

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

Maine Health Access Foundation, Inc.

01-0535144

Name and title of officer or person subject to tax

**Barbara A Leonard MPH
President & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>106,879.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Baker Newman & Noyes to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

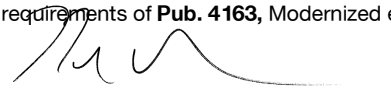
Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

01102454321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Nicholas E. Porto  Date ▶ 10/15/21

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2020

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2020 or tax year beginning , and ending

Name of foundation Maine Health Access Foundation, Inc.		A Employer identification number 01-0535144
Number and street (or P.O. box number if mail is not delivered to street address) 150 Capitol Street	Room/suite 4	B Telephone number (207) 620-8266
City or town, state or province, country, and ZIP or foreign postal code Augusta, ME 04330		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 136,231,076.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	26,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	12,420.	12,420.		Statement 2
	4 Dividends and interest from securities	1,045,120.	1,045,120.		Statement 3
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,686,838.			Statement 1
	b Gross sales price for all assets on line 6a	48,289,644.			
	7 Capital gain net income (from Part IV, line 2)		5,769,392.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	6,248.	1,212,274.		Statement 4	
12 Total. Add lines 1 through 11	3,776,626.	8,039,206.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	224,444.	11,222.		213,222.
	14 Other employee salaries and wages	665,103.	8,637.		656,466.
	15 Pension plans, employee benefits	238,699.	1,521.		237,178.
	16a Legal fees	11,063.	0.		11,063.
	b Accounting fees	28,836.	2,000.		26,836.
	c Other professional fees	4,594.	0.		4,594.
	17 Interest				
	18 Taxes	8,000.	0.		0.
	19 Depreciation and depletion	15,071.	0.		
	20 Occupancy	110,968.	0.		110,968.
	21 Travel, conferences, and meetings	29,478.	0.		29,478.
	22 Printing and publications	21,574.	0.		21,574.
	23 Other expenses	1,004,933.	326,713.		666,337.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,362,763.	350,093.		1,977,716.
	25 Contributions, gifts, grants paid	4,374,454.			5,064,454.
26 Total expenses and disbursements. Add lines 24 and 25	6,737,217.	350,093.		7,042,170.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-2,960,591.				
b Net investment income (if negative, enter -0-)		7,689,113.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		75,759.	80,851.	80,851.	
	2	Savings and temporary cash investments		2,330,714.	1,125,513.	1,125,513.	
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			65,759.	61,377.	61,377.
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock					
	c	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	Stmt 11		123,117,574.	134,899,691.	134,899,691.	
14	Land, buildings, and equipment: basis	166,755.					
	Less: accumulated depreciation	Stmt 12		33,850.	28,644.	28,644.	
15	Other assets (describe)	Statement 13)		137,000.	35,000.	35,000.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)			125,760,656.	136,231,076.	136,231,076.	
Liabilities	17	Accounts payable and accrued expenses		25,748.	33,279.		
	18	Grants payable		1,015,000.	325,000.		
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe)	Statement 14)		296,000.	195,000.	
23	Total liabilities (add lines 17 through 22)			1,336,748.	553,279.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.						
	24	Net assets without donor restrictions		124,423,908.	135,677,797.		
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.						
	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
	28	Retained earnings, accumulated income, endowment, or other funds					
29	Total net assets or fund balances			124,423,908.	135,677,797.		
30	Total liabilities and net assets/fund balances			125,760,656.	136,231,076.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	124,423,908.
2	Enter amount from Part I, line 27a	2	-2,960,591.
3	Other increases not included in line 2 (itemize) See Statement 10	3	14,214,480.
4	Add lines 1, 2, and 3	4	135,677,797.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	135,677,797.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Net Gains from Pooled Investments			
b Schedules K-1 of Pass-Through Investments	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 45,207,090.		42,520,252.	2,686,838.
b 3,082,554.			3,082,554.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			2,686,838.
b			3,082,554.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	5,769,392.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	}	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

2 Reserved	2	
3 Reserved	3	
4 Reserved	4	
5 Reserved	5	
6 Reserved	6	
7 Reserved	7	
8 Reserved	8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	106,879.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	106,879.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	106,879.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		118,955.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		100,000.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	218,955.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	112,076.
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax 112,076. Refunded		11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ME		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.mehaf.org
14 The books are in care of Barbara Leonard, M.P.H. Telephone no. (207) 620-8266 Located at 150 Capitol Street, No. 4, Augusta, ME ZIP+4 04330
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:			Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	X
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? See Statement 16	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 15		201,588.	22,856.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Ruta Kadanoff	Vice President for Programs			
150 Capitol Street, Augusta, ME 04330	40.00	106,153.	16,876.	0.
Margo Beland	Finance Manager			
150 Capitol Street, Augusta, ME 04330	37.50	86,373.	15,208.	0.
Frank Martinez Nocito	Program Officer			
150 Capitol Street, Augusta, ME 04330	40.00	73,132.	27,885.	0.
Jake Grindle	Program Officer			
150 Capitol Street, Augusta, ME 04330	40.00	75,313.	23,072.	0.
Charles Dwyer	Program Officer			
150 Capitol Street, Augusta, ME 04330	40.00	78,388.	15,449.	0.
Total number of other employees paid over \$50,000				3

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for Silchester International Investors, Prime Buchholz & Associates, and Pivot Point Inc.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Includes entries for lines 1, 2, 3, and 4, all with 'See Statement' references.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Includes entries for lines 1 and 2, and a section for 'All other program-related investments'.

Total. Add lines 1 through 3 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	119,356,279.
b	Average of monthly cash balances	1b	100,491.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	119,456,770.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	119,456,770.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,791,852.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	117,664,918.
6	Minimum investment return. Enter 5% of line 5	6	5,883,246.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	5,883,246.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	106,879.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	1,632.
c	Add lines 2a and 2b	2c	108,511.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,774,735.
4	Recoveries of amounts treated as qualifying distributions	4	4,822.
5	Add lines 3 and 4	5	5,779,557.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,779,557.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	7,042,170.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	7,042,170.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,042,170.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				5,779,557.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			5,611,126.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 7,042,170.				
a Applied to 2019, but not more than line 2a			5,611,126.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions) **	355,005.			
d Applied to 2020 distributable amount				1,076,039.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	355,005.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				4,703,518.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	355,005.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

** See Statement 21

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

See Statement 22

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
a Paid during the year				
AARP Foundation 601 E Street, NW Washington, DC 20049	N/A	PC	Operating support for health advocacy	25,000.
ACLU of Maine Foundation P.O. Box 7860 Portland, ME 04112	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000.
Acton Fire-Rescue 1725 Route 109 Acton, ME 04001	N/A	GOV	For EMS providers to provide and/or facilitate access to health care in rural communities	15,000.
AdCare Educational Institute of Maine 6 E. Chestnut Street Augusta, ME 04330	N/A	PC	Maine's annual Opioid Summit: funding for testimonials, scholarships, and speakers' fees	5,000.
Amistad, Inc. P.O. Box 992 Portland, ME 04104	N/A	PC	Support for: capacity building; recovery residence programs; COVID-19 responses; health centers	105,000.
Total See continuation sheet(s) ▶ 3a				5,064,454.
b Approved for future payment				
Aroostook Band of Micmacs 7 Northern Road Presque Isle, ME 04769	N/A	GOV	Operating support for capacity building	25,000.
Mabel Wadsworth Center 700 Mt. Hope Avenue, Suite 420 Bangor, ME 04401	N/A	PC	Operating support for capacity building	25,000.
Maine Community Foundation 245 Main Street Ellsworth, ME 04605	N/A	PC	Support for the People of Color Fund's (POCF) health related grant making in Maine's communities of color	150,000.
Total See continuation sheet(s) ▶ 3b				325,000.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Aroostook Area Agency on Aging, Inc. 260 Main Street, Suite B Presque Isle, ME 04769	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations.	35,000.
Aroostook Band of Micmacs 7 Northern Road Presque Isle, ME 04769	N/A	GOV	Support for capacity building; to address impacts of COVID-19 on priority populations	90,000.
Aroostook Mental Health Services, Inc. 43 Hatch Drive, P.O. Box 1018 Caribou, ME 04736	N/A	PC	To provide telehealth resources; for COVID-19 responses; funding for health and recovery centers	50,907.
Ashland Ambulance Service P.O. Box 910 Ashland, ME 04732	N/A	GOV	To operate and sustain ambulance services in rural communities	7,560.
Augusta Fire & Rescue Department 16 Cony Street Augusta, ME 04330	N/A	GOV	To maintain a PPE supply source; to protect employees from disease; to prepare and grow a work force	14,459.
Bangor Area Recovery Network, Inc. 142 Center Street Brewer, ME 04412	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000.
Bangor Region YMCA 17 Second Street Bangor, ME 04401	N/A	PC	Emergency childcare; meals for children; young adult health-evaluation system	24,000.
Blue Cross Blue Shield of Massachusetts Foundation, Inc. 101 Huntington Avenue, Suite 1300 Boston, MA 02199-7611	N/A	PF	Health Coverage Fellowship to for journalists who cover health and medical issues	19,000.
Boothbay Region Health Care, Inc. 185 Townsend Avenue Boothbay Harbor, ME 04538	N/A	PC	Support to expand telehealth capability to serve more high-risk, low-income patients	7,000.
Calais Fire-EMS P.O. Box 413 Calais, ME 04619	N/A	GOV	Support for equipment to better manage COVID-related needs and responses	4,525.
Total from continuation sheets				4,889,454.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Catholic Charities Maine P.O. Box 10660 Portland, ME 04104-6060	N/A	PC	Technology, training, and telehealth for behavioral health and substance use	15,000.
Cedars Nursing Care Center, Inc 630 Ocean Avenue Portland, ME 04103	N/A	PC	Support for an ongoing program of COVID-19 employee screening, detection and monitoring	15,000.
Christine B. Foundation, Inc. 21 North Street Bangor, ME 04401	N/A	PC	Support for The Bangor Region Cancer Conference	1,000.
Community Health and Counseling Services 42 Cedar Street Bangor, ME 04401	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	10,000.
Consumer Council System of Maine 219 Capitol Street Augusta, ME 04330	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
Consumers for Affordable Health Care P.O. Box 2490 Augusta, ME 04338-2490	N/A	PC	Support for health advocacy; to increase enrollment in health coverage plans; COVID-19 responses	153,000.
Crisis & Counseling Centers, Inc. 10 Caldwell Road Augusta, ME 04330	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	5,000.
Crossroads for Women, Inc. 71 US Route 1 Scarborough, ME 04074	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	5,000.
Daniel Hanley Center for Health Leadership P.O. Box 4606 Portland, ME 04112	N/A	PC	Care, communication, and leadership skills between minority groups and health professionals	30,000.
Day One 525 Main Street South Portland, ME 04106	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	5,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Delta Ambulance Corporation 29 Chase Avenue Waterville, ME 04901	N/A	PC	Expand capability to implement and access telemedicine across the rural geographic areas	15,000.
Disability Rights Maine 160 Capitol Street Augusta, ME 04330	N/A	PC	Operating support for health advocacy and to respond COVID-19 impacts on priority populations	50,000.
Eastern Area Agency on Aging 240 State Street Brewer, ME 04412	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000.
Educate Maine 482 Congress Street Portland, ME 04101	N/A	PC	To inform school-based health decision-making; to improve education and health outcomes	5,000.
Ellsworth Free Medical Clinic 248 State Street, Suite 16 Ellsworth, ME 04605	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations.	21,000.
Frannie Peabody Center 30 Danforth Street Portland, ME 04101	N/A	PC	Telehealth; behavioral health; care for at-risk and HIV/AIDS patients; BIPOC/LGBTQIA services	20,000.
Friends of the Portland Community Free Clinic 10A Beach Street Portland, ME 04101	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000.
G&H Ambulance Service Inc. P.O. Box 34 Hudson, ME 04449	N/A	PC	To help employees at-home or on-call with the costs and limitations of available child care	15,000.
Goodwill Industries of Northern New England 34 Hutcherson Drive Gorham, ME 04038	N/A	PC	Telehealth to provide care for people with disabilities in long-term care group homes	15,000.
Grantmakers in Aging, Inc. 2001 Jefferson Davis Highway, Suite 1011 Arlington, VA 22202	N/A	PC	Fund the Future 2020 contribution to provide support during leadership transition	2,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
H.O.M.E. Inc. 90 Schoolhouse Road Orland, ME 04472	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
Hand In Hand/Mano En Mano P.O. Box 573 Milbridge, ME 04658	N/A	PC	Support for capacity building; to address COVID-19 impacts on priority populations	120,000.
Health Equity Alliance 5 Long Lane Ellsworth, ME 04605	N/A	PC	Operating support for health advocacy and to respond COVID-19 impacts on priority populations	75,000.
Healthy Acadia 140 State Street Ellsworth, ME 04605	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000.
Homeless Services of Aroostook P.O. Box 1753 Presque Isle, ME 04769	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
Houlton Band of Maliseet Indians 88 Bell Road Littleton, ME 04730	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	60,000.
In Her Presence 179 Mechanic Street Westbrook, ME 04092	N/A	PC	Capacity building; women and children health; child care; public health education; telehealth	57,600.
Independence Association 3 Industrial Parkway Brunswick, ME 04011	N/A	PC	Remote, ongoing case management; supportive services for persons with disabilities	15,000.
Inquiring Systems, Inc. 101 Brookwood Avenue Santa Rosa, CA 95404	N/A	PC	Sponsorship for Robin DiAngelo's presentation in USM's conference, "Seeing the Racial Waters."	1,000.
Kennebec Behavioral Health 67 Eustis Parkway Waterville, ME 04901	N/A	PC	Increase technology capacity and bandwidth to ensure access to telehealth services; COVID-19 responses	25,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KidsPeace National Centers of New England, Inc. 16 KidsPeace Way Ellsworth, ME 04605	N/A	PC	Resources to allow "virtual visits"; telehealth care and case management for youth and families	10,000.
Knox County Homeless Coalition P.O. Box 1696 Rockland, ME 04841	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
Lakes Region Recovery Center 25 Hospital Drive Bridgton, ME 04009	N/A	NC	To address needs associated with the COVID-19 impacts on MeHAF priority populations	5,000.
Liberty Volunteer Ambulance Service 187 West Main Street Liberty, ME 04949	N/A	GOV	Funds for a CPR device that allows for CPR with fewer staff and that reduces risk of COVID exposure	11,302.
LifeFlight Foundation 13 Main Street Camden, ME 04843	N/A	PC	Funds to replace and replenish ventilator and suctioning supplies used during Lifeflight transport	15,000.
Mabel Wadsworth Center 700 Mt. Hope Avenue, Suite 420 Bangor, ME 04401	N/A	PC	Operating support capacity building and to address COVID-19 impacts on priority populations	40,000.
Maine Access Immigrant Network 237 Oxford Street, Suite 25A Portland, ME 04101	N/A	PC	Capacity building; multilingual staff and counselor training; health enrollment; COVID-19 responses	62,500.
Maine Ambulance Association P.O. Box 202 Waterville, ME 04903	N/A	NC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000.
Maine Association of Community Service Providers P.O. Box 149 Hallowell, ME 04336	N/A	NC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000.
Maine Bureau of Veterans' Services 117 State House Station Augusta, ME 04333-0117	N/A	GOV	To research statewide lack of dentistry for ME's veterans; to document the need to access	10,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Maine Center for Economic Policy One Weston Court, Suite 103 Augusta, ME 04330	N/A	PC	Operating support for health advocacy	45,000.
Maine Center for Public Interest Reporting P.O. Box 284 Hallowell, ME 04347	N/A	PC	To support of health-focused COVID-19 reporting efforts	5,000.
Maine Children's Alliance 331 State Street Augusta, ME 04330	N/A	PC	Operating support for health advocacy	25,000.
Maine Children's Home for Little Wanderers 93 Silver Street Waterville, ME 04901	N/A	PC	Services for at-risk populations; to redesign Connected Community and online programs	8,500.
Maine Coalition to End Domestic Violence P.O. Box 5188 Augusta, ME 04332	N/A	PC	Train teams on prevention and responses to non-fatal strangulation incidences	10,000.
Maine Community Action Partnership C/O Penquis Bangor, ME 04402-1162	N/A	PC	To support a grant writer for the Early Head Start Child Partnership grant-program	2,000.
Maine Community Foundation 245 Main Street Ellsworth, ME 04605	N/A	PC	COVID-19; racial justice; minority interests and civil rights; health care and equity measures	385,000.
Maine Community Integration 265 Lisbon Street Lewiston, ME 04240	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
Maine Council On Aging P.O. Box 988 Brunswick, ME 04011	N/A	PC	Health advocacy; COVID-19 responses; database development to serve elderly populations	125,000.
Maine Development Foundation 2 Beech Street Hallowell, ME 04347	N/A	PC	Policy Leaders Academy program, which provides information to ME legislators about the ME economy	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	N/A	PC	Health advocacy; COVID-19 responses; MaineCare enrollment; aide for LGBTQ and immigrant groups	92,800.
Maine Family Planning P.O. Box 587 Augusta, ME 04332-0587	N/A	PC	Operating support for health advocacy and to respond COVID-19 impacts on priority populations	35,000.
Maine Immigrant and Refugee Services 256 Bartlett Street Lewiston, ME 04243	N/A	PC	Staff and support to deliver MaineCare services; mental health services; COVID-19 responses	46,000.
Maine Immigrants' Rights Coalition 24 Preble Street Portland, ME 04101	N/A	PC	Unrestricted operating support to address needs associated with the COVID-19 pandemic in Maine and its	50,000.
Maine Initiatives 56 North Street, Suite 100 Portland, ME 04101	N/A	PC	Support for immigrant groups, communities, and organizations; COVID-19 aide for high-risk populations	60,000.
Maine Medical Education Trust 30 Association Drive Manchester, ME 04351	N/A	PC	Operating support for health advocacy; harm reduction education; post partum overdose prevention	30,000.
Maine Mental Health Connections, Inc. 2 Second Street Bangor, ME 04401	N/A	PC	Operating Support for Capacity Building and to address COVID-19 impacts on priority populations	54,211.
Maine Mobile Health Program 9 Green Street Augusta, ME 04332	N/A	PC	Operating support for health advocacy and to respond to COVID-19 impacts on priority populations	45,000.
Maine Philanthropy Center USM Glickman Family Library Portland, ME 04104-9301	N/A	PC	Sponsorship of Maine Philanthropy Center's 2020 Philanthropy Partners Conference	7,500.
Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	N/A	PC	Health advocacy and to support COVID-19 responses to priority populations	80,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Maine Prisoner Re-Entry Network P.O. Box 7157 Lewiston, ME 04240	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000.
Maine Public Health Association 122 State Street Augusta, ME 04330	N/A	PC	Health advocacy; health equity assessment to address systemic racism and health inequities	35,000.
Maine Resilience Building Network 227 Benson Road Manchester, ME 04351	N/A	PC	Emotional resilience training and wellbeing efforts for care providers; youth mental health	22,000.
Maine Sea Coast Mission 127 West Street Bar Harbor, ME 04609	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000.
Maine Transgender Network Inc. 511 Congress Street Portland, ME 04101	N/A	PC	Operating support for capacity building	30,000.
MaineHealth - Healthy Community Coalition 105 Mt. Blue Circle Farmington, ME 04938	N/A	PC	Support for health needs of low-income, vulnerable individuals in Franklin County as a result of COVID-19	15,000.
ME Assoc. of Substance Abuse Programs (aka ME Behavioral Health Foundation) 295 Water Street Augusta, ME 04330	N/A	PC	Operating support for health advocacy and to respond COVID-19 impacts on priority populations	55,000.
Medical Care Development 11 Parkwood Drive Augusta, ME 04330	N/A	PC	Culture and linguistic e-learning module; oral health education; virtual care-delivery training	65,000.
Mid-Coast Health Net Inc. 22 White Street Rockland, ME 04841	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000.
Mid-Maine Homeless Shelter & Services 19 Colby Street Waterville, ME 04901	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Midcoast Maine Community Action 34 Wing Farm Parkway Bath, ME 04530	N/A	PC	Conduct trainings, engage stakeholders, and put into action a 2Gen System for a service delivery model	5,000.
Milestone Recovery 65 India Street Portland, ME 04101	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000.
Millinocket Regional Hospital 200 Somerset Street Millinocket, ME 04462	N/A	PC	To improve care and staff confidence when working with patients in mental health crisis	5,112.
Mobius, Inc. 319 Main Street Damariscotta, ME 04543	N/A	PC	Adapt and expand organization emergency response plans to include best practices for a pandemic	7,500.
Motivational Services 71 Hospital Street Augusta, ME 04330	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	5,000.
NAMI Maine 52 Water Street Hallowell, ME 04347	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000.
New England Arab American Organization 426 Bridge Street Portland, ME 04104	N/A	PC	Operating support for capacity building and to address impacts of COVID-19 on priority populations	50,000.
New England Rural Health RoundTable P.O. Box 12 Newfield, ME 03304	N/A	PC	Rural transformation initiatives; legislative luncheons to promote rural health care	34,250.
New Mainers Public Health Initiative 276 Lisbon Street Lewiston, ME 04240	N/A	PC	Capacity building; improve health coverage; COVID-19 and substance abuse study, support, and responses	132,500.
Oasis Health Network Inc. 66 Baribeau Drive, Suite 9/10 Brunswick, ME 04011	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Open Door Recovery Center P.O. Box 958 Ellsworth, ME 04605-0958	N/A	PC	Funding for salary, training, and professional fees to re-open a women's health recovery center	20,000.
Oxford County Mental Health Services 150 Congress Street Rumford, ME 04276	N/A	PC	Responses to COVID-19 impacts on priority populations; support to the Rumford and South Paris locations	10,000.
Partnership for Children's Oral Health P.O. Box 11 Yarmouth, ME 04096	N/A	PC	Model oral health system; dental care centers, training, education; support for at-risk persons	120,000.
Passamaquoddy Tribe at Indian Township P.O. Box 301 Princeton, ME 04668	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations.	60,000.
Passamaquoddy Tribe at Pleasant Point 11 Back Road Perry, ME 04667	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations.	60,000.
Peninsula Free Health (a/k/a Downeast Community Partners) P.O. Box 252 Blue Hill, ME 04614	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	3,000.
Penobscot Community Health Care 103 Maine Avenue Bangor, ME 04402	N/A	PC	Telehealth and pharmacy procedures for opioid recovery; local health study; COVID-19 responses	85,000.
Penobscot Nation 12 Wabanaki Way Indian Island, ME 04468	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	60,000.
Penquis P.O. Box 1162 Bangor, ME 04401	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	10,000.
Pine Tree Legal Assistance 88 Federal Street Portland, ME 04112	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Piscataquis Regional Food Center (PRFC) 76 North Street Dover-Foxcroft, ME 04426	N/A	PC	To coordinate healthy, affordable, local food for low income consumers while benefiting producers	10,000.
Planned Parenthood of Northern New England 784 Hercules Drive, Suite 110 Colchester, VT 05446	N/A	PC	Operating support for health advocacy	35,000.
Pleasant Point EMS 410 County Road Pleasant Point, ME 04667	N/A	GOV	To improve access to high quality, community based care for the Passamaquoddy people	50,000.
Port Resources 280B Gannett Drive South Portland, ME 04106	N/A	PC	Implement technology for adult group home residents in to communicate remotely	4,400.
Portland Community Health Center (d/b/a Greater Portland Health) 180 Park Avenue Portland, ME 04102	N/A	PC	Healthcare for the Homeless; telehealth-care during the Pandemic for at-risk persons	15,000.
Portland Recovery Community Center 468 Forest Avenue Portland, ME 04103	N/A	PC	Responses to COVID-19 impacts on priority populations; support for Maine Recovery Hub	55,000.
Preble Street 38 Preble Street Portland, ME 04101	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
Public Health Research Institute - fiscal sponsor for Wabanaki Pub. Health P.O. Box 308 Brownfield, ME 04010	N/A	PC	Capacity building; enrollment in health plans; public health education; needs assessment	155,000.
Resources for Organizing and Social Change P.O. Box 2244 Augusta, ME 04338-2444	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000.
ROIL (d/b/a Maine Inside Out) P.O. Box 15168 Portland, ME 04112	N/A	PC	Support/advocacy for families connected to incarceration; family health and life outcomes; COVID-19	20,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Rumford Group Homes, Inc. 201 Knox Street Rumford, ME 04276	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
SeniorsPlus 8 Falcon Road Lewiston, ME 04240	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000.
Somali Bantu Community Association of Lewiston Maine 145 Pierce Street Lewiston, ME 04240	N/A	PC	Support for capacity building; to address COVID-19 impacts on priority populations	50,000.
Southern Maine Agency on Aging 30 Barra Road Biddeford, ME 04005	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000.
Southern Maine Workers' Center 56 North Street Portland, ME 04101	N/A	PC	Support for capacity building; to address COVID-19 impacts on priority populations	45,000.
Spectrum Generations One Weston Court Augusta, ME 04338	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000.
Spurwink Services 901 Washington Avenue Portland, ME 04103	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	10,000.
St. George Ambulance (a/k/a Saint George Volunteer Firemen's Association) P.O. Box 249 Tenants Harbor, ME 04860	N/A	PC	Support to increase, implement and evaluate access to in-home and telecommunication support	10,000.
State of Maine, Department of Health & Human Services, Office of MaineCare 11 State House Station Augusta, ME 04333	N/A	GOV	Study of Maine's populations and health care; health plan enrollment campaigns; cost-of-care study	270,000.
Sunrise Opportunities P.O. Box 88 Machias, ME 04654	N/A	PC	Telehealth services to address isolation and disruption of care for disabled persons; COVID-19 responses	17,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Survivor Speak USA 1 Walker Street Portland, ME 04102	N/A	PC	Operating support for capacity building	30,000.
Sweetser 50 Moody Street Saco, ME 04072	N/A	PC	For counselors to provide support for youth/families with mental and/or behavioral health	11,000.
The Center For Grieving Children 555 Forest Avenue Portland, ME 04101	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	10,000.
The Center for Wisdom's Women 97 Blake Street Lewiston, ME 04240	N/A	PC	To train recovery coaches in gender-sensitive and trauma-informed addiction recovery	5,000.
The Northern Lighthouse, Inc. 172 Academy Street Presque Isle, ME 04769	N/A	PC	Telehealth services for rural consumers with mental health disorders and/or disabilities	15,000.
The Root Cellar 89 Birch Street Lewiston, ME 04240	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000.
Town of Jackman 369 Main Street Jackman, ME 04945	N/A	GOV	Develop/implement a system for rural health care; health inequity; increase access to care	50,000.
Town of Kennebunk Committee on Aging 14 Bourne Street Kennebunk, ME 04043	N/A	GOV	Board designated charitable gift to No Place Like Home for general operating support	600.
Tri-County Emergency Medical Services, Inc. 300 Main Street Lewiston, ME 04240	N/A	PC	Training for EMS COVID-19 response services; training for EMT students; Pandemic response courses	15,000.
Tri-County Mental Health Services P.O. Box 2008 Lewiston, ME 04241-2008	N/A	PC	Laptops for home-based behavioral health treatment; responses to COVID-19 impacts on at-risk persons	24,728.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
United Ambulance Service 192 Russell Street Lewiston, ME 04240	N/A	PC	Paramedicine; educational opportunities; disability accessibility	15,000.
Vet to Vet Maine P.O. Box 1205 Biddeford, ME 04005	N/A	PC	Board designated charitable gift for unrestricted operating support	1,200.
Volunteers of America Northern New England 14 Maine Street Brunswick, ME 04097	N/A	PC	Technology to provide telehealth, assist with coping while isolating, and lower anxiety levels	8,400.
Wabanaki Health and Wellness 1 Merchant Plaza, Suite 401 Bangor, ME 04401	N/A	PC	Support for capacity building; to address impacts of the COVID-19 pandemic on priority populations	50,000.
Waterville Fire Department 7 College Avenue Waterville, ME 04901	N/A	GOV	Fit test machine to ensure that medical workers are wearing the appropriately sized respirators	13,400.
Western Maine Community Action P.O. Box 200 East Wilton, ME 04234	N/A	PC	To offer in-person assistance for MaineCare during open enrollment and beyond	20,000.
Woodfords Family Service 15 Saunders Way, Suite 900 Westbrook, ME 04092	N/A	PC	Therapeutic resource lending library to improve behavioral health services for children with autism	5,000.
York County Shelters Program, Inc. 24 George Road Alfred, ME 04002	N/A	PC	Increase staff capacity for COVID-19; cleaning, resident help, staff training; telehealth	25,000.
Young People in Recovery 1415 Park Avenue West Denver, CO 80205-2103	N/A	PC	Board designated charitable gift for general operating support	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Maine Mental Health Connections, Inc. 2 Second Street Bangor, ME 04401	N/A	PC	Operating support for capacity building	25,000.
New England Arab American Organization 426 Bridge Street Portland, ME 04104	N/A	PC	Operating support for capacity building	25,000.
Somali Bantu Community Association of Lewiston Maine 145 Pierce Street Lewiston, ME 04240	N/A	PC	Operating support for capacity building	25,000.
Survivor Speak USA 1 Walker Street Portland, ME 04102	N/A	PC	Operating support for capacity building	25,000.
Wabanaki Public Health 1 Merchant Plaza, Suite 401 Bangor, ME 04401	N/A	PC	Operating support for capacity building	25,000.
Total from continuation sheets				125,000.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Name of Recipient - Maine Immigrants' Rights Coalition

