

Return of Private Foundation

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

2021

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 2021 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) ▶ \$ 148,903,939.	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	18,500.		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	262.	262.		Statement 1
	4 Dividends and interest from securities	1,214,910.	1,214,910.		Statement 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	14,157,347.			
	b Gross sales price for all assets on line 6a 44,779,551.				
	7 Capital gain net income (from Part IV, line 2)		14,157,347.		
	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	21,604.	366,216.		Statement 3	
12 Total. Add lines 1 through 11	15,412,623.	15,738,735.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	240,048.	12,002.		228,046.
	14 Other employee salaries and wages	677,175.	9,259.		667,916.
	15 Pension plans, employee benefits	257,498.	1,569.		255,929.
	16a Legal fees Stmt 4	12,106.	0.		12,106.
	b Accounting fees Stmt 5	26,750.	2,000.		24,750.
	c Other professional fees				
	17 Interest				
	18 Taxes Stmt 6	80,000.	0.		0.
	19 Depreciation and depletion	14,713.	0.		
	20 Occupancy	110,260.	0.		110,260.
	21 Travel, conferences, and meetings	10,701.	0.		10,701.
	22 Printing and publications	24,356.	0.		24,356.
	23 Other expenses Stmt 7	1,045,261.	589,702.		469,285.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,498,868.	614,532.		1,803,349.
	25 Contributions, gifts, grants paid	7,015,909.			4,328,314.
26 Total expenses and disbursements. Add lines 24 and 25	9,514,777.	614,532.		6,131,663.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	5,897,846.				
b Net investment income (if negative, enter -0-)		15,124,203.			
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	80,851.	40,975.	40,975.
	2 Savings and temporary cash investments	1,125,513.	1,271,258.	1,271,258.
	3 Accounts receivable	5,000.		
	Less: allowance for doubtful accounts		5,000.	5,000.
	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	61,377.	77,947.	77,947.
	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 9	134,899,691.	147,306,291.	147,306,291.
14 Land, buildings, and equipment: basis	185,292.			
Less: accumulated depreciation	Stmt 10	28,644.	32,468.	32,468.
15 Other assets (describe)	Statement 11	35,000.	170,000.	170,000.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		136,231,076.	148,903,939.	148,903,939.
Liabilities	17 Accounts payable and accrued expenses	33,279.	36,123.	
	18 Grants payable	325,000.	3,012,595.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)	Statement 12	195,000.	60,000.
23 Total liabilities (add lines 17 through 22)		553,279.	3,108,718.	
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		135,677,797.	145,795,221.
	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		135,677,797.	145,795,221.	
30 Total liabilities and net assets/fund balances		136,231,076.	148,903,939.	

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	135,677,797.
2 Enter amount from Part I, line 27a	2	5,897,846.
3 Other increases not included in line 2 (itemize)	3	See Statement 8
4 Add lines 1, 2, and 3	4	145,795,221.
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	145,795,221.

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 Publicly Traded Securities				
b				
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 44,779,551.		30,622,204.	14,157,347.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(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		
a			14,157,347.	
b				
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 14,157,347.
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 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)		1	210,226.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	210,226.
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	210,226.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a 362,076.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	362,076.
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 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	151,850.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax 151,850. Refunded		11	0.

Part VI-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. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
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?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
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 XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>ME</u>		
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 <i>General Instruction G</i> ? 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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>www.mehaf.org</u>		
14 The books are in care of ▶ <u>Barbara Leonard, M.P.H.</u> Telephone no. ▶ <u>(207) 620-8266</u> Located at ▶ <u>150 Capitol Street, 4, Augusta, ME</u> ZIP+4 ▶ <u>04330</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2021, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

Part VI-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.

	Yes	No
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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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.)	1a(5)	X
	1a(6)	X
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	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2021?	1d	X
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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years <input type="checkbox"/> _____, _____, _____, _____		
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.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <input type="checkbox"/> _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 2021.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2021?	4b	X

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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		X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 14	X	
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?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A		
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?		X

Part VII 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 13		213,698.	26,350.	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 150 Capitol Street, Augusta, ME 04330	Vice President for Programs 40.00	120,083.	19,828.	0.
Margo Beland 150 Capitol Street, Augusta, ME 04330	Finance Manager 40.00	92,586.	15,688.	0.
Jake Grindle 150 Capitol Street, Augusta, ME 04330	Senior Program Officer 40.00	78,725.	27,185.	0.
Charles Dwyer 150 Capitol Street, Augusta, ME 04330	Senior Program Officer 40.00	80,768.	15,413.	0.
Frank Martinez Nocito 150 Capitol Street, Augusta, ME 04330	Program Officer 40.00	63,506.	31,420.	0.
Total number of other employees paid over \$50,000				4

Part VII 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."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Silchester International Investors - 780 Third Avenue, 42nd Floor, New York, NY 10017	Investment fees	197,071.
Prime Buchholz & Associates 40 Pleasant Street, Portsmouth, NH 03801	Investment advisory	99,214.
Partnerships for Health - 169 Boone Square Street # 196, Hillsborough, NC 27278	Consulting and evaluations	57,268.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 See Statement 15	154,685.
2 See Statement 16	59,000.
3 See Statement 17	48,140.
4 See Statement 18	30,190.

