2021
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1.	1 12-		D+		. .	. 1 (2021					
/	OCO T			ended to Aug			av Beturn	- 1	OMB No 1545-0047		
Form	" àan- I	990-T Exempt Organization Business Income Tax Return									
1 0		(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning OCT 1, 2019 and ending SEP 30, 2020									
		For cal						_	2019		
	artment of the Treasury nal Revenue Service		₩ww. Do not enter SSN numbe •	•		ons and the latest inform		7	Open to Public Inspection for 501(c)(3) Organizations Only		
						_			yer identification number		
ΑL	address changed	The change of th									
		D-:-4	Southern Ma	ine Agency	on 7	Aging			1-0360259		
	xempt under section 501(q/)(3)	Print or	Number, street, and room		-		_		ited business activity code		
 ≏		Туре	' '		x, 566 II	150 000015		See in	istructions)		
<u> </u>	408A 530(a)	(e) 220(e) 30 Baira Road									
–	529(a)		Biddeford,		i luiciy	ii postai code	ı	5418	800		
C Bo	ook value of all assets		F Group exemption numl		<u> </u>						
at	end of year 7 . 0 9 3 . 1	69.	G Check organization typ			1 501(c) trust	401(a)	trust	Other trust		
H Er			tion's unrelated trades or t		1		the only (or first) unr				
		-	riodical Adv				complete Parts I-V. I		than one.		
			ce at the end of the previou		rts I an		•		•		
	usiness, then complete			, ,							
			oration a subsidiary in an	affiliated group or a parer	nt-subs	idiary controlled group?	> [Yes	s X No		
lf	"Yes," enter the name a	nd ident	ifying number of the paren	it corporation							
J Ti	he books are in care of	▶ 1	Megan Walton			Teleph	one number 🕨 2	07-3	396-6500		
.Pa	art:l∜∣ Unrelated	d Trac	le or Business Inc	ome		(A) Income	(B) Expenses	VI 1872 10-2	(C) Net		
1 a	Gross receipts or sale	s									
b	Less returns and allow	wances		c Balance	1c						
2	Cost of goods sold (S	chedule	A, line 7)		2						
3	Gross profit. Subtract	line 2 fr	om line 1c		3			24 3 mg			
4 a					4a			281 DE			
b			art II, line 17) (attach Form	1 4797)	4b		100 TO 10	A CONTRACTOR			
C	Capital loss deduction				4c			SECTION AND SEC			
5			hip or an S corporation (a	ttach statement)	5			100 CAFF8.			
6	Rent income (Schedu	•	(0.1.1.5)		6		<u>-</u> -				
7	Unrelated debt-financ		, ,	annoniation (Octobrill E)	7 8		,				
8 9			nd rents from a controlled on 501(c)(7), (9), or (17) or	-	9						
10	Exploited exempt active			rganization (Schedule C)	10/	,					
11	Advertising income (S	-			/11	10,011.	13,33	30.	-3,319.		
12	Other income (See ins		•		12		ANATANA SA				
) N 13	Total. Combine lines		•		13	10,011.	13,33		-3,319.		
Pa	rt II Deductio	ns No	t Taken Elsewher	e (See instructions fo	r limita	ations on deductions)	* -=				
	(Deductions	must b	e directly connected wi	th the unrelated busin	ess inc	come)					
14	Compensation of offi	icers, dir	ectors, and trustees (Sche	dule K)				14			
15	Salaries and wages		,		くとし	EIVED		15			
16	Repairs and mainten	ance					-	16			
17	Bad debts			B640	4UG	16 2021	-	17			
18	Interest (attach sche	dule) (se	e instructions)	[44]		1001	-	18	 		
19	Taxes and licenses				ζD		-	19			
20	Depreciation (attach		· /		<u>UU</u>	EN. UT20					
21		umea on	Schedule A and elsewhere	e on return		214		21b			
22	Depletion		mnanation slave				}	22			
23	Contributions to defe		ilpensation plans				}	23			
24	Employee benefit programs Excess exempt expenses (Schedule I) 25										
25 26	Excess exempt exper						ŀ	26			
26 27	Other deductions (at						ŀ	27			
2 <i>1</i> 28	Total deductions. A		· · · · · ·				ŀ	28	0.		
29			come before net operating	i loss deduction. Subtract	t line 28	R from line 13	Ì	29	-3,319.		
30	/		oss arising in tax years beg				}				
	(see instructions)	y !!		gg 2 0. 20. 04.1041	, .,		İ	30	0.		
31/		axable ın	come. Subtract line 30 fro	m line 29				31	-3,319.		
7			work Reduction Act Notice				, ,	,	Form 990-T (2019)		
/		•		3	8		9	.~	. ,		

