Form	990-T	Ex	empt Organization						ОМВ	No 1545-0687 ·	
*		For calendar year 2017 or other tax year beginning $\frac{07/01}{}$ , 2017, and ending $\frac{06/30}{}$ , 20 $\frac{1}{}$						20 1 8	20 <b>17</b>		
	tment of the Treasury	·							Onen to	Public Inspection for	
A	al Revenue Service  Check box if	Do Do	not enter SSN numbers on this form a Name of organization ( Check be		iy be made public if y me changed and see in					Public Inspection for Organizations Only ication number	
^ _	address changed		Name of organization ( Check be	JX II II al	ne changed and see in	istruction	5)			ee instructions )	
ВЕх	empt under section		MAINE COLLEGE OF HEA	ALTH	PROFESSIONS	5					
X	501( C <u>)<b>©</b>3</u> )	Print	Number, street, and room or suite no. I	faPO	box, see instructions			01-0	356077		
	408(e) 220(e)	or Type							Unrelated business activity codes (See instructions )		
$\vdash$	408A530(a)		P.O. BOX 4500					- (555	ion donone ,		
	529(a) ok value of all assets		City or town, state or province, country LEWISTON, ME 04243-		- ·	de					
	end of year	F Gro	up exemption number (See instruct		· · ·						
	10,764,500.		ck organization type X 501			501(c	) trust	401(a)	trust	Other trust	
H D	escribe the organiz		rimary unrelated business activity				ENT 1	10.(0)	11001	/ /	
-			corporation a subsidiary in an affili					·	▶ [	X /Yes No	
If	"Yes," enter the na	ame and	identifying number of the parent co	porati			ENT 2			7/	
_			DAVID THOMPSON		T	elephon	e number 🕨 2	07-795	-2813		
Pa			or Business Income	1	(A) Income		· (B) Expe	nses	<u> </u>	(C) Net	
1 a	Gross receipts or						•		1		
b	Less returns and allowa		c Balance ▶	1 c 2			ų *		+		
2 3			ule A, line 7)	3					+		
4a			ttach Schedule D)	4a					+		
b			Part II, line 17) (attach Form 4797)	4b							
С			rusts	4c							
5			os and S corporations (attach statement)	5							
6	Rent income (Sch	edule C)		6							
7	Unrelated debt-fir	nanced in	come (Schedule E)	7							
8	-		nts from controlled organizations (Schedule F)	8					<del> </del>		
9			1(c)(7), (9), or (17) organization (Schedule G)	9					<del>  -</del>		
10 11	•	•	ncome (Schedule I)	10					+		
12	Advertising income (Schedule J)			12					+		
13				13		0.			<del>                                     </del>	<del></del>	
Pa			Taken Elsewhere (See instj	uctie	ns for limitation	s on d	eductions ) (	Except	for contr	ibutions,	
	deduction	s must	be directly connected with	he ur	Keleted busines	s inco	me)		-,		
14	Compensation of	officers,	directors, and trustees (Schedule)	<b>:/</b>	LUEIVE:	<u></u>		14			
15	Salaries and wage	s	· · · · · · · · · · · · · /:[5]	· . 1	NV	).	7	15			
16 17	Repairs and main	tenance		'	1.6 200	76:/		16	+		
17 18	Interest (attach so	hedule)			$\ldots \zeta u / g \ldots$	/×		17	+		
19					EN	જું/		18	1		
20			See instructions for limitation rules)		UT		 	20			
21			4562)								
22			on Schedule A and elsewhere on re		·			22b			
23											
24			compensation plans						1		
25	Excess exempt expenses (Schedule I).							+			
26 27			chedule J)						+		
28			chedule)						+		
29									1	<del></del>	
30	Total deductions. Add lines 14 through 28										
31	Net operating loss deduction (limited to the amount on line 30)						31				
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30						32				
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)								+		
34			ble income. Subtract line 33 fro			_		- 1		^	
For F	enter the smaller of	on Act N	line 32	<del></del>	<u> </u>	• • •	<u> </u>	34		0. gm <b>990-T</b> (2017)	
7X274	0 2 300 3147 DF K92	9	anag ara ma <b>n araw</b> idi	v 1	7-7.10	ş	32953		1/7	PAGE 5	
	•			_	<del>-</del> -	Ì	-		্বে ত	1	