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 N/A		
2		
3 All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0.

Part IX 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	141,745,620.
b	Average of monthly cash balances	1b	2,304,365.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	144,049,985.
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	144,049,985.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	2,160,750.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	141,889,235.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	7,094,462.

Part X 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 IX, line 6	1	7,094,462.
2a	Tax on investment income for 2021 from Part V, line 5	2a	210,226.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	3,647.
c	Add lines 2a and 2b	2c	213,873.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,880,589.
4	Recoveries of amounts treated as qualifying distributions	4	63,984.
5	Add lines 3 and 4	5	6,944,573.
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 XII, line 1	7	6,944,573.

Part XI 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	6,131,663.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	6,131,663.

Form 990-PF (2021)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				6,944,573.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			4,703,518.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 6,131,663.				
a Applied to 2020, but not more than line 2a			4,703,518.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				1,428,145.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021 (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	0.			
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 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				5,516,428.
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)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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 19

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 XIV 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	Operating Support for Health Advocacy	25,000.
AdCare Educational Institute of Maine 6 E. Chestnut Street Augusta, ME 04330	N/A	PC	3rd Annual Governor Mills' Opioid Response Summit	10,000.
Amistad, Inc. P.O. Box 992 Portland, ME 04104	N/A	PC	Health Equity Capacity Building; COVID-19 Response	38,000.
Aroostook Area Agency on Aging, Inc. 260 Main Street, Suite B Presque Isle, ME 04769	N/A	PC	COVID-19 Response	27,000.
Total			See continuation sheet(s)	4,328,314.
b Approved for future payment				
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	Operating Support for Health Advocacy	25,000.
Amistad, Inc. P.O. Box 992 Portland, ME 04104	N/A	PC	Health Equity Capacity Building; COVID-19 Response	75,000.
Total			See continuation sheet(s)	3,012,595.

Part XV-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue, 12 Subtotal, 13 Total.

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). Row 11: All revenue is used to promote affordable and quality healthcare for Maine people.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content is mostly N/A.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content is mostly N/A.

Sign Here: Declaration of preparer. Signature of Connor Smart, President & CEO, dated 10/19/22.
Paid Preparer Use Only: Print/Type preparer's name Connor Smart, Preparer's signature, Date 10/19/22, Check self-employed, PTIN P02285543, 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.

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [] No

Part XIV 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 County Action Program, Inc. 771 Main Street Presque Isle, ME 04769	N/A	PC	Rural Housing Initiatives; COVID-19 Response	37,000.
Aroostook Mental Health Services, Inc. (d/b/a AMHC) 180 Academy Street Presque Isle, ME 04769	N/A	PC	COVID-19 Response	8,000.
Bangor Area Recovery Network, Inc. (a/k/a BARN) 142 Center Street Brewer, ME 04412	N/A	PC	COVID-19 Response	8,000.
Bangor Region YMCA 17 Second Street Bangor, ME 04401	N/A	PC	Alzheimer's and Parkinson's wellness programs	10,000.
Blue Cross Blue Shield of Massachusetts Foundation, Inc. 101 Huntington Avenue, Suite 1300 Boston, MA 02199-7611	N/A	PF	2021 Health Coverage Fellowship	20,000.
Brunswick Area Respite Program P.O. Box 668 Bath, ME 04530-0668	N/A	PC	COVID-19 Response	7,000.
Central Maine Medical Center (CMMC) 300 Main Street Lewiston, ME 04240	N/A	PC	Expanding Health Equity Through Faculty Development	5,876.
City of Portland - Office of Elder Affairs 1145 Brighton Avenue Portland, ME 04102	N/A	GOV	COVID-19 Response	5,000.
Community Concepts 240 Bates Street Lewiston, ME 04240	N/A	PC	Oral and Dental Health for Women and Children	19,828.
Community Dental 190 Park Avenue Portland, ME 04102	N/A	PC	Expanding Access to Dental Care with Sedation Services	10,000.
Total from continuation sheets				4,203,314.

