v.	.00

Additions to federal taxable income:

3. a. Income taxes (imposed by Maine or any other state, attach schedule) <u>STMT 1</u>	3a.	20662	.00
b. Deferred foreign income (see instructions)	3b.		.00
c. Participation exemption deduction add-back (see instructions)	3c.		.00
d. Foreign-derived intangible income (FDII) deduction add-back (see instructions)	3d.		.00
e. Global Intangible Low-Taxed Income (GILTI) deduction add-back (see instructions)	3e.		.00
f. Interest from state and municipal bonds (other than Maine)	3f.		.00
g. Net operating loss adjustment (see instructions)	3g.		.00
h. Maine capital investment credit bonus depreciation add-back (see instructions)	3h.		.00
i. Bonus depreciation add-back (see instructions)	3i.		.00
j. Losses, expenses, or deductions from ownership interest in financial institutions (see instructions)	3j.		.00

04 3369653
Federal EIN



Additions, continued:

k. Wellness programs credit add-back (see instructions)	3k.		.00
l. Business meals deduction add-back (see instructions)	3l.		.00
m. Other	3m.		.00
n. Total additions (add lines 3a through 3m)	3n.	20662	.00
4. Adjusted federal taxable income (line 1 minus line 2v plus line 3n)	4.	456079	.00

Tax:

5. Gross tax (from rate schedule on page 8 of instructions)	5.	20662	.00
6. a. Maine corporate income tax (from line 5 above or Schedule A, line 5)	6a.	20662	.00
b. Credit recapture (see instructions)	6b.		.00
c. Total tax (add lines 6a and 6b)	6c.	20662	.00

Payments and credits:

7. a. Maine estimated tax paid	7a.	92836	.00
b. Extension payment (Form 1120EXT-ME)	7b.		.00
c. Tax credits (Schedule C, line 1u plus line 2e)	7c.		.00
d. Income tax withheld (from a pass-through entity or from gambling winnings. Enclose Form 1099ME, W-2G, or other supporting documentation)	7d.		.00
e. If amended, enter payments (see instructions)	7e.		.00
f. If amended, enter overpayments (see instructions)	7f.		.00
g. Total payments and credits (add lines 7a through 7e and subtract line 7f; if the result is negative, enter a minus sign to the left of the number)	7g.	92836	.00

Tax due or overpayment

8. a. If line 6c is greater than line 7g, subtract line 7g from line 6c and enter the TAX DUE	8a.		.00	Use EZ Pay at maine.gov/revenue
b. If line 7g is greater than line 6c, subtract line 6c from line 7g and enter the OVERPAYMENT	8b.	72174	.00	
9. Penalty for underpayment of estimated tax (attach Form 2220ME) Check here if Form 2220ME box 5a is checked	9.		.00	
10. TOTAL DUE If you completed line 8a, OR line 8b is less than line 9, enter the total due. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102. Make check payable to Treasurer, State of Maine	10.		.00	



04 3369653
Federal EIN

Overpayment Carryforward/Refund

11. **OVERPAYMENT** If the amount on line 8b exceeds the amount on line 9, subtract the amount on line 9 from line 8b and complete line 12 11. 72174 .00

12. Amount of line 11 to be:

12a. **CREDITED** to next year's estimated tax 72174 .00 12b. **REFUNDED** .00

REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$20,000 or less). SEE INSTRUCTIONS.

Check this box if this refund will go to an account outside the United States

12c. Routing Number

12d. Checking Account Number

This return MUST BE ACCOMPANIED BY a legible copy of Federal Form 1120, pages 1-6, for the same tax period.

Please submit forms in the following order:

1. Pages 1 through 6 of Form 1120ME, as required.
2. Form CR, if required, including affiliation schedule.
3. Other statements for the Maine income tax return.
4. A copy of federal Form 1120, pages 1 through 6.

Paid Preparer Authorization (see instructions)

Check "Yes" to allow the paid preparer to discuss this return with Maine Revenue Services. Yes (complete the following). No.

Paid Preparer's Name

Paid Preparer's Phone Number

Personal Identification #

Corporation President's Name

Social Security Number

Treasurer's Name

Social Security Number

Company's Website Address

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

CONTROLLER

Date

Officer's Signature

Title

Social Security Number

050823

BAKER NEWMAN & PORTLAND, ME

04112

P01310283

Date

Signature and Address of Preparer (Individual or Firm)

Preparer's SSN or PTIN

If enclosing a check, make check payable to:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check,
MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064



04 3369653
Federal EIN

Schedule A - Apportionment of Tax

- Do not complete Schedule A if 100% of the business activity is attributable to Maine. Note that Schedules C and D may still be required.
- All others must complete Schedule A and enter amounts in columns A and B, even if those amounts are zero. If this schedule is left blank or excluded, the Maine apportionment factor will be set at 100%.
- Round all dollar amounts to whole numbers.

Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17).

	(A) Within Maine	(B) Everywhere	(C) Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals
1. Total Sales*	.00 ÷		.00 =
2. Total Payroll	.00 ÷		.00
3. Total Property	.00 ÷		.00
4. Gross tax (Form 1120ME, line 5)		4.	.00
5. Maine corporate income tax (line 4 x line 1 column c factor. Enter here and on Form 1120ME, line 6a)		5.	.00
6. What amount of line 3, column A is tangible personal property ?		6.	.00

***Note:** Total Sales must exclude income claimed as a deduction on Form 1120ME, lines 2e, 2k, 2l, and 2m. Other limitations apply. See Schedule A instructions for additional information.

**Schedule B - Alternative Minimum Tax
Repealed for tax years beginning on or after January 1, 2018**

Schedule C - See page 6

Schedule D - Minimum Tax Credit

1. a. Minimum tax credit carryover from 2020 (2020 Form 1120ME, Schedule D, line 1d)	1a.	.00
b. Regular income tax liability for 2021 (Form 1120ME, line 6a minus all Schedule C credits except minimum tax credit)	1b.	20662 .00
c. Minimum tax credit: enter the smaller of line 1a or line 1b here and on Schedule C, line 1i	1c.	.00
d. Minimum tax credit carryover to 2022 (line 1a minus line 1c)	1d.	.00



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Non-refundable Credits

1. a. Seed capital investment tax credit	1a.		.00
b. Jobs and investment tax credit carryforward	1b.		.00
c. Employer-assisted day care credit and Quality child care investment credit carryforward	1c.		.00
d. Employer-provided long-term care benefits credit carryforward	1d.		.00
e. Pine Tree Development Zone regular tax credit	1e.		.00
f. Maine capital investment credit	1f.	0	.00
g. Research expense tax credit	1g.		.00
h. Super credit for substantially increased research and development carryforward	1h.		.00
i. Minimum tax credit (from Schedule D, line 1c)	1i.		.00
j. Employer family and medical leave credit	1j.		.00
k. Credit for educational opportunity	1k.		.00
l. Wellness program credit	1l.		.00
m. Certified visual media production credit	1m.		.00
n. Biofuel commercial production tax credit	1n.		.00
o. Renewable chemicals tax credit	1o.		.00
p. Credit for disability income protection plans	1p.		.00
q. Maine Life and Health Insurance Guaranty Association credit (see instructions)	1q.		.00
r. Other nonrefundable credits (see instructions)	1r.		.00
s. Total nonrefundable credits (add lines 1a through 1r)	1s.		.00
t. Total tax (from Form 1120ME, line 6c)	1t.		.00
u. Allowable nonrefundable credits (Enter amount from line 1s or 1t, whichever is less. Also enter the sum of this line and line 2e below on Form 1120ME, line 7c)	1u.		.00

Refundable Credits

2. a. Historic rehabilitation credit	2a.		.00
b. New markets capital investment credit	2b.		.00
c. Credit for affordable housing	2c.		.00
d. Other refundable credits (see instructions)	2d.		.00
e. Total refundable credits: (Add lines 2a through 2d. Also enter the sum of this line and line 1u above on Form 1120ME, line 7c)	2e.		.00

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Schedule X - Amended Return Adjustments

1. Reason for change (check all applicable boxes):

- | | | | |
|-------------------------------|---|-------------------------------------|----------------------|
| a. IRS change | b. Net operating loss | c. Federal amended 1120X | d. Accounting change |
| e. Other (attach explanation) | f. Member of an affiliated group filing a separate return | g. Combined return (attach Form CR) | |
| (A) | (B) | (C) | (D) |
| Line Adjusted | As Most Recently Filed or Adjusted | Adjustment | Correct Amount |

- 2. a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.
- k.
- l.
- m.
- n.
- o.
- p.
- q.
- r.
- s.
- t.

ME 1120ME	STATE INCOME TAX	STATEMENT	1
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DESCRIPTION	AMOUNT
MAINE TAX - BASED ON INCOME	20,662.
TOTAL TO FORM 1120ME, LINE 4A	20,662.