Form	990-1 (2017) MAINE COLLEGE OF HEALTH PROFESSIONS	01-0326077	Page 2
Pai	rt III Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group		
	members (sections 1561 and 1563) check here ▶  See instructions and		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) $(1)$		
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$	_	
	(2) Additional 3% tax (not more than \$100,000)		
	Income tax on the amount on line 34		
36		- <del></del>	
27	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	( · · · )	
37 38	Alternative minimum tax		
39	Tax on Non-Compliant Facility Income. See instructions		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<del></del>
Pai	rt IV Tax and Payments	<u>-L. ' ' . L</u>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
	Other credits (see instructions)	1	
	General business credit Attach Form 3800 (see instructions)	7	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	][	
	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		
44	Total tax. Add lines 42 and 43	. 44	0
	Payments A 2016 overpayment credited to 2017	4	
b	2017 estimated tax payments	_	
С	Tax deposited with Form 8868	4	
	Foreign organizations Tax paid or withheld at source (see instructions)	4	
	Backup withholding (see instructions)	-	
	Credit for small employer health insurance premiums (Attach Form 8941)	-	
9	Other credits and payments		
46		46	
47	Total payments Add lines 45a through 45g	1	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		
50	Enter the amount of line 49 you want Credited to 2018 estimated tax		
Par			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature of		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization m	nay have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign country	
	here >		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?	X
	If YES, see instructions for other forms the organization may have to file		
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	<del> </del>	
۵.	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete_Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowledge	and belief, it
Sig		lay the IRS discuss	this return
Her		ith the preparer shale instructions)? X Ye	nown below
	Signature of officer Date Title (s  Print/Type preparer's name Preparer's signature Date	PTIN	es No
Paid		ck L If   5004	22601
	BRIAN D TODD MAN LI NAK OF SILITY SELF-	employed P004 's EIN ▶44-0160	22601
	Only Firm sname DIAD, LLD Firm	417 065	
	Phor	ne no 41/865	3701

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Total dividends-received deductions included in column 8

Page	

Schedule F - Interest, Anni	uities, Royalties	, and R	ents Fro	om Contro	led Or	ganiza	t <b>ions</b> (see	instruction	ons)	
	<del></del>	E	cempt Co	ontrolled Org	ganizatio	ons				
Name of controlled organization	2 Employer identification numb	2 Employer dentification number (loss) (see instruct			4 Total of specified payments made		d included	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)							1			-
(4)					-					
Nonexempt Controlled Organi	zations									l <u>-</u>
7. Taxable Income	8 Net unrelated in (loss) (see instruct		1	Total of specific payments made		ınclu	art of column ded in the co zation's gros	ntrolling		1. Deductions directly nnected with income in column 10
(1)				_	-	-			_	
(2)										
(3)				_						
(4)										
Totals		 tion 50	 1(c)(7),	 (9), or (17	<b>►</b> ) Orga	Ente Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
1 Description of income	2 Amount of	ıncome		3 Deduction of the 3 directly cortain (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals ▶ Schedule I - Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	ther Th	an Adverti	sina In	come	see instri	ictions)	ı	Enter here and on page 1 Part I, line 9, column (B)
Concade Laploited Ext		Joine, C	JUICI 111			Come	300 11300			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	diri connec produ unre	penses ectly cted with ction of elated s income	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed tradé (column umn 3) ompute	from a	ss income ctivity that unrelated ss income	6 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(1)	<del>                                     </del>			<del> </del>						<del>                                     </del>
(2) (3)	<del> </del>			<del> </del>						
	+- +		-	<del> </del>	-					
(4)	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on I, Part I, I, col (B)							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising Ir	come (see instri	iotio==)					<del></del>			<del></del>
			Cc==-!	idatad Di				· · · · · ·		
Part I Income From Per	iodicais Report	ed on a	Consol	idated Bas	IS			-		
1. Name of periodical	2. Gross     3 Directions advertising income advertising advertising income			4 Advertigain or (los 2 minus co a gain, coi cols 5 thro	s) (col II 3) If npute		rculation come	6. Read cos	•	7. Excess readership costs (column 6 a minus column 5, but not more than column 4)
(1)				<del>                                     </del>						
(2)	1			1						_
(3)	+			†		<u> </u>		<del> </del>		
(4)	<del>                                     </del>			1				-		_
X.7	-		<del></del>							<u></u>
Totals (carry to Part II, line (5))							••	<u> </u>		Form <b>990-T</b> (2017

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)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

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)		%	•
otal. Enter here and on page 1, Part II, line 14.			

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ATTACHMENT 1

## ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

. . . . .

ATTACHMENT 2

## NAME AND FEIN OF PARENT CORPORATION

CENTRAL MAINE MEDICAL CENTER 01-0211494

01-0356077 ATTACHMENT 3

FC	ORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE
1	UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).
2	TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX
	COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP
3	TAX ON LINE 1 FIGURED USING THE 21% RATE
4	MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184
	IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018
5	MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181
	IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017
6	DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365
	IN THE CORPORATION'S TAX YEAR
7	DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365
	IN THE CORPORATION'S TAX YEAR
8	ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR