Form	990-T	E	Exempt Organization Bus			Tax Returr	)	20112
	tment of the Treasury		(and proxy tax und	er se				Open to Public Inspection for
	al Revenue Service	For c	alendar year 2012 or other tax year beginning		, and ending	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		501(c)(3) Organizations Only byer identification number
A L	Check box if address changed		Name of organization ( Check box if name c	nanged	and see instructions.)		(Empl	oyees' trust, see ctions.)
	kempt under section	Print						1-0212435 ated business activity codes
X	] 501(C)(3)	or Type	Number, street, and room or suite no. If a P.O. bo					nstructions)
	408(e) 220(e)		360 Broadway, P.O. Box	. 40.	3	**************************************		
	408A530(a) 529(a)		City or town, state, and ZIP code Bangor, ME 04402-0403	!			621	500 812300
C Bo	T	E Groun	exemption number (see instructions)	<u> </u>		·····	UZI	300 012300
at	end of year		c organization type X 501(c) corporation	n [	501(c) trust	401(a) trust		Other trust
/ 3	,778,520.		ary unrelated business activity. ▶ Non-pat	ion	+ laborato	ry foos		
			poration a subsidiary in an affiliated group or a pare				Ye	s X No
	• •		tifying number of the parent corporation.	iit-sunsi	diary controlled group		16	5 [21] 110
			Kevin Sedgwick		Telen	hone number 🕨 (	207	) 907-1200
			de or Business Income		(A) Income	(B) Expense:		(C) Net
	Gross receipts or sale		22,345.					
	Less returns and allo		c Balance ▶	1c	22,345			
2			A, line 7)	2				
3	Gross profit. Subtrac			3	22,345			22,345.
4 a	•		ch Schedule D)	4a				
			Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deductio	n for tru	sts	4c				
5			ips and S corporations (attach statement)	5				
6	Rent income (Schedu	ule C)		6				
7	Unrelated debt-finance	ced inco	me (Schedule E)	7				
8	Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8	W/2511331 TO 2005 TO 11 TO 15			
9	Investment income of	f a secti	on 501(c)(7), (9), or (17) organization					
	(Schedule G)			9				,
10			ome (Schedule I)	10	W			
11			e J)	11	· · · · · · · · · · · · · · · · · · ·			
12			s; attach statement)	12	00 045			00 045
			gh 12	13	22,345	_		22,345.
Ра	(except for	contrib	ot Taken Elsewhere (see instructions for utions, deductions must be directly connected.)	d with	the unrelated busine	ss income)		Y
14			rectors, and trustees (Schedule K)				14	0.040
15							15	2,948.
16	· ·						16	
17							17	
18							18	404.
19 20			e instructions for limitation rules)				20	404.
21			562)			344.		
22			n Schedule A and elsewhere on return			011	22b	344.
23	· ·						23	
24			mpensation plans				24	
25							25	209.
26			chedule I)				26	
27	Excess readership of	costs (Sc	hedule J)				27	
28	Other deductions (a	ttach sta	itement)		See Sta	tement 1	28	5,895.
29	Total deductions	s. Add Iir	nes 14 through 28				29	9,800.
30			ncome before net operating loss deduction. Subtra				30	12,545.
31			n (limited to the amount on line 30)				31	
32			ncome before specific deduction. Subtract line 31 f				32	12,545.
33			y \$1,000, but see instructions for exceptions) $\dots$				33	1,000.
34	Unrelated busine of zero or line 32	ess tax	able income. Subtract line 33 from line 32. If line	33 is gr	reater than line 32, ente	r the smaller	34	11,545.
	UL 401U UL IIII 34						1 .54	111111

223701 01-11-13 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2012)

Part I	1	Tax Computation								
35	Organ	nizations taxable as corporati	<b>ons</b> (see inst	ructions for tax con	nputation).					
	Contr	olled group members (section	s 1561 and 1	563) check here	► 🔲 See	instructions ar	nd:			
а	Enter	your share of the \$50,000, \$2	5,000, and \$	9,925,000 taxable ii	ncome brack	ets (in that orde	er):			
	(1)	\$	(2) \$		(3)	\$				
b	Enter	organization's share of: (1) A	dditional 5%	tax (not more than	\$11,750)	\$				
	(2) A	dditional 3% tax (not more tha	ın \$100,000)			\$				
C	Incon	ne tax on the amount on line 3	4						► 35c	1,732.
