

April 28, 2022

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

Dear Jeremy

Enclosed are the original and one copy of the 2020 Exempt Organization returns and 2021 estimated tax worksheet, as follows...

2020 Form 990-T

2021 Federal Estimated Tax Worksheet - Form 990-T

2020 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

2020 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-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return the signed 8879-EO to us by May 16, 2021.

Form 990-T has a balance due of \$8,482.

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

2021 FORM 990-T ESTIMATED TAX

Estimated tax installments are due as follows:

\$ 110,000 due by June 15, 2022

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

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

2020 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.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

MaineGeneral Medical Center

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 (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720. Total tax for Form 990-T is 107,291.

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 organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 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. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 2020 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 04/29/22

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

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

2020

For calendar year 2020 or other tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

▶ 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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MaineGeneral Medical Center</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 35 Medical Center Parkway</p> <p>City or town, state or province, country, and ZIP or foreign postal code Augusta, ME 04330</p> <p>C Book value of all assets at end of year ▶ 703,659,523.</p>	<p>D Employer identification number 04-3369653</p> <p>E Group exemption number (see instructions) 9706</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>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 <input type="checkbox"/> Applicable reinsurance entity</p>		<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>		<p>J Enter the number of attached Schedules A (Form 990-T) ▶ 5</p>	
<p>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</p>		<p>L The books are in care of ▶ Jeremy Storer Telephone number ▶ (207) 626-1000</p>	

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	511,908.
2 Reserved	2	
3 Add lines 1 and 2	3	511,908.
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	511,908.
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	511,908.
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	510,908.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	107,291.
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	107,291.

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		107,291.
3	Other taxes. 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		107,291.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 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		191.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		8,482.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

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

	Yes	No
1 At any time during the 2020 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		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 \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a 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 4b. 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 _____ **Chief Financial Officer** Title _____

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 04/29/22	Check <input type="checkbox"/> 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

Corporation's Name

Identifying No

MaineGeneral Health & Affiliates

32-0265031

**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).

Entity **1**

OMB No. 1545-0047

2020

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) ▶ 450000	D Sequence: 1 of 5

E Describe the unrelated trade or business ▶ **Flow-Thru UBI from K-1s**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
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) Statement 2	5 26,973.		26,973.
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 26,973.		26,973.

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		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement) (see instructions)	5		
6 Taxes and licenses	6		1,359.
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 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		1,359.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		25,614.
17 Deduction for net operating loss (see instructions)	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		25,614.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal property, real and personal property, and total rents. Row 5: Total deductions. Row 6: Total rents received or accrued with deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income, deductions, average acquisition debt, and gross income reportable. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

Form 990-T (A)	Income (Loss) from Partnerships	Statement	2
<u>Description</u>		<u>Net Income or (Loss)</u>	
Unrelated Business Income - Ordinary Business Income (loss)			26,973.
Total Included on Schedule A, Part I, line 5			26,973.

**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).

Entity **2**

OMB No. 1545-0047

2020

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: 2 of 5

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>557,260.</u>				
b Less returns and allowances _____ c Balance ▶	1c	557,260.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	557,260.		557,260.
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	557,260.		557,260.

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			
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement) (see instructions)	5			
6 Taxes and licenses	6			25,805.
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 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) See Statement 3	14			45,161.
15 Total deductions. Add lines 1 through 14	15			70,966.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			486,294.
17 Deduction for net operating loss (see instructions)	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			486,294.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 asks if section 263A rules apply.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Breakdown of rent received or accrued by property type. Row 5: Total deductions. Row 6: Total rents received or accrued.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Breakdown of gross income from debt-financed property, including deductions and average acquisition debt. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

Form 990-T (A)	Other Deductions	Statement	3
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<u>Description</u>	<u>Amount</u>
Administrative Overhead	45,161.
Total to Schedule A, Part II, line 14	45,161.

**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).

Entity 3

OMB No. 1545-0047

2020

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) ▶ 610000	D Sequence: 3 of 5

E Describe the unrelated trade or business ▶ **Child Care Services**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>457,787.</u>			
b Less returns and allowances _____ c Balance ▶	1c 457,787.		
2 Cost of goods sold (Part III, line 8) _____	2		
3 Gross profit. Subtract line 2 from line 1c _____	3 457,787.		457,787.
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 _____	13 457,787.		457,787.

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		411,476.
3 Repairs and maintenance _____	3		82.
4 Bad debts _____	4		
5 Interest (attach statement) (see instructions) _____	5		
6 Taxes and licenses _____	6		
7 Depreciation (attach Form 4562) (see instructions) _____	7	15,001.	
8 Less depreciation claimed in Part III and elsewhere on return _____	8a		15,001.
9 Depletion _____	9		
10 Contributions to deferred compensation plans _____	10		
11 Employee benefit programs _____	11		137,837.
12 Excess exempt expenses (Part VIII) _____	12		
13 Excess readership costs (Part IX) _____	13		
14 Other deductions (attach statement) <u>See Statement 4</u>	14		57,093.
15 Total deductions. Add lines 1 through 14 _____	15		621,489.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	16		-163,702.
17 Deduction for net operating loss (see instructions) _____	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____	18		-163,702.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal property, real and personal property, and total rents. Row 5: Total deductions. Row 6: Total rents received or accrued with deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income, deductions, average acquisition debt, and gross income reportable. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 4

Description	Amount
Supplies	12,560.
Administrative Overhead	4,803.
Occupancy	35,644.
Printing	188.
Office Expenses	1,458.
Insurance	2,440.
Total to Schedule A, Part II, line 14	57,093.

**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).

Entity **4**

OMB No. 1545-0047

2020

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: 4 of 5

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>36,023.</u>				
b Less returns and allowances _____ c Balance ▶	1c	36,023.		
2 Cost of goods sold (Part III, line 8) _____	2			
3 Gross profit. Subtract line 2 from line 1c _____	3	36,023.		36,023.
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	36,023.		36,023.

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			59,565.
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			14,497.
12 Excess exempt expenses (Part VIII) _____	12			
13 Excess readership costs (Part IX) _____	13			
14 Other deductions (attach statement) <u>See Statement 5</u>	14			2,017.
15 Total deductions. Add lines 1 through 14 _____	15			76,079.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	16			-40,056.
17 Deduction for net operating loss (see instructions) _____	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____	18			-40,056.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued breakdown by property type. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions, and average acquisition debt. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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

Description	Amount
Supplies	1,392.
Travel	159.
Administrative Overhead	466.
Total to Schedule A, Part II, line 14	2,017.

**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).

Entity 5

OMB No. 1545-0047

2020

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) ▶ 720000	D Sequence: 5 of 5

E Describe the unrelated trade or business ▶ **Catering/Food Service**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>16,866.</u>				
b Less returns and allowances _____ c Balance ▶	1c	16,866.		
2 Cost of goods sold (Part III, line 8) _____	2	14,500.		
3 Gross profit. Subtract line 2 from line 1c _____	3	2,366.		2,366.
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	2,366.		2,366.

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			1,912.
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		74.	
8 Less depreciation claimed in Part III and elsewhere on return _____	8a			74.
9 Depletion _____	9			
10 Contributions to deferred compensation plans _____	10			
11 Employee benefit programs _____	11			465.
12 Excess exempt expenses (Part VIII) _____	12			
13 Excess readership costs (Part IX) _____	13			
14 Other deductions (attach statement) <u>See Statement 6</u>	14			1,376.
15 Total deductions. Add lines 1 through 14 _____	15			3,827.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	16			-1,461.
17 Deduction for net operating loss (see instructions) _____	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____	18			-1,461.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation N/A

Table with 8 rows for Cost of Goods Sold. Line 5 includes 'Statement 7' and '14,500.'. Line 6 total is '14,500.'. Line 8 total is '14,500.'. Line 9 question is checked 'No'.

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

Table for Rent Income. Line 2a-d are checkboxes. Line 3 total is '0.'. Line 4 deductions are blank. Line 5 total deductions are '0%'.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 2-5 are checkboxes. Line 6 percentages are blank. Line 8 total gross income is '0%'. Line 10 total allocable deductions is '0%'. Line 11 total dividends-received deductions is '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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

Form 990-T (A) Other Deductions Statement 6

Description	Amount
Supplies Administrative Overhead Purchased Services	978. 384. 14.
Total to Schedule A, Part II, line 14	1,376.

Form 990-T (A)	Cost of Goods Sold - Other Costs	Statement	7
<u>Description</u>		<u>Amount</u>	
Purchases		14,500.	
Total to Form 990-T, Schedule A, line 5		14,500.	

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. Form 990-T

2020

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **MaineGeneral Medical Center** Employer identification number **04-3369653**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	107,291.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	107,291.
4	Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	107,291.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)	
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	10/15/20	12/15/20	03/15/21	06/15/21
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	26,823.	26,823.	26,822.	26,823.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	24,750.	24,750.	24,750.	24,750.
Complete lines 12 through 18 of one column before going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13		24,750.	24,750.	24,750.
14	Add amounts on lines 16 and 17 of the preceding column	14		2,073.	4,146.	6,218.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	24,750.	22,677.	20,604.	18,532.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	2,073.	4,146.	6,218.	8,291.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27	See Attached Worksheet		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 191.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) MaineGeneral Medical Center					Identifying Number 04-3369653
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/20	26,823.	26,823.			
10/15/20	-24,750.	2,073.	61	.000081967	10.
12/15/20	26,823.	28,896.			
12/15/20	-24,750.	4,146.	16	.000081967	5.
12/31/20	0.	4,146.	74	.000082192	25.
03/15/21	26,822.	30,968.			
03/15/21	-24,750.	6,218.	92	.000082192	47.
06/15/21	26,823.	33,041.			
06/15/21	-24,750.	8,291.	153	.000082192	104.
Penalty Due (Sum of Column F)					191.