	Southern Maine Agency on Aging	01-0360	259 Page 2
Part II		· · · · · · · · · · · · · · · · · · ·	
32 T	tal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -	3,319.
33 Aı	mounts paid for disallowed fringes	83	
34 CI	naritable contributions (see instructions for limitation rules)	34	0.
	otal unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	85 -	3,319.
	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
	otal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		3,319.
	pecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000.
• .	related business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	30	2,0000
	ther the smaller of zero or line 37	39 -	3,319.
	Tax Computation	1 29 1	<u> </u>
		1 10 1	0.
	rganizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
41]	usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from		
	Tax rate schedule or Schedule D (Form 1041)	41	
42 Pı	oxy tax See instructions	42	
43 AI	ternative minimum tax (trusts only)	43	
44 1	y on Noncompliant Facility Income See instructions	44	
	tal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part\V	Tax and Payments		
46a Fo	reign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b 01	ther credits (see instructions)		
c G	eneral business credit. Attach Form 3800		
d Cr	edit for prior year minimum tax (attach Form 8801 or 8827)]	
	otal credits. Add lines 46a through 46d	46e	
	ubtract line 46e from line 45	47	0.
	her taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
	otal tax. Add lines 47 and 48 (see instructions)	49	0.
	119 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	ayments A 2018 overpayment credited to 2019 64 5ta 1,830.		
		1	
	19 estimated tax payments ix deposited with Form 8868 5 tc 5 tc	1	
	reign organizations; Tax paid or withheld at source (see instructions)	1	
	,	1	
	· · · · · · · · · · · · · · · · · · ·	1	
	, , , , , , , , , , , , , , , , , , , ,	†	
g U	her credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g	 	2,880.
	stal payments. Add lines 51a through 51g		2,000.
	timated tax penalty (see instructions). Check if Form 2220 is attached	53	
	ex due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		2 000
	respayment. If the 32 is larger than the total of thees 43, 30, and 33, enter amount overpaid		2,880.
	ter the amount of line 55 you want: Credited to 2020 estimated tax	56	2,880.
Part V			
	any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	er a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
Fii	nCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
he	re >		X
58 Di	iring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
lf.	"Yes," see instructions for other forms the organization may have to file.		<u> </u>
59 Er	ter the amount of tax-exempt interest received or accrued during the tax year 🕨 💲		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief, it is true	o,
Sign	- A	lay the IRS discuss this	return with
Here		iay ine iHS discuss inis ie preparer shown belo	
	Signature of officer Date Title in	structions)? X Y	s No
	Print/Type preparer's name Preparer's signature Date Check	f PTIN	
Daid	self- employed	l	
Paid	Taranh B Browns Taranh B Browns 08/06/21	P01289	281
Prepa	Daniel Daniel Mallail & Daniel IIC	01-052	
Use O	PO BOX 1100		
		207)775-	2387

Schedule A - Cost of Goods Sc	old. Enter	method of inven	tory valuation N/Z	Δ.				
1 Inventory at beginning of year	1		6 Inventory at end of ye		- · · · -	6	_ ·	
2 Purchases	7 Cost of goods sold Subtract line 6							
3 Cost of labor	3		from line 5 Enter her					
4a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section	vith respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or	•	•			1
5 Total, Add lines 1 through 4b	5		the organization?		,,			1
Schedule C - Rent Income (Fro (see instructions)	m Real	Property and		Lease	d With Real Prop	erty)		
Description of property								
(1)								
(2)		<u> </u>						
(3)								
(4)					т			
2		ed or accrued		_	3(a) Deductions directly	connect	ed with the income in	1
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	e of	` ´ofrentforp	nd personal property (if the percent ersonal property exceeds 50% or if it is based on profit or income)	age	columns 2(a) ar	nd 2(b) (a	llach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A)	and 2(b). En	ter >		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt-F	inanced	Income (see	instructions)		·			
		,	2. Gross income from		3. Deductions directly control to debt-finance			
Description of debt-financec	or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)								
(2)			1					
(3)						1		
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deducts olumn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%			1		
(3)		 	%					
(4)			%			1		
					nter here and on page 1, art I, line 7, column (A)		nter here and on pag Part I, line 7, column (
Totals			_		0	.		0.
Total dividends-received deductions include	d in column	ı 8			•			0.
The state of the s	Joinin	· 					Form 990-T	

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

Totals (carry to Part II, line (5))

0.

0.

Form 990-T (2019)

923731 01-27-20

Form 990-T (2019) Southern Maine Agency on Aging 01-03602

Rart 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 pe	arodical	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) Senior Ne	ws	10,011.	13,330.	-3,319.			
(2)	<u> </u>						
(3)							
(4)							
Totals from Part I		0.	0.			•	0
		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 26
Totals, Part II (lines 1-5) >	10,011.	13,330.	, ,	•		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 here and on page 1, Part II, line 14			0.

Form 990-T (2019)