36	Trust	s taxable at trust rates (see in	structions fo	r tax computation).	Income tax o	on the amount o	on line 34 froi	m:		
		Tax rate schedule or	Schedule D (	Form 1041)					▶ 36	
37	Proxy	tax (see instructions)							37	
38	Altern	native minimum tax							38	
39		. Add lines 37 and 38 to line 35								1,732.
Part I	۷I	Tax and Payments								
40 a	Foreig	gn tax credit (corporations atta	ich Form 111	8; trusts attach For	m 1116)		40a			
b	Other	credits (see instructions)			•••••		40b			
C	Gene	ral business credit. Attach Forr	m 3800				40c			
d	Credit	t for prior year minimum tax (a	attach Form 8	801 or 8827)			40d			
е	Total	credits. Add lines 40a through	h 40d						40e	
41	Subtr	act line 40e from line 39							41	1,732.
42	Other	taxes. Check if from: 🔲 Fo	rm 4255	Form 8611	] Form 8697	Form 88	866 🔲 Ot	her (attach stateme	nt) 42	
43	Total	tax. Add lines 41 and 42							43	1,732.
44 a	Paym	ents: A 2011 overpayment cr	edited to 201	2			44a	2,172	2.	
b	2012	estimated tax payments					44b			
C	Tax d	eposited with Form 8868					44c	1,000	) .	
d	Forei	gn organizations: Tax paid or v	vithheld at so	urce (see instructio	ns)		44d			
е	Backı	up withholding (see instruction	ns)				44e			
f	Credi	t for small employer health ins	urance prem	iums (Attach Form	8941)		44f			
g	Other			Form 2439						
		Form 4136		Other		_ Total ►	44g		_	
45		payments. Add lines 44a thro								3,172.
46		ated tax penalty (see instruction								
47		ue. If line 45 is less than the to							47	
48		payment. If line 45 is larger tha							▶ 48	1,440.
49		the amount of line 48 you war					,440.	Refunded	49	0.
Part \		Statements Regardin								
		e during the 2012 calendar ye								, Yes No
		or other) in a foreign country					•	Foreign Bank and	Financial	
Acc 2 Duri	ounts.	If "Yes," enter the name of the ax year, did the organization receive instructions for other forms the org	foreign cour a distribution	try here	tor of, or transf	eror to, a foreign t	rust?			X
<b>.</b>										X
-		amount of tax-exempt interest				. NT /	7\			
		A - Cost of Goods S		method of invent						
	•	at beginning of year	1						6	
	chases		2			of goods sold. S			-	
		oor	3			ine 5. Enter her			7	V 1
		ection 263A costs (att. statement)	4a			rules of sectio	•	•		Yes No
		ts (attach statement)	4b				r acquired for	resale) apply to		
5 Tot		d lines 1 through 4b	5	ned this return includi		ganization?	l etatemente an	ed to the best of my	knowledge and be	olief it is true
Sign	co	rrect, and complete. Declaration of	preparer (other	than taxpayer) is based	on all informat	tion of which prepared	arer has any kno	owledge.		
Here				1		CFO			May the IRS dis	cuss this return with
		Signature of officer		Date	— <b>P</b> :	Title			instructions)?	Yes No
		Print/Type preparer's name		Preparer's sign	ature	n	ate	Check	if PTIN	100110
ъ		, ijpo proparor o marile					1 .	self- employ		
Paid		L		1//1	٠Λ.	8	8/12/13	John Gripidy		310283
<b>D</b>		Nicholas E. P								
Prepa				ın & Nove	$\frac{\sqrt{s}}{s}$		111917	Firm's FIN		
Prepa Use C		Firm's name ▶ Baker			S		111917	Firm's EIN		0494526

Form **990-T** (2012)

### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

<ul> <li>If you are file to not comp</li> <li>Electronic file required to file of time to file to file</li></ul>	illing for an Automatic 3-Month Extension, complet illing for an Additional (Not Automatic) 3-Month Ext plete Part II unless you have already been granted a ling (e-file). You can electronically file Form 8868 if y	tension, c	complete only Part II (on page 2 of tic 3-month extension on a previou	f this form). Isly filed Fo		▶ □
Do not comp Electronic filing required to file a	plete Part II unless you have already been granted a ling (e-file) You can electronically file Form 8868 if y	an automa	tic 3-month extension on a previou	sly filed For	rm 8868.	
Electronic filing required to file a file of time to file a file	ling (e-file). You can electronically file Form 8868 if y		•	•	rm 8868.	
required to file of time to file		ou need a	O 10 11 11 11 11 11 11 11 11 11 11 11 11			
of time to file	- Farm COOT and additional (and automatic) Const					•
	a Form 990-1), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically	file Form 88	368 to requ	est an extension
Doroccal Da-	any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated	With Certain
reisonai Beni	efit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details	on the elec	tronic filing	of this form,
visit <i>www.ir</i> s.c	gov/efile and click on e-file for Charities & Nonprofits.					
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eeded).		
A corporation Part I only	required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete		► X
All other corpo	orations (including 1120-C filers), partnerships, REM tax returns.	ICs, and ti	rusts must use Form 7004 to reque	est an exten	sion of time	<b>&gt;</b>
Type or N	lame of exempt organization or other filer, see instruc	Employer	dentificati	ion number (EIN) or		
S	St. Joseph Hospital				01-02	212435
filing your 3	lumber, street, and room or suite no. If a P.O. box, se 860 Broadway, P.O. Box 403	ee instruct	tions.	Social se	curity numl	oer (SSN)
instructions. C	oity, town or post office, state, and ZIP code. For a for a grant of the control	oreign add	ress, see instructions.			
Enter the Reti	urn code for the return that this application is for (file	e a separa	te application for each return)			0 7
~~~			· · · · · · · · · · · · · · · · · · ·			D-A
Application Is For		Return Code	Application Is For			Return Code
Form 990 or F	Form 990-F7	01	Form 990-T (corporation)			·07
Form 990-BL	0111 930 EZ	02	Form 1041-A			08
Form 4720 (in	adividual)	03	Form 4720			09
Form 990-PF	(Styledal)	04	Form 5227			10
	sec. 401(a) or 408(a) trust)	05	Form 6069	***	·	11
	rust other than above)	06	Form 8870			12
. 0.,,,, 000 1 (1.	Kevin Sedgwick	1 00	101111 0070	:		
<ul> <li>The books</li> </ul>	are in the care of > 360 Broadway -	Bango	or, ME 04402			
	No. ► (207) 907–1200		FAX No. ▶ (207) 262-	-1913		
	nization does not have an office or place of business	s in the Un				
	r a Group Return, enter the organization's four digit (					group, check this
	. If it is for part of the group, check this box					
	st an automatic 3-month (6 months for a corporation				ers the exti	ension is for.
NC	ovember 15, 2013, to file the exempt	t organiza	tion return for the organization pan	ned above	The extens	sion
	ne organization's return for:	t Organiza	tion return for the organization has	ied above.	THE EXTERIS	1011
	calendar year 2012 or					
	tax year beginning	an	d ending			
	tax your boginning	, u.i.	o circuity			
2 If the ta	x year entered in line 1 is for less than 12 months, cl	heck reas	on: Initial return	Final retur	n	
	Change in accounting period	TICON TOUS	on mila return	i iiiai ietai		
O	Hange in accounting period					
3a If this s	pplication is for Form 990-BL, 990-PF, 990-T, 4720, c		ntor the tentative toy less ony			
	pplication is for Form 990-BL, 990-PF, 990-1, 4720, 6 Indable credits. See instructions.	Ji UUOY, E	mer me temanye tax, less any	3-	ė.	3 172
		ontor on:	refundable aredite and	3a	\$	3,172.
h If thin	pplication is for Form 990-PF, 990-T, 4720, or 6069, ed tax payments made. Include any prior year overp	•		O.L		2,172.
	su lan payments made, include any drior vear overo	ayment at	nowed as a credit.	3b	\$	4,112.
estimate			hadala Kanina dikunan ing sa	1		
estimate c Balance	e due. Subtract line 3b from line 3a. Include your pa	•				1 000
estimate  c Balance by using		See instru	ctions.	3c	\$	1,000.

223841 01-21-13

Schedule C - Rent Inco	ome (Fr	rom Real	Property	y and	Personal I	Propert	y Lease	ed With Real P	rope	erty)(see instructions)
1. Description of property										
(1)										
(2)										
(3)										
(4)	· · · · · · · · · · · · · · · · · · ·									
	2	. Rent receiv	ed or accrued							
(a) From personal property (i rent for personal property 10% but not more the	y is more tha	tage of an	(b) Fro	ent for pe	nd personal propert ersonal property ex is based on profit	ceeds 50% o	entage or if	<b>3(a)</b> Deductions din columns 2(a	ectly co a) and 2	nnected with the income in (b) (attach statement)
(1)										
(2)										
(3)										
(4) Total		0.	Total				0.			