Part XIV 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
Consumers for Affordable Health Care P.O. Box 2490 Augusta, ME 04338-2490	N/A	PC	Health Advocacy, Engagement, and Barriers to Care	145,000.
Daniel Hanley Center for Health Leadership P.O. Box 4606 Portland, ME 04112	N/A	PC	Health Leadership Empowerment in Minority Communities	25,000.
Defend Our Health 565 Congress Street Portland, ME 04101	N/A	PC	Healthy Housing for New Mainers	30,000.
Disability Rights Maine 160 Capitol Street Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy	25,000.
Downeast Community Partners 248 Bucksport Road Ellsworth, ME 04605	N/A	PC	COVID-19 Response	15,000.
Eastern Area Agency on Aging 240 State Street Brewer, ME 04412	N/A	PC	COVID-19 Response	20,000.
Elder Abuse Institute of Maine 135 Maine Street Brunswick, ME 04011	N/A	PC	Restorative Approaches to Elder Justice	25,000.
Ellsworth Free Medical Clinic 248 State Street, Suite 16 Ellsworth, ME 04605	N/A	PC	COVID-19 Response	7,000.
EqualityMaine Foundation P.O. Box 1951 Portland, ME 04104	N/A	PC	Health and Wellness of LGBTQ and Elders; Advocacy	35,000.
Friends of the Portland Community Free Clinic 161 Conant Street Westbrook, ME 04092	N/A	PC	COVID-19 Response	10,000.
Total from continuation sheets				

Part XIV 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	COVID-19 Response	5,000.
Hand In Hand/Mano En Mano P.O. Box 573 Milbridge, ME 04658	N/A	PC	Capacity Building; Bilingual Health Equity	100,000.
Health Equity Alliance 304 Hancock Street Bangor, ME 04401	N/A	PC	Health Equity; COVID-19 Response	33,000.
Healthy Acadia 140 State Street Ellsworth, ME 04605	N/A	PC	COVID-19 Response	13,000.
Healthy Peninsula P.O. Box 945 Blue Hill, ME 04614	N/A	PC	Age-Friendly Planning After COVID	30,000.
Homeless Services of Aroostook P.O. Box 1753 Presque Isle, ME 04769	N/A	PC	COVID-19 Response	5,000.
Hope Acts P.O. Box 7615 Portland, ME 04112	N/A	PC	Addressing Urgent Needs of Asylum Seekers	10,000.
Immigrant Legal Advocacy Project (ILAP) P.O. Box 17917 Portland, ME 04112	N/A	PC	General Operating Support	1,400.
In Her Presence 179 Mechanic Street Westbrook, ME 04092	N/A	PC	Capacity Building; Provider and Operating Support	138,300.
Kennebec Behavioral Health 67 Eustis Parkway Waterville, ME 04901	N/A	PC	Trauma-Informed Health Equity	5,000.
Total from continuation sheets				

Part XIV 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
Kennebec Valley Dental Coalition, Inc. (d/b/a Waterville Community Dental) 2 Evergreen Drive Oakland, ME 04963	N/A	PC	Virtual Dental Services for Rural Care	50,000.
Kennebec Valley Family Dentistry Ballard Center, Suite 420 Augusta, ME 04330	N/A	PC	Purchase of an Airflow Prophylaxis Master	9,961.
Knox County Homeless Coalition P.O. Box 1696 Rockland, ME 04841	N/A	PC	COVID-19 Response	10,000.
Larry Labonte Recovery Center 412 Waldo Street Rumford, ME 04276-1615	N/A	PC	COVID-19 Response	5,000.
Mabel Wadsworth Center 700 Mt. Hope Avenue, Suite 420 Bangor, ME 04401	N/A	PC	Health Equity Capacity Building	30,000.
Maine Access Immigrant Network 237 Oxford Street, Suite 25A Portland, ME 04101	N/A	PC	Health Equity Capacity Building; COVID-19 Response	50,000.
Maine Access Points 51 Harpswell Road, Suite 500 Brunswick, ME 04011	N/A	PC	Peer-Led Harm Reduction in Maine's Rural Communities	60,000.
Maine Behavioral Health Foundation 295 Water Street Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy	30,000.
Maine Boys to Men 170 US Route 1, Suite 230 Falmouth, ME 04105	N/A	PC	Reducing Sexism and Violence Program in Tribal Communities	7,500.
Maine Center for Economic Policy One Weston Court, Suite 103 Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy; Policy Insight Conference	47,000.
Total from continuation sheets				

Part XIV 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 Chapter, American Academy of Pediatrics 30 Association Drive Manchester, ME 04351	N/A	PC	Support for Substance Abuse Disorders	30,000.
Maine Children's Alliance 331 State Street Augusta, ME 04330	N/A	PC	Health Advocacy; Policy Convening; MCH Racial Inequities	53,436.
Maine Community Foundation 245 Main Street Ellsworth, ME 04605	N/A	PC	Health Care in BIPOC communities; Leadership; Oral Health; SUD; COVID-19	475,000.
Maine Council On Aging P.O. Box 988 Brunswick, ME 04011	N/A	PC	Health Advocacy; Leadership Award; Municipal Health Data; Equity and Aging	97,000.
Maine Dental Health Outreach 45 Greenwood Terrace Winthrop, ME 04364	N/A	PC	COVID-19 Response	10,000.
Maine Development Foundation 2 Beech Street Hallowell, ME 04347	N/A	PC	General Operating Support	1,000.
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	N/A	PC	Coverage for Immigrants; Health Advocacy; Rulemaking	145,000.
Maine Family Planning P.O. Box 587 Augusta, ME 04332-0587	N/A	PC	Health Advocacy and Operating Support	25,900.
Maine Hospice Council, Inc. P.O. Box 2239 Augusta, ME 04338-2239	N/A	PC	Rural Palliative Care	29,998.
Maine Immigrants' Rights Coalition 24 Preble Street Portland, ME 04101	N/A	PC	Operating Support for Health Advocacy	25,000.
Total from continuation sheets				

Part XIV 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 Initiatives 56 North Street, Suite 100 Portland, ME 04101	N/A	PC	Immigrant and Refugee Programs; Health Needs Assessment	370,000.
Maine Inside Out P.O. Box 15168 Portland, ME 04112	N/A	PC	The Landing Spot	30,000.
Maine Long-Term Care Ombudsman Program 61 Winthrop Street Augusta, ME 04332	N/A	PC	Engaging and Empowering Direct Care Workers	29,166.
Maine Medical Education Trust 30 Association Drive Manchester, ME 04351	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Mental Health Connections, Inc. 2 Second Street Bangor, ME 04401	N/A	PC	Operating Support; Health Equity Capacity Building	30,000.
Maine Mobile Health Program 9 Green Street Augusta, ME 04332	N/A	PC	Health Advocacy; COVID-19 Response	30,000.
Maine People's Resource Center 565 Congress Street # 200 Portland, ME 04101	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Philanthropy Center USM Glickman Family Library Portland, ME 04104-9301	N/A	PC	General Operating Support	7,500.
Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Prisoner Re-Entry Network P.O. Box 7157 Lewiston, ME 04240	N/A	PC	COVID-19 Response	8,000.
Total from continuation sheets				

Part XIV 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 Public Health Association 122 State Street Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Public 1450 Lisbon Street Lewiston, ME 04240	N/A	PC	General Operating Support	5,000.
Maine Resilience Building Network P.O. Box 333 Manchester, ME 04351	N/A	PC	Reframing Public Health Through Community Resiliency	10,000.
Maine Sea Coast Mission 127 West Street Bar Harbor, ME 04609	N/A	PC	COVID-19 Response	10,000.
Maine Transgender Network Inc. 511 Congress Street Portland, ME 04101	N/A	PC	Capacity Building; Transgender Health Care Database; Health Advocacy	65,000.
Maine Women's Lobby Education Fund 295 Water Street Augusta, ME 04330	N/A	PC	Older Women in Maine Program	49,478.
MaineGeneral Rehabilitation and Long Term Care 37 Graybirch Drive Augusta, ME 04330-8160	N/A	PC	Long Term Care Programs; COVID-19 Response	13,000.
MaineHealth 22 Bramhall Street Portland, ME 04102	N/A	PC	Medicare Resources; Gender/Sex Education; CHNA	101,000.
Medical Care Development 11 Parkwood Drive Augusta, ME 04330	N/A	PC	Community Health Worker Initiatives; Community Connection Centers	55,000.
Mi'kmaq Nation 7 Northern Road Presque Isle, ME 04769	N/A	GOV	Operating Support for Health Equity Capacity Building	25,000.
Total from continuation sheets				

Part XIV 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
Mid-Coast Health Net, Inc. 22 White Street Rockland, ME 04841	N/A	PC	Community Survey; COVID-19 Response	15,000.
Mid-Maine Homeless Shelter & Services 19 Colby Street Waterville, ME 04901	N/A	PC	COVID-19 Response	8,000.
Midcoast Community Alliance (d/b/a Midcoast Youth Center) 4 Old Brunswick Road Bath, ME 04530	N/A	PC	On-site Social Worker at Midcoast Youth Center	7,000.
Midcoast Conservancy P.O. Box 439 Edgecomb, ME 04556	N/A	PC	General Operating Support	1,800.
Milestone Recovery 65 India Street Portland, ME 04101	N/A	PC	COVID-19 Response	5,000.
Mindbridge 428 Fore Street Portland, ME 04101	N/A	PC	Healing Racial Trauma Initiative	30,000.
New England Arab American Organization 426 Bridge Street Portland, ME 04101	N/A	PC	Arab and Muslim Resilience; Health Access	129,195.
New Mainers Public Health Initiative 276 Lisbon street Lewiston, ME 04240	N/A	PC	Operating Support for Health Equity Capacity Building	30,000.
Nibezun P.O. Box 387 Old Town, ME 04468	N/A	PC	Homeopathic Community Clinic	10,000.
Northern Light Health 43 Whiting Hill Road Brewer, ME 04412	N/A	PC	Workforce Development for Immigrants	58,000.
Total from continuation sheets				

Part XIV 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
Oasis Health Network Inc. 66 Baribeau Drive, Suite 9/10 Brunswick, ME 04011	N/A	PC	COVID-19 Response	10,000.
OUT Maine P.O. Box 1723 Rockland, ME 04841	N/A	PC	LGBTQ+ Youth Health Services	50,000.
Penobscot Bay YMCA 120 Union Street Rockport, ME 04856	N/A	PC	Voices From Knox County - Pathways to Equity	50,000.
Penobscot Community Health Care 103 Maine Avenue Bangor, ME 04402	N/A	PC	COVID-19 Response	5,000.
PIR2Peer Recovery Community Center 11 A High Street East Millinocket, ME 04430-1218	N/A	PC	COVID-19 Response	5,000.
Planned Parenthood of Northern New England 784 Hercules Drive, Suite 110 Colchester, VT 05446	N/A	PC	Operating Support for Health Advocacy	25,000.
Portland Adult Education 14 Locust Street Portland, ME 04101	N/A	GOV	Foreign-trained Health Professional Licensing	24,000.
Portland Recovery Community Center 468 Forest Avenue Portland, ME 04103	N/A	PC	COVID-19 Response	18,000.
Preble Street 38 Preble Street Portland, ME 04101	N/A	PC	COVID-19 Response	5,000.
Resources for Organizing and Social Change ROSC c/o Sass Linneken Augusta, ME 04338-2444	N/A	PC	Operating Support for Health Advocacy	33,000.
Total from continuation sheets				

Part XIV 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
Rest Center - Recovery Employment Support Training 205 Main Street Lewiston, ME 04240-7018	N/A	PC	COVID-19 Response	5,000.
Restorative Justice Institute of Maine 142 High Street Portland, ME 04101	N/A	PC	Community Resilience; COVID-19 Response	58,000.
Rockland District Nursing Association P.O. Box 1713 Rockland, ME 04841	N/A	PC	COVID-19 Response	10,000.
Rumford Group Homes, Inc. 201 Knox Street Rumford, ME 04276	N/A	PC	COVID-19 Response	10,000.
SafeBAE 32 Broad Cove Road Cape Elizabeth, ME 04107	N/A	PC	SafeBAE Certified Schools Program	50,000.
SAGE Maine - a program of EqualityMaine P.O. Box 1951 Portland, ME 04104	N/A	PC	Inclusive Aging Services for LGBT Older Adults	30,000.
Saving Smiles of Maine P.O. Box 119 Windsor, ME 04363	N/A	PC	COVID-19 Response	10,000.
SeniorsPlus 8 Falcon Road Lewiston, ME 04240	N/A	PC	COVID-19 Response	20,000.
Somali Bantu Community Association of Lewiston Maine 145 Pierce Street Lewiston, ME 04240	N/A	PC	Operating Support for Health Equity Capacity Building	25,000.
Southern Maine Agency on Aging 30 Barra Road Biddeford, ME 04005	N/A	PC	COVID-19 Response	30,000.
Total from continuation sheets				

