

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

**2012**

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

Department of the Treasury  
Internal Revenue Service

For calendar year 2012 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</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)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>St. Joseph Hospital</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>360 Broadway, P.O. Box 403</b></p> <p>City or town, state, and ZIP code  <b>Bangor, ME 04402-0403</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>01-0212435</b></p> <p><b>E</b> Unrelated business activity codes (See instructions)  <b>621500 812300</b></p>
<p><b>C</b> Book value of all assets at end of year  <b>73,778,520.</b></p>	<p><b>F</b> Group exemption number (see instructions) _____</p> <p><b>G</b> 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</p>		

**H** Describe the organization's primary unrelated business activity. **Non-patient laboratory fees**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. \_\_\_\_\_

**J** The books are in care of **Kevin Sedgwick** Telephone number **(207) 907-1200**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <b>22,345.</b>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance _____	<b>1c</b>	<b>22,345.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) _____	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c _____	<b>3</b>	<b>22,345.</b>		<b>22,345.</b>
<b>4 a</b> Capital gain net income (attach Schedule D) _____	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) _____	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts _____	<b>4c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) _____	<b>5</b>			
<b>6</b> Rent income (Schedule C) _____	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E) _____	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) _____	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) _____	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I) _____	<b>10</b>			
<b>11</b> Advertising income (Schedule J) _____	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) _____	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 _____	<b>13</b>	<b>22,345.</b>		<b>22,345.</b>

<b>Part II Deductions Not Taken Elsewhere</b> (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)				
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) _____				<b>14</b>
<b>15</b> Salaries and wages _____				<b>15</b> <b>2,948.</b>
<b>16</b> Repairs and maintenance _____				<b>16</b>
<b>17</b> Bad debts _____				<b>17</b>
<b>18</b> Interest (attach statement) _____				<b>18</b>
<b>19</b> Taxes and licenses _____				<b>19</b> <b>404.</b>
<b>20</b> Charitable contributions (see instructions for limitation rules) _____				<b>20</b>
<b>21</b> Depreciation (attach Form 4562) _____	<b>21</b>		<b>344.</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return _____	<b>22a</b>			<b>22b</b> <b>344.</b>
<b>23</b> Depletion _____				<b>23</b>
<b>24</b> Contributions to deferred compensation plans _____				<b>24</b>
<b>25</b> Employee benefit programs _____				<b>25</b> <b>209.</b>
<b>26</b> Excess exempt expenses (Schedule I) _____				<b>26</b>
<b>27</b> Excess readership costs (Schedule J) _____				<b>27</b>
<b>28</b> Other deductions (attach statement) <b>See Statement 1</b> _____				<b>28</b> <b>5,895.</b>
<b>29 Total deductions.</b> Add lines 14 through 28 _____				<b>29</b> <b>9,800.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 _____				<b>30</b> <b>12,545.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) _____				<b>31</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 _____				<b>32</b> <b>12,545.</b>
<b>33</b> Specific deduction (generally \$1,000, but see instructions for exceptions) _____				<b>33</b> <b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 _____				<b>34</b> <b>11,545.</b>

Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include Organizations taxable as corporations, Trusts taxable at trust rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e, Other taxes, Total tax, Payments (A 2011 overpayment, 2012 estimated, Tax deposited, Foreign organizations, Backup withholding, Credit for small employer health insurance, Other credits), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48.

Part V Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Questions include interest in foreign countries, distribution from foreign trusts, and tax-exempt interest received.

Schedule A - Cost of Goods Sold

Table with 3 columns: Line number, Description, and Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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.

Sign Here: Signature of officer, Date, CFO Title. Includes a box for IRS discussion: May the IRS discuss this return with the preparer shown below?

Paid Preparer Use Only: Print/Type preparer's name (Nicholas E. Porto), Preparer's signature, Date (8/12/13), Check self-employed, PTIN (P01310283), Firm's name (Baker Newman & Noyes), Firm's EIN (01-0494526), Firm's address (Portland, ME 04112), Phone no. ((207)879-2100).

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file):** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>St. Joseph Hospital</b>	Employer identification number (EIN) or <b>01-0212435</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>360 Broadway, P.O. Box 403</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Bangor, ME 04402-0403</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Kevin Sedgwick**

- The books are in the care of ▶ **360 Broadway - Bangor, ME 04402**  
 Telephone No. ▶ **(207) 907-1200** FAX No. ▶ **(207) 262-1913**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **November 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2012** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>3,172.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>2,172.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>1,000.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2013)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals **0.** Enter here and on page 1, Part I, line 7, column (A). **0.** Enter here and on page 1, Part I, line 7, column (B). Total dividends-received deductions included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
		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	
(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)				

Totals **0.** Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - 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 (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> .....		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II (lines 1-5)</b> .....		0.	0.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

Form 990-T

Other Deductions

Statement 1

Description

Amount

Supplies	2,293.
Occupancy	431.
Purchased services	3,098.
Other expenses	73.
Total to Form 990-T, Page 1, line 28	5,895.