			L				0.	(b) Total deduction	•	
(c) Total income. Add totals of co	-						0.	Enter here and on page	1, _	0.
here and on page 1, Part I, line 6,				. / !			0.	Part I, line 6, column (B)		·
Schedule E - Unrelated	Dept-	rinanced	Income	(see I	nstructions)					
					2. Gross inc	come from		<ol><li>Deductions directly to debt-fi</li></ol>	connect nanced	cted with or allocable property
1. Description o	f debt-financ	ced property			or allocable financed p		(a)	Straight line depreciation (attach statement)	ו	(b) Other deductions (attach statement)
(1)	······································	***************************************								***************************************
(1) (2)		***************************************						· · · · · · · · · · · · · · · · · · ·		
		·				<del></del>	-			
(3)										WHITE AND A STATE OF THE STATE
(4)					0 -			7. Gross income		
property (attach statement) debt-finance		adjusted basi allocable to inced property a statement)		6. Column by colu			reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)						9	6	×		
(2)							6			
(3)			***************************************				6			n tit kan tikan manalam ya asar abagai sagai kan aya mayan daya sa kinin baja mai ya asagan kini kinabaya asaga ya ya ya ma
(4)							/6			
						·	Er	nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals									0.	0.
Total dividends-received deduct									▶.	0.
Schedule F - Interest,	Annuiti	es Royal	ties and	l Ren	ts From C	ontrolle	d Orga	nizations (see		
Ochedule i - interest, i	Aman	Toyan			t Controlled O			inzations (see	iiistiu	Cilorisj
4			-	cvemb		ngai iizati		Te		
<ol> <li>Name of controlled organizat</li> </ol>	tion	Employer ide	entification		3. related income see instructions)		4. of specified nents made	5. Part of column included in the colorganization's gross	ntrolling	connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations		***************************************			•				
7. Taxable Income		unrelated incom		<b>9.</b> Tot	tal of specified pay made	ments	in the con	column 9 that is included trolling organization's	11	. Deductions directly connected with income in column 10
							g	ross income		
(1)									1	
(2)									1	
(3)	<u> </u>								<b> </b>	
	<del> </del>								1-	
(4)	L									A 1
							Enter here	olumns 5 and 10. and on page 1, Part I, e 8, column (A).	E	Add columns 6 and 11.  nter here and on page 1, Part I,  line 8, column (B).
Totale								0		0.
Totals									-1	Form <b>990-T</b> (2012)
223721 01-11-13										101111 330-1 (2012

15570812 793251 74200-448

Schedule G - Investigate (see	tment In		Section 5	501(c)(7	7), (9), or (17) Oı	rganizat	ion			***************************************
1.	Description of	fincome			2. Amount of income	3. Ded directly o (attach si	onnected		et-asides statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						(======================================				(
(2)										
(3)										
								***************		× = · · · ·
Totals					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploi	ted Exen		/ Income,	Other		ing Inco	me			
		,			4. Net income (loss)	I				T _
1. Description of exploited activity	i	2. Gross lated business ncome from the or business	3. Exper directly con with produ of unrelabusiness ir	nected action ated	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5.</b> Gross from action is not unbusiness	ivity that nrelated	attrib	expenses outable to llumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)	p	er here and on age 1, Part I, e 10, col. (A).	Enter here a page 1, P line 10, co	arti,						Enter here and on page 1, Part II, line 26.
Schedule J - Adver	dioina In		i • · · · · · • i - · - · ·							···
					solidated Basis	<b>S</b>		· · · · · · ·		
1. Name of periodic	cal	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		rculation come		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)								l		
(1)						*****				
Totals (carry to Part II, line (	5)) ▶		0.	0						0.
Part II Income Fro	om Perio	dicals Rep	orted on asis.)	a Sepa	arate Basis (For	each perio	dical liste	d in Part	II, fill in	
1. Name of periodic	cal	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, complicols. 5 through 7.	s   <b>5</b> .Ci	rculation come		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)						_				<u> </u>
(4)			_							
Totals from Part I	***************************************		0.	0	•					0.
Totals, Part II (lines 1-5)		Enter here and page 1, Part I line 11, col. (A	page ). line 1°	ere and on 1, Part I, 1, col. (B).	Transcription of the Property					Enter here and on page 1, Part II, line 27.
Schedule K - Comp	pensatio	n of Office	rs, Direct	ors, ar	nd Trustees (see	e instructio	ns)			
	1. Name				2. Title		3. Perce time devo	ted to		ensation attributable related business
/1\	*************************			<u> </u>						
(1)		·····		<del> </del>				%		
(2)								%	· · · · · · · · · · · · · · · · · · ·	
_(3)								%		
(4)				<u> </u>				%		
Total. Enter here and on pag	e 1, Part II, I	ine 14						▶		0.

223731 01-11-13 Form **990-T** (2012)

Form 990-T	Other Deductions	Statement 1
Description		Amount
Supplies Occupancy Purchased services Other expenses		2,293. 431. 3,098. 73.
Total to Form 990-T, Page 1, 15	ine 28	5,895.

## 4562

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

# **Depreciation and Amortization** 990-T (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172
2012

Attachment Sequence No. 179

Business or activity to which this form relates

Identifying number

St.	Joseph Hospital		F	orm 990	-T Page	1	01-0212435
Par	t   Election To Expense Certain Prop	erty Under Section 179	Note: If you have an	y listed proper	ty, complete Pa	art V before y	ou complete Part I.
	laximum amount (see instructions)					4	500,000.
2 T	otal cost of section 179 property pla						
	hreshold cost of section 179 proper						2,000,000.
	eduction in limitation. Subtract line 3						
	ollar limitation for tax year. Subtract line 4 from li						
6	(a) Description of	property	(b) Cost (	ousiness use only)	(c) Ele	cted cost	
7 Li	isted property. Enter the amount fro	m line 29		7			
8 T	otal elected cost of section 179 prop	perty. Add amounts i	n column (c), lines 6	and 7		8	
	entative deduction. Enter the <b>small</b>	•					
	arryover of disallowed deduction fro						
<b>11</b> B	usiness income limitation. Enter the	smaller of business	income (not less thar	zero) or line 5		11	
	ection 179 expense deduction. Add		•				
	arryover of disallowed deduction to						
Note:	Do not use Part II or Part III below t	for listed property. In	stead, use Part V.				
Par	t II Special Depreciation Allow	ance and Other De	preciation (Do not in	nclude listed p	roperty.)		
<b>14</b> S	pecial depreciation allowance for qu	alified property (other	er than listed propert	/) placed in se	vice during		
th	ne tax year	***************************************				14	
<b>15</b> P	roperty subject to section 168(f)(1) e	election				15	
	ther depreciation (including ACRS)						
Par							
			Section A				
17 M	IACRS deductions for assets placed	d in service in tax yea	ars beginning before	2012		17	172.
	you are electing to group any assets placed in se				_		
	Section B - Asset	ts Placed in Service	During 2012 Tax Ye	ear Using the	General Depre	ciation Sys	tem
	(a) Classification of property	(b) Month and year placed in service	<ul><li>(c) Basis for depreciatio (business/investment us only - see instructions)</li></ul>	e (a) Hecol	(e) Convent	ion (f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs	3.	S/L	
		/		27.5 y		S/L	
h	Residential rental property	/		27.5 y		S/L	
		/	***************************************	39 yr:		S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets	Placed in Service I	During 2012 Tax Yea	r Using the A			rstem
20a	Class life					S/L	
b	12-year	<b>-</b>		12 yr	3.	S/L	
c	40-year	/		40 yr		S/L	
Par		)		,			1
<u> </u>	isted property. Enter amount from lin					21	
	otal. Add amounts from line 12, line		s 19 and 20 in colum	n (a), and line	 21.		
	nter here and on the appropriate line					22	172.
	or assets shown above and placed i						
	ortion of the basis attributable to se			1	3		
210051							

Part V Liste

**Listed Property** (Include automobiles, certain other vehicles, certain computers, 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.

24a Do you have evidence to support the business/investment use claimed? Yes No 24b if Yes, is the evidence written? Yes No 10 pt 10		Section A -	Depreciation	on and Othe	r Informa	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for p	asseng	er auton	nobiles.)	)	
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used more than 50% in a qualified business use:    1		Type of property	Date placed in	Business investmer	it   ot	Cost or		is for depre siness/inve	stment	Recovery	Met	hod/	Depre	ciation	Elec sectio	ted n 179
27. Property used 50% or less in a qualified business use:  28. Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29. Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29. Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1  29. Section 8 - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 55' wome,' 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 throse vehicles.  30. Total business/investment miles driven during the year (do not include commuting miles)  31. Total commuting miles driven during the year (and not include commuting miles)  32. Total other personal (annoommuting miles)  33. Total miles driven during the year (and not include commuting miles)  34. Was the vehicle available for personal use during off-duty hours?  35. Was the vehicle available for personal use during off-duty hours?  36. Is another vehicle available for personal use  37. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees who are not more than 5% covers or nelated persons.  37. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees who are not more than 5% covers or nelated persons.  38. Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees who are not more than 5% covers or nelated persons.  39. Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees who are not more than 5% covers employees?  39. Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees about the use of the vehicles, and retain the infor	25	Special depreciation allo	owance for q	ualified listed	property	placed i	n servi	ce during	the ta	ax year an	d					
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Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization begins  Amortization amount  (c)  Amortizable amount Code section  Code section Amortization period or percentage  Amortization for this year  42 Amortization of costs that begins during your 2012 tax year:  43 Amortization of costs that began before your 2012 tax year																
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Part VI Amortization  (a) (b) (c) Amortization Code section period or percentage for this year  42 Amortization of costs that begins during your 2012 tax year:    Section   Code section period or percentage   Amortization period or percentage   Code section   Amortization for this year																
(a) (b) (c) (d) (e) Amortization of costs that begins during your 2012 tax year:  42 Amortization of costs that begins during your 2012 tax year:  43 Amortization of costs that began before your 2012 tax year		Note: If your answer to	<i>37, 38, 39, 4</i>	0, or 41 is "Y	'es," do n	ot compl	ete Sec	tion B fo	or the o	covered ve	ehicles.					
Description of costs  Date amortization begins  Amortizable amount  Amortization of costs that begins during your 2012 tax year:  Section  Amortization of costs that begins during your 2012 tax year:  Amortization of costs that began before your 2012 tax year  43 Amortization of costs that began before your 2012 tax year	Pε	rt VI Amortization														
43 Amortization of costs that began before your 2012 tax year 43			f costs	Da	te amortization		Amortizal			Code		Amortiza	ition	Ą	mortization	
43 Amortization of costs that began before your 2012 tax year 43	42	Amortization of costs th	nat begins du	uring your 20	12 tax ye	ar:										
43 Amortization of costs that began before your 2012 tax year 43					: :											
	43	Amortization of costs th	at began be	fore your 20	12 tax yea	ar							43	~~~~		
	44	Total. Add amounts in	column (f). S	ee the instru	ctions for	where to	report						44			

### GoFileRoom® Bookmark Separator Sheet

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**MAINE** 

**MAINE** 

2012

## MAINE CORPORATE INCOME TAX RETURN FORM 1120ME

.00

.00

.00

0.00

11545.00

For calendar year 2012 or tax year

01

01

OTHER (see instructions) 2j

LINE 1 MINUS 2k. If negative, enter a minus sign

2012

to 12

31

2012

\*1200100\*

Check if you filed X ST. JOSEPH HOSPITAL 621500 federal Form 990-T Federal Business Code Name of Corporation State of 01 0212435 ME 04402 Incorporation Federal Employer ID Number Address ME 04402 BANGOR ZIP Code Parent Company Employer ID No. State City, Town or Post Office 907 1200 KEVIN SEDGWICK 207 Contact Person's First Name Contact Person's Last Name Telephone Number CHECK APPLICABLE BOXES: To amend your return, you must file 2012 Form 1120X-ME (1) Initial return Final return (2) Change of name/address (3) Combined return (Attach For CR) (4) Member of an affiliated group filing (5) a separate return .00 FEDERAL TAXABLE INCOME (federal Form 1120, line 30. If filing a combined report, enter 1. 11545.00 amount from Form CR, line 20). If negative, enter a minus sign to the left of the number..........1 SUBTRACTIONS: .00 .00 b. WORK OPPORTUNITY CREDIT AND EMPOWERMENT ZONE CREDIT DEDUCTION .00 (attach federal Form 5884 and/or Form 8844, as appropriate) .......2c .00 INCOME NOT TAXABLE UNDER THE CONSTITUTION OF MAINE OR THE U.S. ......2d **DIVIDENDS FROM CERTAIN AFFILIATED CORPORATIONS** .00 (limitations - see instructions) 2e .00 INCOME FROM OWNERSHIP INTEREST IN PASS-THROUGH ENTITY FINANCIAL .00 

### FORM 1120ME - Page 2

# 2012 MAINE CORPORATE INCOME TAX RETURN

\*1200101\*

01 0212435 Federal EIN

ΑC	DITIONS:	
4a,	INCOME TAXES imposed by Maine or any other state (attach schedule)4a	404.00
b.	UNRELATED EXPENSES (attach schedule)	.00
C.	INTEREST FROM STATE AND MUNICIPAL BONDS other than Maine	.00
d.	NET OPERATING LOSS ADJUSTMENT4d	.00
e.	MAINE CAPITAL INVESTMENT CREDIT BONUS DEPRECIATION ADD-BACK4e	.00
f.	BONUS DEPRECIATION ADD-BACK	.00
g.	OTHER (see instructions)4g	.00
h.	TOTAL ADDITIONS (add lines 4a through 4g)	404.00