* Date of estimated tax payment, withholding credit date or installment due date.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return MaineGeneral Medical Center	Business or activity to which this form relates 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	1,040,000.
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	2,590,000.
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 2019 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 2021. 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 2020	17	74.
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 2020 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 2020 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	74.
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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for property details and depreciation amounts.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and depreciation amounts.

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.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and 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.

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements for 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

Table with 6 columns: (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 2020 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Depreciation and Amortization
 (Including Information on Listed Property) A PG1 3

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

Name(s) shown on return	Business or activity to which this form relates	Identifying number
MaineGeneral Medical Center	Child Care Services	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	1,040,000.
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	2,590,000.
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 2019 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 2021. 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 2020	17	15,001.
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 2020 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 2020 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	15,001.
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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

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.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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.

Table with 2 columns: Yes, No. Includes rows 37-41.

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

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

2020

Maine Corporate Income Tax Return Form 1120ME



04

For calendar year 2020 or tax year

07 01 2020 to 06 30 2021

MAINEGENERAL MEDICAL CENTER

622000 Check if you filed federal Form 990-T, 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

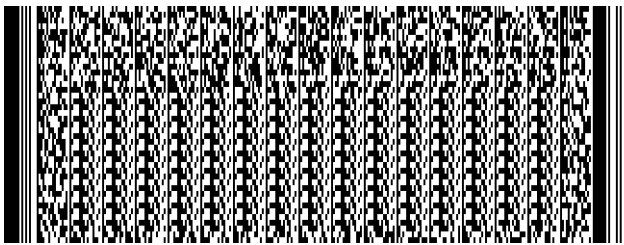
STORER

207 626 1000

Contact Person's First Name

Contact Person's Last Name

Telephone Number



Check this box if your address has changed.

Check this box if you are 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

Table with 3 columns: Description, Code, Amount. Rows include Federal consolidated income, Tentative total tax filed on federal Form 7004, Federal taxable income, and various deductions.



04 3369653

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. Reserved.	2t.	.00
u. Total subtractions (add lines 2a through 2t)	2u.	.00

STMT 1

Additions to federal taxable income:

3. a. Income taxes (imposed by Maine or any other state, attach schedule)	3a.	27164	.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	
k. Wellness programs credit add-back (see instructions)	3k.	.00	
l. Business interest deduction add-back (see instructions)	3l.	.00	
m. Reserved.	3m.	.00	
n. Total additions (add lines 3a through 3m)	3n.	27164	.00

04 3369653
Federal EIN



4. Adjusted federal taxable income (line 1 minus line 2u plus line 3n)	4.	538072	.00
Tax:			
5. Gross tax (from rate schedule on page 7 of instructions)	5.	27164	.00
6. a. Maine corporate income tax (from line 5 above or Schedule A, line 5)	6a.	27164	.00
b. Credit recapture (see instructions)	6b.		.00
c. Total tax (add lines 6a and 6b)	6c.	27164	.00
Payments and credits:			
7. a. Maine estimated tax paid	7a.	60000	.00
b. Extension payment (Form 1120EXT-ME)	7b.		.00
c. Tax credits (Schedule C, line 1u plus line 2c)	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.	60000	.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
b. If line 7g is greater than line 6c, subtract line 6c from line 7g and enter the OVERPAYMENT	8b.	32836	.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

Use EZ Pay at
maine.gov/revenue

Continue on page 4



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. 32836 .00

12. Amount of line 11 to be:

12a. CREDITED to next year's estimated tax 32836 .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.

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

042922

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 this schedule if 100% of your business activity is attributable to Maine. Schedules C and D may still be required.

All others must complete this schedule and enter amounts in columns A and B, even if those amounts are zero. If this schedule is left blank or excluded, your 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)00
5. Maine corporate income tax (line 4 x line 1 column c factor. Enter here and on Form 1120ME, line 6a)00
6. What amount of line 3, column A is tangible personal property ?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 2019 (2019 Form 1120ME, Schedule D, line 1d)	1a.		.00
b. Regular income tax liability for 2020 (Form 1120ME, line 6a minus all Schedule C credits except minimum tax credit)	1b.	27164	.00
c. Minimum tax credit: enter the smaller of line 1a or line 1b here and on Schedule C, line 1j	1c.		.00
d. Minimum tax credit carryover to 2021 (line 1a minus line 1c)	1d.		.00



04 3369653
Federal EIN

Schedule C - Tax Credits

(Attach worksheets. To get worksheets, see www.maine.gov/revenue/tax-return-forms.)

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.	.00
g. Research expense tax credit	1g.	.00
h. Super credit for substantially increased research and development carryforward	1h.	.00
i. High-technology investment tax credit carryforward	1i.	.00
j. Minimum tax credit (from Schedule D, line 1c)	1j.	.00
k. Employer family and medical leave credit	1k.	.00
l. Credit for educational opportunity	1l.	.00
m. Wellness program credit	1m.	.00
n. Certified visual media production credit	1n.	.00
o. Biofuel production tax credit carryforward	1o.	.00
p. Reserved	1p.	.00
q. Credit for disability income protection plans	1q.	.00
r. Maine Life and Health Insurance Guaranty Association credit (see instructions)	1r.	.00
s. Total non-refundable credits (add lines 1a through 1r)	1s.	.00
t. Total tax (from Form 1120ME, line 6c)	1t.	.00
u. Allowable non-refundable credits (Enter amount from line 1s or 1t, whichever is less. Add this line to line 2c and enter result 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. Total refundable credits: (Add lines 2a and 2b. Add this line to line 1u and enter result on Form 1120ME, line 7c)	2c.	.00



04 3369653
Federal EIN

Schedule X - Amended Return Adjustments

1. Reason for change:

- | | | | |
|-------------------------------|---|-------------------------------------|----------------------|
| 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.

**Form 2220ME
Underpayment of Estimated Tax**

2020

Maine Revenue Services, P.O. Box 1065, Augusta, ME 04332-1065

This form is used for the computation of penalty for underpayment of estimated tax for the Maine corporate income tax and Maine franchise tax. Enclose with the appropriate Maine return.

For calendar year 2020, or fiscal year beginning **JULY 1**, 2020 and ending **JUNE 30, 2021**
Name _____ Federal Identification Number _____

MAINEGENERAL MEDICAL CENTER 04 3369653
Number and Street
35 MEDICAL CENTER PARKWAY
City or Town, State and ZIP Code
AUGUSTA, ME 04330

Part I - Calculating Your Underpayment

1. 2020 tax (check the applicable space below) 1. 27164.
 Form 1120ME, line 6c (Total Tax) minus lines 7c (Tax Credits) and 7d (Income Tax Withheld)
 Form 1120B-ME, line 3c (Total Tax) minus lines 4b, 4d (Net Operating Loss Credit) and 4e (Other Tax Credits)
2. Multiply line 1 by 90% 2. 24448.
3. 2019 tax (If 2019 is a short-year, enter amount from line 2) (If this line or line 1 is less than \$1,000, do not complete rest of form) 3. 24612.
4. Enter the smaller of line 2 or line 3 4. 24448.

Payment Due Dates

Enter in columns A through D the installment dates that correspond to the 15th day of the 4th, 6th, 9th and 12th months of the taxable year.

5. Enter 25% of line 4 in columns A through D, unless (a) or (b) below applies:
 a. Actual liability: Check here and the box on Form 1120ME, line 9.
 Enter amount from line 17 of the annualization worksheet.
 b. If the corporation is a "large" corporation under IRC § 6655(g)(2)(A), enter the required estimated tax amount by statute and check this box 5.
6. a. Estimated tax paid and carryover of prior year overpayment 6a.
 b. Overpayment on line 8b from prior column 6b.
7. Line 6a plus line 6b 7.
8. a. Underpayment (line 5 minus line 7) or 8a.
 b. Overpayment (line 7 minus line 5) 8b.

	A	B	C	D
	10-15-2020	12-15-2020	03-15-2021	06-15-2021
5.	6112.	6112.	6112.	6112.
6a.	15000.	15000.	15000.	15000.
6b.		8888.	17776.	
7.	15000.	23888.	32776.	15000.
8a.				
8b.	8888.	17776.	26664.	8888.
9.	10-15-2020	12-15-2020	03-15-2021	06-15-2021
10.				
11.				
12.				
13.				

Part II - Calculating the Penalty

9. Enter the due date of the return (or the date the underpayment on line 8a was paid to MRS, if earlier) 9.
10. Number of months or fraction thereof from the payment due date to the date shown on line 9 10.
11. Enter the rate from the table included in the instructions 11.
12. Underpayment penalty. Underpayment on line 8a multiplied by rate on line 11 12.
13. Total of amounts shown on line 12. Enter result here and on Form 1120ME, line 9 or Form 1120B-ME, line 5b 13.

ME 1120ME STATE INCOME TAX STATEMENT 1

DESCRIPTION

AMOUNT

MAINE TAX - BASED ON INCOME

27,164.

TOTAL TO FORM 1120ME, LINE 4A

27,164.