Unrestricted operating support to address needs associated with the COVID-19 pandemic in Maine and its impact on MeHAF priority populations.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Maine Health Access Foundation, Inc.

Employer identification number

01-0535144

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Maine Health Access Foundation, Inc.	Employer identification number 01-0535144
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Northeast Delta Dental Foundation <hr/> P.O. Box 2002 <hr/> Concord, NH 03302-2002	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Wellforce, Inc. <hr/> 800 District Avenue, Suite 520 <hr/> Burlington, MA 01803	\$ <u>16,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Maine Health Access Foundation, Inc.	Employer identification number 01-0535144
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization Maine Health Access Foundation, Inc.	Employer identification number 01-0535144
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Form 990-PF Gain or (Loss) from Sale of Assets Statement 1

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	(f) Date Sold	Gain or Loss
Net Gains from Pooled Investments							
	45,207,090.	42,520,252.	0.				2,686,838.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	(f) Date Sold	Gain or Loss
Schedules K-1 of Pass-Through Investments							
	3,082,554.	3,082,554.	0.	Purchased			0.

Capital Gains Dividends from Part IV							0.
Total to Form 990-PF, Part I, line 6a							2,686,838.

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 2

Source	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Wells Fargo Portfolio	12,420.	12,420.	
Total to Part I, line 3	12,420.	12,420.	

Form 990-PF	Dividends and Interest from Securities				Statement	3
Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income	
Wells Fargo Portfolio	1,045,120.	0.	1,045,120.	1,045,120.		
To Part I, line 4	1,045,120.	0.	1,045,120.	1,045,120.		

Form 990-PF	Other Income			Statement	4
Description	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income		
Net adjustment for investment income on schedules K-1 (not recorded on books)	1,222,190.	1,212,274.			
Other income	-1,222,190.	0.	0.		
	6,248.				
Total to Form 990-PF, Part I, line 11	6,248.	1,212,274.			

Form 990-PF	Legal Fees			Statement	5
Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Legal	11,063.	0.		11,063.	
To Fm 990-PF, Pg 1, ln 16a	11,063.	0.		11,063.	

Form 990-PF	Accounting Fees			Statement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Accounting	28,836.	2,000.		26,836.	
To Form 990-PF, Pg 1, ln 16b	28,836.	2,000.		26,836.	

Form 990-PF	Other Professional Fees			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Consulting	4,594.	0.		4,594.	
To Form 990-PF, Pg 1, ln 16c	4,594.	0.		4,594.	

Form 990-PF	Taxes			Statement	8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Excise taxes	8,000.	0.		0.	
To Form 990-PF, Pg 1, ln 18	8,000.	0.		0.	

Form 990-PF	Other Expenses			Statement	9
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Office supplies & expenses	44,981.	0.		44,981.	
Website	0.	0.		0.	
Insurance	10,572.	0.		10,572.	
Telecommunications	4,903.	0.		4,903.	
Investment fees	326,713.	326,713.		0.	
Program related expenses: contracts	158,284.	0.		158,284.	

Program related expenses:			
consultants	17,325.	0.	17,325.
Program related expenses:			
conferences	36,857.	0.	36,857.
Program related expenses:			
grant management	6,500.	0.	6,500.
Program related expenses:			
communications	740.	0.	740.
Program related expenses:			
technical assistance	149,424.	0.	149,424.
Program related expenses:			
special projects	46,282.	0.	46,282.
Program related expenses:			
miscellaneous	90,747.	0.	90,747.
Program related expenses:			
evaluation	14,015.	0.	14,015.
Program related expenses:			
needs assessment	96,125.	0.	96,125.
Payroll Administration	1,465.	0.	1,465.
Accrual to cash conversion:			
operating expenses	0.	0.	-11,883.
To Form 990-PF, Pg 1, ln 23	1,004,933.	326,713.	666,337.

Form 990-PF	Other Increases in Net Assets or Fund Balances	Statement 10
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Description	Amount
Net unrealized gain on investments	14,209,658.
Recoveries of amounts treated as qualifying distributions	4,822.
Total to Form 990-PF, Part III, line 3	14,214,480.

Form 990-PF	Other Investments	Statement 11
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Description	Valuation Method	Book Value	Fair Market Value
Adage Capital Partners	FMV	32,123,989.	32,123,989.
Adamas Opportunities, L.P.	FMV	731,043.	731,043.
BlackRock Strategic Income	FMV	4,039,377.	4,039,377.
Colchester Global LP	FMV	4,222,907.	4,222,907.
FPA Crescent Fund	FMV	6,298,658.	6,298,658.
Metropolitan West Total Return	FMV	4,011,619.	4,011,619.
Nyes Ledge Capital Offshore Fund	FMV	4,926,972.	4,926,972.
Silchester Interntnl Tobacco Free	FMV	18,143,110.	18,143,110.
SSGA Real Asset Fund	FMV	8,412,953.	8,412,953.
Vanguard FTSE	FMV	6,115,825.	6,115,825.

Vanguard Long Term Treasury	FMV	3,448,978.	3,448,978.
Vanguard Total International	FMV	14,869,286.	14,869,286.
Vanguard Total Stock Market Index	FMV	20,238,987.	20,238,987.
Wellington Emerging Markets	FMV	4,170,635.	4,170,635.
Farallon F5 Fund	FMV	3,145,352.	3,145,352.
Total to Form 990-PF, Part II, line 13		134,899,691.	134,899,691.

Form 990-PF Depreciation of Assets Not Held for Investment Statement 12

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office equipment	166,755.	138,111.	28,644.
Total To Fm 990-PF, Part II, ln 14	166,755.	138,111.	28,644.

Form 990-PF Other Assets Statement 13

Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Refundable income taxes	137,000.	35,000.	35,000.
To Form 990-PF, Part II, line 15	137,000.	35,000.	35,000.

Form 990-PF Other Liabilities Statement 14

Description	BOY Amount	EOY Amount
Deferred tax liability	296,000.	195,000.
Total to Form 990-PF, Part II, line 22	296,000.	195,000.

Clarissa Sabattis, RN 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Toho Soma, MPH 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0.	0.
Odette Thurston 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0.	0.
Shirley Weaver, PhD 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0.	0.
Constance Adler, MD, FAAFP 150 Capitol Street, Suite 4 Augusta, ME 04330	Chair 5.00	0.	0.	0.
Bruce Nickerson, CPA 150 Capitol Street, Suite 4 Augusta, ME 04330	Treasurer 4.00	0.	0.	0.
Deborah Deatrck, MPH 150 Capitol Street, Suite 4 Augusta, ME 04330	Secretary 3.00	0.	0.	0.

Totals included on 990-PF, Page 6, Part VIII

201,588.	22,856.	0.
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Form 990-PF

Expenditure Responsibility Statement
Part VII-B, Line 5c

Statement 16

Grantee's Name

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.

Grantee's Address101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>	<u>Verification Date</u>
19,000.	03/09/20	19,000.	11/12/21

Purpose of Grant

The Health Coverage Fellowship is designed to help newspaper, radio, television, and online reporters and editors do a better job covering critical health care issues. Each year twelve journalists are selected from across the country for an intensive nine days and nights of training. Topics include issues that affect the health care of low income and uninsured individuals and families. MeHAF funding supports participation in the program by a Maine journalist. The 2020 Health Coverage Fellowship program was reframed to a distance learning and mentoring format due to the COVID-19 pandemic.

Dates of Reports by Grantee

September 30, 2020 - September 30, 2021

Any Diversion by Grantee

None

Results of Verification

Narrative and financial reports for the grant are due November 12, 2021; accordingly, MeHAF has not received narrative and financial reports from the grantee as of the date of this filing. However, reports (narrative and financial) from previous grants made to this grantee have been received, reviewed and approved on a timely basis. To the best of Maine Health Access Foundation's knowledge, the grantee has not diverted any portion of the funds from the purpose of the grant. Upon receipt of narrative and financial reports, the Communications Associate will review the reports from Blue Cross and Blue Shield of Massachusetts Foundation to ensure the appropriate use of grant funds.

Grantee's Name

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.

Grantee's Address101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>	<u>Verification Date</u>
19,000.	03/12/19	19,000.	07/01/20

Purpose of Grant

The Health Coverage Fellowship is designed to help newspaper, radio, television, and online reporters and editors do a better job covering critical health care issues. Each year twelve journalists are selected from across the country for an intensive nine days and nights of training. Topics include issues that affect the health care of low income and uninsured individuals and families. MeHAF funding supports participation in the program by a Maine journalist.

Dates of Reports by Grantee

April 26, 2019 - April 23, 2020

Any Diversion by Grantee

None

Results of Verification

MeHAF received narrative and financial reports from the grantee on July 1, 2020. Based on the final reports, all grant funds (\$19,000) were expended. Reports (narrative and financial) from previous grants, have been received, reviewed, and approved on a timely basis; to the best of Maine Health Access Foundation's knowledge, the grantee has not diverted any portion of the funds from the purpose of the grant. Upon receipt of narrative and financial reports, the President & CEO reviewed and approved the reports from Blue Cross and Blue Shield of Massachusetts Foundation, and found grant funds were used appropriately.

Form 990-PF Summary of Direct Charitable Activities Statement 17

Activity One

Health Equity Capacity Building: Staff, consultant, and evaluator support to implement the Health Equity Capacity Building Program, which focuses on community-led organizations led by and addressing the health and health care needs of populations that experience inequitable burdens and disparities. This activity specifically includes grantee-determined technical assistance and support to wrap around grant funds.

Expenses

To Form 990-PF, Part IX-A, line 1

140,935.

Form 990-PF Summary of Direct Charitable Activities Statement 18

Activity Two

Advocacy and Outreach: Staff and consultant expenses to implement two programs that in 2020 were augmented by grants from two national private foundations to support portions of the work. The advocacy program supports key advocacy organizations that represent health care and health issues and populations that are MeHAF priorities. The outreach efforts centered on education, outreach, and enrollment in expanded MaineCare (Medicaid) and Marketplace coverage, and included community-based grantees in partnership with the Maine Department of Human Services and Maine Health Access Foundation.

Expenses

To Form 990-PF, Part IX-A, line 2

60,780.

Form 990-PF	Summary of Direct Charitable Activities	Statement 19
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Activity Three

COVID-19: Extensive research and networking by staff to plan and implement several rounds of directed and competitive grants for COVID-19 response consistent with MeHAF priority strategies and populations. To reduce burden on grantees, staff provided significant assistance in grant application processes.

Additionally, as part of the Foundation's COVID-19 response and relief efforts, the Foundation awarded a small amount of its annual grants to private business-organizations as qualifying disaster relief payments as defined under IRS Publication 3833 and applicable IRS Notices. These private-awards were made to reduce community deterioration and to financially aid institutions trying to survive the COVID-19 Pandemic. All private-grants were made to accomplish the Foundation's exempt mission and to further its charitable purpose. The Foundation did not receive any private benefit from these grants.

Expenses

To Form 990-PF, Part IX-A, line 3

51,800.

Form 990-PF	Summary of Direct Charitable Activities	Statement 20
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Activity Four

Oral Health: Staff and consultant expenses to coordinate activities of the Maine Oral Health Funders group and to participate in and help to lead ongoing safety net oral health system development in Maine.

Expenses

To Form 990-PF, Part IX-A, line 4

44,365.

Form 990-PF	Election Under Regulations Section 53.4942(a)-3(d)(2) to Treat Excess Qualifying Distributions as Distributions out of Corpus	Statement 21
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Form 990-PF

Election Under Regulations Section
53.4942(a) - 3(d)(2) to treat excess qualifying
distributions as distributed out of Corpus.

I, Barbara Leonard, President & CEO of Maine Health Access Foundation,
Inc., in my capacity as such, do hereby elect to treat \$355,005 of
qualifying distributions made during the fiscal year ended December
31, 2020 as distributed out of corpus.

Barbara Leonard, President & CEO
Maine Health Access Foundation, Inc.

General Explanation

Statement 23

Form/Line Identifier and Description/Return Reference

Form 990-PF General Explanation - Grant-Making and Charitable Activities

Explanation:

The Maine Health Access Foundation (MeHAF) is the state's largest private 501(c)(3) nonprofit health care foundation. Our mission is to promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine. The foundation is governed by a fifteen-member statewide Board of Trustees and benefits from the guidance of a seventeen-member statewide Community Advisory Committee. MeHAF's current strategic goals are: 1) Ensure equitable access to affordable, quality care (advocacy and outreach for access to care and coverage, rural health, health workforce); 2) Support systemic changes to address critical health issues in Maine (behavioral health, oral health); 3) Advance efforts to improve the health of specific populations (older adults, mothers and children, individuals experiencing disproportionate health inequities); 4) Promote shared leadership to achieve equitable health outcomes for everyone in Maine.

To learn more about MeHAF's grantmaking in 2020 and prior years, please see annual reports on the MeHAF website:

<https://mehaf.org/who-we-are/annual-reports>.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

Maine Health Access Foundation, Inc.

01-0535144

Name and title of officer or person subject to tax

Barbara A Leonard MPH President & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720. Total tax for Form 990-T is 1,632.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Baker Newman & Noyes to enter my PIN 12345. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

01102454321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Nicholas E. Porto Date 10/15/21

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Maine Health Access Foundation, Inc.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 150 Capitol Street, No. 4</p> <p>City or town, state or province, country, and ZIP or foreign postal code Augusta, ME 04330</p>	<p>D Employer identification number 01-0535144</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 136,231,076.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K 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. ▶

L The books are in care of ▶ **Barbara Leonard, M.P.H.** Telephone number ▶ **(207) 620-8266**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	9,634.
2 Reserved	2	
3 Add lines 1 and 2	3	9,634.
4 Charitable contributions (see instructions for limitation rules) Stmt 24 Stmt 25	4	863.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	8,771.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	8,771.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	7,771.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	1,632.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	1,632.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	1,632.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	1,632.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020	6a	19,253.
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7	Total payments. Add lines 6a through 6g	7	19,253.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	17,621.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 17,621. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority 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 here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ **President & CEO** Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name: **Nicholas E. Porto** Preparer's signature: _____ Date: **10/15/21** Check if self-employed PTIN: **P01310283**

Firm's name: **Baker Newman & Noyes** Firm's EIN: **01-0494526**

Firm's address: **P.O. Box 507, Portland, ME 04112** Phone no.: **(207)879-2100**

Form 990-T	Contributions	Statement	24
Description/Kind of Property	Method Used to Determine FMV	Amount	
Current year contributions	N/A	5,009,454.	
Total to Form 990-T, Part I, line 4		5,009,454.	

Form 990-T	Contributions Summary	Statement 25
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Qualified Contributions Subject to 100% Limit
 Qualified Contributions Subject to 25% Limit

Carryover of Prior Years Unused Contributions

For Tax Year 2015	11,143,053
For Tax Year 2016	3,590,967
For Tax Year 2017	3,404,873
For Tax Year 2018	1,972,853
For Tax Year 2019	4,552,187

Total Carryover	24,663,933
Total Current Year 10% Contributions	5,009,454

Total Contributions Available	29,673,387
Taxable Income Limitation as Adjusted	863

Excess Contributions	29,672,524
Excess 100% Contributions	0
Total Excess Contributions	29,672,524

Allowable Contributions Deduction		863
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Total Contribution Deduction		863
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**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity **1**

OMB No. 1545-0047

2020

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

A Name of the organization Maine Health Access Foundation, Inc.	B Employer identification number 01-0535144
C Unrelated business activity code (see instructions) ▶ 520000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **Income from 512(a)(6) qualifying partnerships**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) Statement 26	5 9,916.		9,916.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 9,916.		9,916.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement) (see instructions)	5		
6 Taxes and licenses	6		282.
7 Depreciation (attach Form 4562) (see instructions)	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		282.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		9,634.
17 Deduction for net operating loss (see instructions)	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		9,634.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
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	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 ..				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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

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

Part VII 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 (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Form 990-T (A)	Income (Loss) from Partnerships	Statement 26
Description		Net Income or (Loss)
Adamas Opportunities, L.P. - Other Portfolio income (loss)		9,916.
Total Included on Schedule A, Part I, line 5		9,916.

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2020

Department of the Treasury
Internal Revenue Service

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

▶ **Attach to your tax return.**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

Attachment
Sequence No. **865**

Name of person filing this return Maine Health Access Foundation, Inc.	Filer's identification number 01-0535144
--	--

Filer's address (if you aren't filing this form with your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> B Filer's tax year beginning JAN 1 , 2020, and ending DEC 31 , 2020
---	---

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
Farallon Capital F5 Investors I, LP

**One Maritime Plaza, Suite 2100
San Francisco, CA 94111**

2(a) EIN (if any) 98-1248159
2(b) Reference ID number U-5
3 Country under whose laws organized Cayman Islands

4 Date of organization 06/15/2015	5 Principal place of business Cayman Islands	6 Principal business activity code number 523900	7 Principal business activity Investment	8a Functional currency USD	8b Exchange rate (see instructions) 1.000000
--	---	---	---	---	---

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed:
---	---

3 Name and address of foreign partnership's agent in country of organization, if any Farrallon Capital Management	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different Farrallon Capital Management
---	---

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions Yes No
If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? ▶ **Partnership**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet **both** of the following requirements? Yes No

1. The partnership's total receipts for the tax year were less than \$250,000.
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.

If "Yes," **don't** complete Schedules L, M-1, and M-2.

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

- a** Owns a direct interest **b** Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **Maine Health Access Foundation, Inc.** Filer's identifying number **01-0535144**

Name of foreign partnership **Farallon Capital F5 Investors I,** EIN (if any) **98-1248159** Reference ID number (see instr) **U-5**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/30/20		3,000,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			3,000,000.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.5513** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Maine Health Access Foundation, Inc.	Identifying number (see instructions) 01-0535144
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
Farallon Capital F5 Investors I, LP	98-1248159

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) Farallon Capital F5 Intermediate, Ltd.	5a Identifying number, if any
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6 Address (including country) One Maritime Plaza, Suite 2100 San Francisco, CA 94111	5b Reference ID number U-5
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7 Country code of country of incorporation or organization
Cayman Islands

8 Foreign law characterization (see instructions)
Corporation

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/30/2020		3,000,000.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 17 Type of nonrecognition transaction (see instructions) ► **Section 351**
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No