5.	ADJUSTED FEDERAL TAXABLE INCOME (add lines 3 and 4h)	11949.00
TA	x:	
6.	GROSS TAX (from rate schedule on page 6 of instructions)	404.00
7a.	MAINE CORPORATE INCOME TAX (from line 6 above or Schedule A, line 17)	404.00
b.	ALTERNATIVE MINIMUM TAX: (from Schedule B, line 28c - attach federal Form 4626)	.00
C:	TOTAL TAX (add lines 7a and 7b)	404.00
PA'	YMENTS AND CREDITS:	
8a.	MAINE ESTIMATED TAX PAID	2950 <b>.00</b>
b.	EXTENSION PAYMENT (Form 1120EXT-ME)	.00
C:	TAX CREDITS Schedule C, line 290 (may not exceed tax on line 7a)8c	.00
d.	INCOME TAX WITHHELD from a pass-through entity or from gambling winnings	.00
e.	(enclose Form 1099ME, W-2G, or other supporting documentation)  REFUNDABLE HISTORIC REHABILITATION CREDIT (attach worksheet)	.00
f.	TOTAL PAYMENTS AND CREDITS (add lines 8a through 8e)	2950 <b>.00</b>

### FORM 1120ME - Page 3

### 2012 MAINE CORPORATE INCOME TAX RETURN



01 0212435 Federal EIN

9a. b.	If line 7c is greater than line 8f, enter TAX BALANCE DUE9a  Enter PENALTY for underpayment of estimated tax  .00	Use EZ Pay at maine.gov/revenue  Check here if Form 2220ME
C.	(attach Form 2220ME)9b  TOTAL AMOUNT DUE (add lines 9a and 9b). Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102. (Please make check payable to Treasurer, State of Maine)9c	block 5.a. is checked.
10.	If line 8f minus line 9b is greater than line 7c, enter <b>OVERPAYMENT</b>	2546.00
	Amount of line 10 to be:  CREDITED to next year's estimated tax  2546.00  11b. REFUNDED	0.00
REF	FUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$10,000 or less). SEE INSTRUC	FIONS.
refui acco	ck this box if this 11c.Routing Number nd will go to an bount outside the led States. 11d.Checking Account Number	
	CORPORATION PRESIDENT'S NAME MARY PRYBYLO SOCIAL SECURITY NUM	BER
. 7	TREASURER'S NAME KEVIN SEDGWICK SOCIAL SECURITY NUM	BER
(	COMPANY'S WEB SITE ADDRESS WWW.STJOESHEALING.ORG	<del></del> .
	ler penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	
	TREASURER/CFO	
	DATE OFFICER'S SIGNATURE TITLE	SOCIAL SECURITY NUMBER
8	112/13 77 ME 04101  BAKER NEWMAN NOYES, 2  PORTLAND, ME 04101	80 FORE STREET P01310283
	DATE SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM)	PREPARER'S SSN OR PTIN
THIS	RETURN MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE U.S. CORPORATE INCOME TA	X RETURN FEDERAL FORM 1120 PAGES

1-5, FOR THE SAME TAXABLE PERIOD.

- Please submit forms in the following order:
  1. Pages 1 through 5 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 5.

If enclosing a check, make check payable to: <u>Treasurer. State of Maine</u> 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



.00

.00

.00

.00

01 0212435 Federal EIN

#### **SCHEDULE A - APPORTIONMENT OF TAX**

Do not complete this schedule if 100% of your business activity is attributable to Maine. Schedules B, 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 here if you are a mutual fund service provider electing to use the special apportionment formula under 36 M.R.S.A. § 5212(2).

	Check here if you are a mutual fulfu service provider		idel 30 W.N.S.A. 9 32	
	(A)	(B)		(C) Apportionment Factor
	Within Maine	Everywhere		Line 12, Col. (A)/Col. (B) Rounded to 6 Decimals
12.	Total Sales	.00 ÷	.00	= .
13.	Total Payroll	.00	.00	
14.	Total Property	.00	.00	
15.	MAINE APPORTIONMENT FACTOR - line 12, column (C) ab	ove	15	
16.	GROSS TAX from page 2, line 6	16		.00
17.	MAINE CORPORATE INCOME TAX (line 16 x line 15 factor). Enter here and on line 7a, page 2			.00
18.	What amount of line 14, column A is <b>TANGIBLE PERSONAL</b>	PROPERTY?18		.00
	SCHEDULI	E B - ALTERNATIVE MINIMUM 7 (Attach federal Form 4626)	ГАХ	
19.	FEDERAL ALTERNATIVE MINIMUM TAXABLE INCOME (for If negative, enter a minus sign in the space to the left of the to			.00
20.	MODIFICATIONS (if negative, enter a minus sign in the space	ce to the left of the total)20		.00
21.	TENTATIVE ALTERNATIVE MINIMUM TAXABLE INCOME. or less, enter zero and stop here. You have no alternative m			.00
22.	EXEMPTION (see instructions)	22		.00
23.	ADJUSTED TENTATIVE ALTERNATIVE MINIMUM TAXABL	LE INCOME (line 21 minus line 22) 23		.00
24.	APPORTIONMENT FACTOR (Round to 6 decimals. If 100%	6, enter 1.000000.)24		
25.	ALTERNATIVE MINIMUM TAXABLE INCOME (line 23 multi	iplied by line 24)25		.00
26.	TENTATIVE MINIMUM TAX (line 25 multiplied by 5.4% [0.05-	4]) 26		.00

27. MAINE CORPORATE INCOME TAX (line 7a)......27

28a. ALTERNATIVE MINIMUM TAX PRIOR TO PINE TREE DEVELOPMENT ZONE CREDIT

b. PINE TREE DEVELOPMENT ZONE ALTERNATIVE MINIMUM TAX CREDIT

(from credit application worksheet).....

c. ALTERNATIVE MINIMUM TAX (line 28a minus line 28b).

### FORM 1120ME - Page 5

## 2012 MAINE CORPORATE INCOME TAX RETURN



01 0212435 Federal EIN

### **SCHEDULE C - TAX CREDITS**

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

29a.	SEED CAPITAL INVESTMENT TAX CREDIT	. 29a	.00
b.	JOBS AND INVESTMENT TAX CREDIT	29b	.00
C.	EMPLOYER-ASSISTED DAY CARE CREDIT AND QUALITY CHILD CARE INVESTMENT CREDI	T. 29c	.00
d.	EMPLOYER-PROVIDED LONG-TERM CARE BENEFITS CREDIT	29d	.00
e.	PINE TREE DEVELOPMENT ZONE REGULAR TAX CREDIT	. 29e	.00
Ė.	MAINE CAPITAL INVESTMENT CREDIT	. 29f	.00
g.	RESEARCH EXPENSE TAX CREDIT	29g	.00
h.	SUPER CREDIT FOR SUBSTANTIALLY INCREASTED RESEARCH AND DEVELOPMENT	29h	.00
i.	HIGH-TECHNOLOGY INVESTMENT TAX CREDIT	29i	.00
j.	MINIMUM TAX CREDIT (from Schedule D, line 30g)	29j	.00
k.	CREDIT FOR DEPENDENT HEALTH BENEFITS PAID	. 29k	.00
l.	CREDIT FOR EDUCATIONAL OPPORTUNITY	291	.00
m.	CREDIT FOR REHABILITATION OF HISTORIC PROPERTIES PLACED IN SERVICE PRIOR TO 2008	. 29m	.00
n.	OTHER CREDITS (Credit Name)	29n	.00
0.	TOTAL: Add lines 29a through 29n, enter result here and on line 8c. (Credit limited to the tax liability on line 7a)	290	.00
	SCHEDULE D - MINIMUM TAX C	REDIT	
30a.	ALTERNATIVE MINIMUM TAX FOR 2011 (2011 Form 1120ME, Schedule B, line 28c)	30a	.00
b.	MINIMUM TAX CREDIT CARRYOVER FROM 2011 (2011 Form 1120ME, Schedule D, line 30h)	30b	.00
C.	AVAILABLE MINIMUM TAX CREDIT (line30a plus line 30b)	30c	.00
d.	REGULAR INCOME TAX LIABILITY FOR 2012 (line 7a minus all Schedule C credits except minimum tax credit, minus the refundable historic rehabilitation credit from line 8e)	30d	.00
e.	TENTATIVE MINIMUM TAX (Schedule B, line 26)	. 30e	.00
f.	MINIMUM TAX CREDIT LIMIT (line 30d minus line 30e - if zero or less, enter zero)	30f	.00
g.	MINIMUM TAX CREDIT: enter the smaller of line 30c or line 30f here and on Schedule C, line 29j	30g	.00
h.	Maine minimum tax credit CARRYOVER TO 2013 (line 30c minus line 30g)	30h	.00
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