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

See separate instructions. Attach to your tax return.

St. Joseph Hospital

Form 990-T Page 1

01-0212435

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.

Table with 13 rows for Part I. Line 1: 500,000. Line 3: 2,000,000. Line 13: 172.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Part II. Line 14, 15, 16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 172. Line 18: [ ]

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

Table with 4 rows for Section C. Rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21, 22: 172. Line 23.

Part V 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.

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? 24b If "Yes," is the evidence written? 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. 26 Property used more than 50% in a qualified business use: 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 (i), line 26. Enter here and on line 7, page 1.

Section B - Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2012 tax year: 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f). See the instructions for where to report



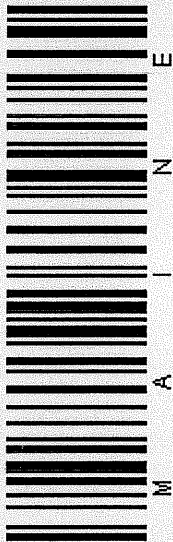
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MAINE

MAINE

2012

MAINE CORPORATE INCOME TAX RETURN
FORM 1120ME



13

For calendar year
2012 or tax year

01 01 2012 to 12 31 2012
MM DD YYYY MM DD YYYY

\*1200100\*

ST. JOSEPH HOSPITAL
Name of Corporation

621500
Federal Business Code

Check if you filed
federal Form 990-T X
State of

04402
Address

01 0212435
Federal Employer ID Number

ME
Incorporation

BANGOR
City, Town or Post Office

ME 04402
State ZIP Code

Parent Company Employer ID No.

KEVIN
Contact Person's First Name

SEDGWICK
Contact Person's Last Name

207 907 1200
Telephone Number

CHECK APPLICABLE BOXES: To amend your return,
you must file 2012
Form 1120X-ME

- (1) Initial return
(2) Final return
(3) Change of name/address
(4) Combined return (Attach For CR)
(5) Member of an affiliated group filing
a separate return

Table with 3 columns: Description, Amount, Total. Rows include: A. FEDERAL CONSOLIDATED INCOME (federal Form 1120, line 30) .00; 1. FEDERAL TAXABLE INCOME (federal Form 1120, line 30. If filing a combined report, enter amount from Form CR, line 20). If negative, enter a minus sign to the left of the number..... 1 11545.00; SUBTRACTIONS: 2a. NONTAXABLE INTEREST ..... 2a .00; b. FOREIGN DIVIDEND GROSS-UP ..... 2b .00; c. WORK OPPORTUNITY CREDIT AND EMPOWERMENT ZONE CREDIT DEDUCTION (attach federal Form 5884 and/or Form 8844, as appropriate) ..... 2c .00; d. INCOME NOT TAXABLE UNDER THE CONSTITUTION OF MAINE OR THE U.S. .... 2d .00; e. DIVIDENDS FROM CERTAIN AFFILIATED CORPORATIONS (limitations - see instructions) ..... 2e .00; f. NET OPERATING LOSS RECAPTURE ..... 2f .00; g. INCOME FROM OWNERSHIP INTEREST IN PASS-THROUGH ENTITY FINANCIAL INSTITUTIONS subject to Maine franchise tax ..... 2g .00; h. STATE INCOME TAX REFUNDS included in line 1 above ..... 2h .00; i. BONUS DEPRECIATION/SECTION 179 EXPENSE RECAPTURE ..... 2i .00; j. OTHER (see instructions) ..... 2j .00; k. TOTAL SUBTRACTIONS (add lines 2a through 2j) ..... 2k 0.00; 3. LINE 1 MINUS 2k. If negative, enter a minus sign in the box to the left of the number ..... 3 11545.00



01 0212435  
Federal EIN

\*1200101\*

ADDITIONS:

4a. INCOME TAXES imposed by Maine or any other state (attach schedule).....	4a	404 .00
b. UNRELATED EXPENSES (attach schedule).....	4b	.00
c. INTEREST FROM STATE AND MUNICIPAL BONDS other than Maine .....	4c	.00
d. NET OPERATING LOSS ADJUSTMENT .....	4d	.00
e. MAINE CAPITAL INVESTMENT CREDIT BONUS DEPRECIATION ADD-BACK .....	4e	.00
f. BONUS DEPRECIATION ADD-BACK .....	4f	.00
g. OTHER (see instructions).....	4g	.00
h. TOTAL ADDITIONS (add lines 4a through 4g) .....	4h	404 .00
5. ADJUSTED FEDERAL TAXABLE INCOME (add lines 3 and 4h) .....	5	11949 .00

TAX:

6. GROSS TAX (from rate schedule on page 6 of instructions) .....	6	404 .00
7a. MAINE CORPORATE INCOME TAX (from line 6 above or Schedule A, line 17).....	7a	404 .00
b. ALTERNATIVE MINIMUM TAX: (from Schedule B, line 28c - attach federal Form 4626) .....	7b	.00
c. TOTAL TAX (add lines 7a and 7b) .....	7c	404 .00

PAYMENTS AND CREDITS:

8a. MAINE ESTIMATED TAX PAID .....	8a	2950 .00
b. EXTENSION PAYMENT (Form 1120EXT-ME) .....	8b	.00
c. TAX CREDITS Schedule C, line 29o (may not exceed tax on line 7a) .....	8c	.00
d. INCOME TAX WITHHELD from a pass-through entity or from gambling winnings .....	8d	.00
(enclose Form 1099ME, W-2G, or other supporting documentation)		
e. REFUNDABLE HISTORIC REHABILITATION CREDIT (attach worksheet) .....	8e	.00
f. TOTAL PAYMENTS AND CREDITS (add lines 8a through 8e) .....	8f	2950 .00



01 0212435  
Federal EIN

\*1200102\*

Use EZ Pay at  
maine.gov/revenue

Check here if  
Form 2220ME  
block 5.a. is checked.

9a. If line 7c is greater than line 8f, enter **TAX BALANCE DUE**..9a .00

b. Enter **PENALTY** for underpayment of estimated tax  
(attach Form 2220ME) .....9b .00

c. **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 .00

10. If line 8f minus line 9b is greater than line 7c, enter **OVERPAYMENT** ..... 10 2546.00

11. Amount of line 10 to be:

a. **CREDITED** to next year's estimated tax 2546.00 11b. **REFUNDED** 0.00

REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$10,000 or less). SEE INSTRUCTIONS.

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

11c. Routing Number

11d. Checking Account Number

CORPORATION PRESIDENT'S NAME MARY PRYBYLO SOCIAL SECURITY NUMBER

TREASURER'S NAME KEVIN SEDGWICK SOCIAL SECURITY NUMBER

COMPANY'S WEB SITE ADDRESS WWW.STJOESHEALING.ORG

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.

		<u>TREASURER/CFO</u>	
DATE	OFFICER'S SIGNATURE	TITLE	SOCIAL SECURITY NUMBER
8/12/13		BAKER NEWMAN NOYES, 280 FORE STREET PORTLAND, ME 04101	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 TAX 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:  
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



01 0212435  
Federal EIN

\*1200103\*

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).

Table with 3 columns: (A) Within Maine, (B) Everywhere, (C) Apportionment Factor. Rows include Total Sales, Total Payroll, Total Property, MAINE APPORTIONMENT FACTOR, GROSS TAX, MAINE CORPORATE INCOME TAX, and TANGIBLE PERSONAL PROPERTY.

SCHEDULE B - ALTERNATIVE MINIMUM TAX (Attach federal Form 4626)

Table with 2 columns: Description, Amount. Rows include FEDERAL ALTERNATIVE MINIMUM TAXABLE INCOME, MODIFICATIONS, TENTATIVE ALTERNATIVE MINIMUM TAXABLE INCOME, EXEMPTION, ADJUSTED TENTATIVE ALTERNATIVE MINIMUM TAXABLE INCOME, APPORTIONMENT FACTOR, ALTERNATIVE MINIMUM TAXABLE INCOME, TENTATIVE MINIMUM TAX, MAINE CORPORATE INCOME TAX, and ALTERNATIVE MINIMUM TAX CREDITS.



01 0212435  
Federal EIN

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**SCHEDULE C - TAX CREDITS**

(Attach worksheets. To get worksheets, see [www.maine.gov/revenue/forms](http://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 CREDIT .....	29c	.00
d.	EMPLOYER-PROVIDED LONG-TERM CARE BENEFITS CREDIT .....	29d	.00
e.	PINE TREE DEVELOPMENT ZONE REGULAR TAX CREDIT .....	29e	.00
f.	MAINE CAPITAL INVESTMENT CREDIT .....	29f	.00
g.	RESEARCH EXPENSE TAX CREDIT .....	29g	.00
h.	SUPER CREDIT FOR SUBSTANTIALLY INCREASED 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 .....	29l	.00
m.	CREDIT FOR REHABILITATION OF HISTORIC PROPERTIES PLACED IN SERVICE PRIOR TO 2008 .....	29m	.00
n.	OTHER CREDITS (Credit Name _____) .....	29n	.00
o.	TOTAL: Add lines 29a through 29n, enter result here and on line 8c. (Credit limited to the tax liability on line 7a) .....	29o	.00

**SCHEDULE D - MINIMUM TAX CREDIT**

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 (line 30a 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