42-	Form	1990-l	E	exempt Orgai	nization Bus	sıne	ss income i	ax Return) _	OMB No 1545-0047
Ť	21	(and proxy tax under section 6033(e))					- 1	0040		
	مرابعوان	,	For calendar year 2019 or other tax year beginning, and ending							2019
•	Donor	Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.								
		al Revenue Service	>	Do not enter SSN numbe	rs on this form as it ma	y be ma	de public if your organiz	ation is a 501(c)(3).	. [Open to Public Inspection for io 1(c)(3) Organizations Only
	Ā	Check box if address changed		Name of organization (DEmplo (Emplo	yer identification number byees' trust, see ctions)				
	B F	kempt under section	Print	Martin's Po	Į.	1-0353275				
] 501(c_ Q3)	or	Number, street, and room	E Unrela	ted business activity code				
		408(e) 220(e)	Туре	331 Veranda	(See in	structions)				
		408A530(a)	_	City or town, state or prov				 -	Ì	
	Ē	529(a)		Portland, M	5230	000				
	C Bo	ok value of all assets								
	- at e	369,243,4	38.	F Group exemption number G Check organization type			501(c) trust	401(a)	trust	Other trust
				tion's unrelated trades or t		1		the only (or first) un	··	
	tra	de or business here	► Se	ee Statement	1			complete Parts I-V.		than one.
				ce at the end of the previou		arts I an				·
		siness, then complete								
	l Du	ring the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a pare	ent-subs	diary controlled group?	▶ L	Yes	s X No
				tifying number of the paren	t corporation					
				Warren Evans			Teleph	one number 🕨 (207	791-3710
	Pa	rt I' Unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses	3	(C) Net
	1 a	Gross receipts or sale	S					9,	٠.	, .
	b	Less returns and allow	vances		c Balance	1c				· · ·
3	2	Cost of goods sold (S	chedule	: A, line 7)		2				2
למלח	3	Gross profit Subtract	line 2 fr	rom line 1c		3		1		
	4 a	Capital gain net incom	ne (attac	h Schedule D)		4a				
c	þ	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form						
>	C	Capital loss deduction			· ·					
	5			ship or an S corporation (a						
\supset	6	Rent income (Schedu	•							
\neg	7		ced income (Schedule E) 7 valties, and rents from a controlled organization (Schedule F) 8							
CANNED	8			and rents from a controlled						
<u> </u>	9			on 501(c)(7), (9), or (17) or	rganization (Schedule G	9 10			\longrightarrow	
F	10	Exploited exempt activ	-	•						
ري	11	Advertising income (S								
K.Y.	12	Other income (See in		•		12	0.			
	13	rt II. Deductio		ot Taken Elsewhei	O (Coo instructions f				1	
	Га			be directly connected w						
	14			rectors, and trustees (Sche				<u></u>	14	
	15	Salaries and wages	, -	(,				15	
	16	Repairs and mainten	ance						16	
	17	Bad debts							17	<u></u>
	18	Interest (attach sche	dule) (s	ee instructions)					18	
	19	Taxes and licenses							19	
	20	Depreciation (attach	Form 4	562)			20			
	21	Less depreciation cl	aimed o	n Schedule A and elsewher	e on return		21a		21b	
	22	Depletion			THEC	FIV	'FN T		22	
	23	Contributions to def	erred co	mpensation plans	, ,				23	
	24	Employee benefit pr	ograms		OCT OCT	0 0 0	020		24	
	25	Excess exempt expe	nses (S	chedule I)	ᇑ	202	020		25	
	26	Excess readership c	osts (Sc	hedule J)	and desired and the second	Cart cure	امّدا		26	
	27	Other deductions (at	tach scl	nedule)	LOGD	N	IT		27	
	28	Total deductions. A	dd lines	14 through 27		New 1	Furnament		28	0.
	29			ncome before net operating					29	0.
	30	Deduction for net op	erating	loss arising in tax years be	ginning on or after Janu	ary 1, 20	118			_
		(see instructions)							30	0.
	31			ncome Subtract line 30 fro					31	0.
	92370	01 01-27-20 LHA F	or Pape	rwork Reduction Act Notice	e, see instructions.			<i>t</i> A	Λ	Form 990-T (2019)

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	o,T(2019) Martin's Point Health Care, Inc.		L - U 3 3 3 Z / J Page Z
Part			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) Stmt 3 Stmt 4	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	1
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	<u> </u>	†
33	enter the smaller of zero or line 37	39	0.
<u> </u>			
	t IV Tax Computation	40	0.
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	· 40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	١	
	Tax rate schedule or Schedule D (Form 1041)	11	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par	t V Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	_	
b	Other credits (see instructions) 46b		1
c	General business credit. Attach Form 3800	7	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d	7	
	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes, Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
50			
		4	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 516	-	
	Backup withholding (see instructions) 51e		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	□ Form 4136 □ Other □ Total ► 51g	┥	15 477
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	45 400
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	► <u>55</u>	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 15,477. Refunded	<u>56</u>	<u> </u>
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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		1 1
	here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for Ather forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under genalties of glerify Declare that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge	and belief, it is true,
Sign	correct, and complete becardion of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		IRS discuss this return with
Here	President & CEO		arer shown below (see
	Eignature of Officer, Date Title	instructio	ons)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf P	TIN
.	coff, amplous	1	
Pai	Michaelag F Porto //4 / \ 08/24/20		P01310283
	parer Bakor Norman & Novem		01-0494526
Use	P.O. Box 507		
	Firm's address ► Portland, ME 04112 Phone no	(20'	7)879-2100
023711	01-27-20		Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	1	
2 Purchases	2		_	Cost of goods sold. Su		line 6			
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7	<u></u>	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property					_				,
(1)						·····			
(2)								·	_
(3)									
(4)									
		ed or accrued				2/a)Coductions discett		-tad with the second	_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	ional property (if the percental property exceeds 50% or if led on profit or income)	age	3(a) Deductions directly columns 2(a) ai		(attach schedule)	1
(1)									
(2)					_				
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	ınstru	ictions)					
			;	Gross Income from		Deductions directly cor to debt-finance			
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	s
(1)							+		
(2)							1		
(3)		-	\top				7-		
(4)				-					
Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	ons umns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7 column (A)		Enter here and on page Part I, line 7, column (I	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in columi	18							0.

1. Name of controlled Organizations 2. Engineer 3. Hall engineer brown 4. Total all against the controlled Organizations 5. Point of explaints in the controlled Organizations 1. Name of controlled Organizations 2. Engineer 1. Name of controlled Organizations 2. Engineer 1. Name of controlled Organizations 2. Engineer 1. Name and controlled Organizations 2. Amount of improvement 1. Name of particular 1. Name and controlled Organizations 2. Amount of improvement 1. Name of controlled Organizations 2. Amount of improvement 1. Name of controlled Organizations 3. Engineering compressions 1. Name of controlled Organizations 2. Amount of improvement 1. Name of controlled Organizations 3. Engineering compressions 3. Engineering compressions 1. Name of controlled Organizations 3. Engineering compressions 1. Name of controlled Organizations 3. Engineering compressions 1. Name of controlled Organizations 3. Engineering compressions	Schedule F - Interest,	Annuities, Roya					ations	see ins	truction	ns)
(1) 1) 10 10 10 10 10 10		ļ	Exe	mpt Controlled (Organizatio	ns				
(3) (3) (4) (5) (6) (7) (7) (8) (8) (8) (8) (8) (9) (10) (10) (11) (12) (2) (3) (4) (4) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	1. Name of controlled organizate	identifi	cation (los	Net unrelated income ss) (see instructions)			included	in the cont	rolling	connected with income
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Answering Controlled Organizations State Internal Section Process State Internal Section Proc				 	 				$\neg \uparrow$	
Reserve to the second of the					 		 			
7. Tawaris incomis 8. Net invested inforces (case instructions) 9. Total of specified payments (in) Representations in) Representations Add counters Sund 10 Enter New and on page 1, Part I, line 8, column (B) O. O. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2, Amount of income 2, Amount of income 2, Amount of income 3, Oescription (select income) 1 Description of income 2, Amount of income 2, Amount of income 3, Oescription (select income) (select income) 1 Description of income 2, Amount of income 2, Amount of income 3, Oescription (select income) (select income) (select income) 1 Description of income (select income) 2, Amount of income (select income) 2, Amount of income (select income) 3, Oescription (select income) (select income) (select income) (select income) 4 Extra selection (select income) (zations			-J		<u> </u>			
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Common C	1, 2000				,	in the controll	ing organiza	ation's	wit	h income in column 10
Common C	(1)									
Add columns 5 and 10 Enter there and on page 1. Part 1, lims 8, column (A)										
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Computer Color Col	Schedule G - Investme	nt Income of a	Section 50	1(c)(7), (9), or	(17) Or	ganization	1			
1 Description of Income 2, Amount of Income 2, Amount of Income 3 Set Part (altater) extraored (altater) extraored (col 3 plus col 4)				. (-/(-// (-//	(, = .	3				
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(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Totals 1. Name of periodical 2. Gross advertising Income 2. Gross advertising entrome 2. Gross advertising entrome 2. Gross advertising entrome 2. Gross advertising entrome (1) (2) (3) (4) Totals (carry to Part II, line (5)) Totals (carry to Part II, line (5)) Enter here and on page 1, Part I, line 25 0. Consolidated Basis 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Totals (carry to Part II, line (5)) 0. Consolidated Basis 7. Excess readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 5, out not more than column 4)		unrelated business income from	directly connect with production of unrelated	from unrelate business (i minus colui gain, compt	ed trade or column 2 nn 3) If a ite cols 5	from activity I is not unrelat	that ted	attribut	able to	expenses (column 6 minus column 5, but not more than
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(4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Column 10, col (B) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising costs advertising costs income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gan, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. Column 2. Fine here and on page 1, Part I, line 25 Column 5 minus column 6. Readership costs column 6 minus column 4) Totals (carry to Part II, line (5)) O. O. Column 5 minus column 6. Readership costs column 6 minus column 4) Totals (carry to Part II, line (5))										
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Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising lincome Income In		page 1, Part I, line 10, col (A)	page 1, Part I	;;						on page 1, Part II, line 25
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising Income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) A. Advertising gain or (loss) (col 2 minus cols 5 through 7 5. Circulation income 6. Readership costs (column 5 minus column 4) 7. Excess readership costs (column 5, but not more than column 4)			netructions)	<u> </u>						<u> </u>
1. Name of periodical 2. Gross advertising Income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 2. Gross advertising 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 5, but not more than column 4)				Consolidate	d Basis			·		
1. Name of periodical advertising advertising costs advertising costs 3. Olrect advertising costs 5. Circulation 5. Circulation 6. Readership costs column 5 but not more than column 4) (1) (2) (3) (4) (4) (5) (5) (6) (7)	Part I income From	Periodicais Nep	orteu on a	Consolidate	u Dasis					
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	1. Name of periodical	advertising		or (loss) or costs col 3) If a	col 2 minus gain, compute					costs (column 6 minus column 5, but not more
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	(1)									
(3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.				-						1
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.	(3)				_					1.
Totals (carry to Part II, line (5)) ▶ 0. 0.						<u> </u>	-+			1 ' ' '
						 	-+			
	Totals (carry to Part II, line (5))	>	0.	0.						

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Part'll 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 (toss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.	2.			0
		Enter here and on page 1, Part I, tine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	<i>)</i>			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0

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

	1 Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total Enter he	re and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

Form 990-T Description of Organization's Primary Unrelated Statement 1
Business Activity

Investment income from qualifying partnership interests

To Form 990-T, Page 1

Footnotes

Statement

2

Disclosure of Qualifying Partnership Interests:

Martin's Point Health Care, Inc. holds multiple ownership interests in various alternative investments, a number of which are passthrough reporting entities that issue Schedules K-1 to their member-owners. In 2019, Martin's Point Health Care did not hold an ownership interest greater than the control thresholds as detailed in the proposed Section 512(a)(6) regulations; all of the filing Organization's passthrough-investments meet the definition of a qualified partnership interest.

In addition, as based on the applicable Schedules K-1 issued to Martin's Point Health Care by its qualified partnership interests, none of the filing Organization's passthrough investments generated unrelated business income in 2019.

Form 990-T	Contributions	Statement 3
Description/Kind of Property	Method Used to Determine FMV	Amount
Charitable contributions	N/A	199,560.
Total to Form 990-T, Page 2, 1	line 34	199,560.

Form 990-T	Contributions Summary	Statement 4
	ontributions Subject to 100% Limit ontributions Subject to 25% Limit	
Carryover of For Tax Ye For Tax Ye For Tax Ye For Tax Ye	ear 2015 261,051 ear 2016 252,782 ear 2017 240,502	
Total Carryo	· · · · · · · · · · · · · · · · · · ·	9,412 9,560
	ibutions Available 1,5 ome Limitation as Adjusted	8,972
	Contributions	8,972 0 8,972
Allowable Co	ontributions Deduction	0
Total Contr	ibution Deduction	0