Part XIV 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
Southern Maine Workers' Center 56 North Street Portland, ME 04101	N/A	PC	Support for Health Advocacy and Capacity Building	50,000.
Spectrum Generations One Weston Center Augusta, ME 04338	N/A	PC	COVID-19 Response	35,000.
State of Maine, Dept. of Public Safety, Maine Emergency Medical Services 45 Commerce Drive, Suite 1 Augusta, ME 04333	N/A	GOV	EMS Professional Recruitment and Retention	36,391.
Sunrise Opportunities P.O. Box 88 Machias, ME 04654	N/A	PC	COVID-19 Response	7,000.
Survivor Speak USA 1 Walker Street Portland, ME 04102	N/A	PC	Operating Support for Health Equity Capacity Building	30,000.
The Commons at Central Hall 152 E Main Street Dover-Foxcroft, ME 04426	N/A	PC	Community Health Worker Training	5,000.
The Root Cellar 89 Birch Street Lewiston, ME 04240	N/A	PC	COVID-19 Response	15,000.
Town of Jackman / Community Health Advisory Team (CHAT) 369 Main Street Jackman, ME 04945	N/A	GOV	Community Care Physician Extender	50,000.
Town of Mount Vernon, Aging in Place Committee 1997 North Road Mount Vernon, ME 04352	N/A	GOV	Health and Safety Needs of Aging Citizens	20,000.
Tri-County Mental Health Services P.O. Box 2008 Lewiston, ME 04241-2008	N/A	PC	Somali Community Recovery	31,000.
Total from continuation sheets				

Part XIV 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
University of Maine, Center on Aging Camden Hall Bangor, ME 04401-4324	N/A	GOV	2021 UM Clinical Geriatrics Colloquium	2,000.
Wabanaki Public Health 1 Merchant Plaza, 4th Floor Bangor, ME 04401	N/A	PC	Leadership Award; Capacity Building; Elder Services; Maternal and Child Health	171,800.
Western Maine Addiction Recovery Initiative 235 Main Street #3 Norway, ME 04268	N/A	PC	COVID-19 Response	5,000.
York County Shelters Program, Inc. 24 George Road Alfred, ME 04002	N/A	PC	COVID-19 Response	10,000.
York Hospital 18 Williams Street York, ME 03909	N/A	PC	Assess for Success Program	29,785.
Total from continuation sheets				

Part XIV 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
Aroostook Band of MicMacs 7 Northern Road Presque Isle, ME 04769	N/A	GOV	Operating Support for Health Equity Capacity Building	100,000.
Consumers for Affordable Health Care P.O. Box 2490 Augusta, ME 04338-2490	N/A	PC	Health Advocacy, Engagement, and Barriers to Care	45,000.
Disability Rights Maine 160 Capitol Street Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy	25,000.
EqualityMaine Foundation P.O. Box 1951 Portland, ME 04104	N/A	PC	Health and Wellness of LGBTQ and Elders; Advocacy	25,000.
Hand In Hand/Mano En Mano P.O. Box 573 Milbridge, ME 04658	N/A	PC	Capacity Building; Bilingual Health Equity	150,000.
Health Equity Alliance 304 Hancock Street Bangor, ME 04401	N/A	PC	Health Equity; COVID-19 Response	25,000.
In Her Presence 179 Mechanic Street Westbrook, ME 04092	N/A	PC	Capacity Building; Provider and Operating Support	125,000.
Kennebec Valley Dental Coalition, Inc. (d/b/a Waterville Community Dental) 2 Evergreen Drive Oakland, ME 04963	N/A	PC	Virtual Dental Services for Rural Care	50,000.
Mabel Wadsworth Center 700 Mount Hope Avenue, Suite 420 Bangor, ME 04401	N/A	PC	Health Equity Capacity Building	100,000.
Maine Access Immigrant Network 237 Oxford Street, Suite 25A Portland, ME 04101	N/A	PC	Health Equity Capacity Building; COVID-19 Response	75,000.
Total from continuation sheets				2,887,595.

Part XIV 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 Access Points 51 Harpswell Road, Suite 500 Brunswick, ME 04011	N/A	PC	Peer-Led Harm Reduction in Maine's Rural Communities	50,000.
Maine Behavioral Health Foundation 295 Water Street Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Center for Economic Policy One Weston Court, Suite 103 Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy; Policy Insights	45,000.
Maine Children's Alliance 331 State Street Augusta, ME 04330	N/A	PC	Health Advocacy, Policy, and Minority Support	25,000.
Maine Community Foundation 245 Main Street Ellsworth, ME 04605	N/A	PC	Grants for Healthcare, Minority Support, and COVID-19	250,000.
Maine Council On Aging P.O. Box 988 Brunswick, ME 04011	N/A	PC	Data and Programs to Improve Health and Culture	75,000.
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	N/A	PC	Immigrant Support; Health Advocacy; Operations	95,000.
Maine Family Planning P.O. Box 587 Augusta, ME 04332-0587	N/A	PC	Health Advocacy and Operating Support	25,000.
Maine Immigrants' Rights Coalition 24 Preble Street Portland, ME 04101	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Long-Term Care Ombudsman Program 61 Winthrop Street Augusta, ME 04332	N/A	PC	Engaging and Empowering Direct Care Workers	4,000.
Total from continuation sheets				

Part XIV 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 Medical Education Trust 30 Association Drive Manchester, ME 04351	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Mental Health Connections, Inc. 2 Second Street Bangor, ME 04401	N/A	PC	Operating Support; Health Equity Capacity Building	100,000.
Maine Mobile Health Program 9 Green Street Augusta, ME 04332	N/A	PC	Health Advocacy; COVID-19 Response	25,000.
Maine People's Resource Center 565 Congress Street # 200 Portland, ME 04101	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Public Health Association 122 State Street Augusta, ME 04330	N/A	PC	Operating Support for Health Advocacy	25,000.
Maine Transgender Network Inc. 511 Congress Street Portland, ME 04101	N/A	PC	Capacity Building; Health Advocacy	100,000.
MaineHealth 22 Bramhall Street Portland, ME 04102	N/A	PC	Medicare Resources	50,000.
New England Arab American Organization 426 Bridge Street Portland, ME 04101	N/A	PC	Arab and Muslim Resilience; Health Access	193,595.
New Mainers Public Health Initiative 276 Lisbon street Lewiston, ME 04240	N/A	PC	Operating Support for Health Equity Capacity Building	75,000.
Total from continuation sheets				

Part XIV 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
Northern Light Health 43 Whiting Hill Road Brewer, ME 04412	N/A	PC	Workforce Development for Immigrants	50,000.
OUT Maine P.O. Box 1723 Rockland, ME 04841	N/A	PC	LGBTQ+ Youth Health Services	50,000.
Penobscot Bay YMCA 120 Union Street Rockport, ME 04856	N/A	PC	Voices From Knox County - Pathways to Equity	50,000.
Planned Parenthood of Northern New England 784 Hercules Drive, Suite 110 Colchester, VT 05446	N/A	PC	Operating Support for Health Advocacy	25,000.
Resources for Organizing and Social Change ROSC c/o Sass Linneken Augusta, ME 04338-2444	N/A	PC	Operating Support for Health Advocacy	25,000.
Restorative Justice Institute of Maine 142 High Street Portland, ME 04101	N/A	PC	Community Resilience	50,000.
SafeBAE 32 Broad Cove Road Cape Elizabeth, ME 04107	N/A	PC	SafeBAE Certified Schools Program	50,000.
Somali Bantu Community Association of Lewiston Maine 145 Pierce Street Lewiston, ME 04240	N/A	PC	Operating Support for Health Equity Capacity Building	100,000.
Southern Maine Workers' Center 56 North Street Portland, ME 04101	N/A	PC	Support for Health Advocacy and Capacity Building	100,000.
Survivor Speak USA 1 Walker Street Portland, ME 04102	N/A	PC	Operating Support for Health Equity Capacity Building	100,000.
Total from continuation sheets				

Part XIV 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
Town of Mount Vernon, Aging in Place Committee 1997 North Road Mount Vernon, ME 04352	N/A	GOV	Health and Safety Needs of Aging Citizens	30,000.
Wabanaki Public Health 1 Merchant Plaza, 4th Floor Bangor, ME 04401	N/A	PC	Buildings; Elder Services; Maternal and Child Health	275,000.
Total from continuation sheets				

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization Maine Health Access Foundation, Inc.	Employer identification number 01-0535144
---	---

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	Wellforce, Inc. 800 District Avenue, Suite 520 Burlington, MA 01803	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Northeast Delta Dental Foundation 314 Forest Avenue Portland, ME 04101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	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
---	---

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
---	---

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

(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

(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

(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

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Wells Fargo Portfolio	262.	262.	
Total to Part I, line 3	262.	262.	

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Wells Fargo Portfolio	1,214,910.	0.	1,214,910.	1,214,910.	
To Part I, line 4	1,214,910.	0.	1,214,910.	1,214,910.	

Form 990-PF Other Income Statement 3

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Net adjustment for pass-through income and capital losses (not recorded on books)	387,138.	366,216.	
Other income	-387,138.	0.	
	21,604.	0.	
Total to Form 990-PF, Part I, line 11	21,604.	366,216.	

Form 990-PF	Legal Fees			Statement	4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Legal	12,106.	0.		12,106.	
To Fm 990-PF, Pg 1, ln 16a	12,106.	0.		12,106.	

Form 990-PF	Accounting Fees			Statement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Accounting	26,750.	2,000.		24,750.	
To Form 990-PF, Pg 1, ln 16b	26,750.	2,000.		24,750.	

Form 990-PF	Taxes			Statement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Excise taxes	80,000.	0.		0.	
To Form 990-PF, Pg 1, ln 18	80,000.	0.		0.	

Form 990-PF	Other Expenses			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Office supplies & expenses	14,061.	0.		14,061.	
Website development and maintenance	4,489.	0.		4,489.	
Insurance	12,855.	0.		12,855.	
Telecommunications	8,026.	0.		8,026.	
Investment fees	589,702.	589,702.		0.	
Program related expenses: consultants/contracts	2,225.	0.		2,225.	

Program related expenses:			
conferences	38,963.	0.	38,963.
Program related expenses:			
grant management	6,542.	0.	6,542.
Program related expenses:			
communications	1,969.	0.	1,969.
Program related expenses:			
technical assistance	146,143.	0.	146,143.
Program related expenses:			
special projects	25,000.	0.	25,000.
Program related expenses:			
miscellaneous	4,690.	0.	4,690.
Program related expenses:			
evaluation	91,868.	0.	91,868.
Program related expenses:			
needs assessment	97,264.	0.	97,264.
Payroll Administration	1,464.	0.	1,464.
Accrual to cash conversion:			
operating expenses	0.	0.	13,726.
To Form 990-PF, Pg 1, ln 23	1,045,261.	589,702.	469,285.

Form 990-PF	Other Increases in Net Assets or Fund Balances	Statement	8
-------------	--	-----------	---

Description	Amount
Net unrealized gain on investments	4,155,594.
Recoveries of amounts treated as qualifying distributions	63,984.
Total to Form 990-PF, Part III, line 3	4,219,578.

Form 990-PF	Other Investments	Statement	9
-------------	-------------------	-----------	---

Description	Valuation Method	Book Value	Fair Market Value
Adage Capital Partners	FMV	29,818,820.	29,818,820.
Adamas Opportunities, L.P.	FMV	370,354.	370,354.
BlackRock Strategic Income	FMV	4,072,947.	4,072,947.
Colchester Global LP	FMV	3,877,467.	3,877,467.
FPA Crescent Fund	FMV	7,254,245.	7,254,245.
Metropolitan West Total Return	FMV	3,961,516.	3,961,516.
Nyes Ledge Capital Offshore Fund	FMV	5,266,475.	5,266,475.
Silchester Internationnal Tobacco Free	FMV	19,202,464.	19,202,464.
SSGA Real Asset Fund	FMV	11,215,588.	11,215,588.
Vanguard MSCI	FMV	5,105,657.	5,105,657.
Vanguard Long Term Treasury	FMV	3,291,568.	3,291,568.

Vanguard Total International	FMV	16,159,301.	16,159,301.
Vanguard Total Stock Market Index	FMV	20,918,881.	20,918,881.
Wellington Emerging Markets	FMV	3,908,116.	3,908,116.
Farallon F5 Fund	FMV	3,187,114.	3,187,114.
Wellington SMID	FMV	6,579,999.	6,579,999.
Generation Global	FMV	3,115,779.	3,115,779.
Total to Form 990-PF, Part II, line 13		147,306,291.	147,306,291.

Form 990-PF Depreciation of Assets Not Held for Investment Statement 10

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office equipment	185,292.	152,824.	32,468.
Total To Fm 990-PF, Part II, ln 14	185,292.	152,824.	32,468.

Form 990-PF Other Assets Statement 11

Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Refundable income taxes	35,000.	170,000.	170,000.
To Form 990-PF, Part II, line 15	35,000.	170,000.	170,000.

Form 990-PF Other Liabilities Statement 12

Description	BOY Amount	EOY Amount
Deferred tax liability	195,000.	60,000.
Total to Form 990-PF, Part II, line 22	195,000.	60,000.

Form 990-PF	Part VII - List of Officers, Directors Trustees and Foundation Managers	Statement	13
-------------	--	-----------	----

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account
Barbara Leonard 150 Capitol Street, Suite 4 Augusta, ME 04330	President & CEO 40.00	213,698.	26,350. 0.
Roy Hitchings, Jr., FACHE 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0. 0.
Dennis King, FACHE 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0. 0.
Michael Lambke, MD 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0. 0.
Samuela Manages, MD, FAAFP 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0. 0.
Anthony Marple, MBA 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee (end 4/2021) 2.00	0.	0. 0.
Edward Miller, MS 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0. 0.
Claudette Ndayininahaze 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0. 0.
Grace Odimayo, DMD 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0. 0.
Clarissa Sabattis, RN 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0. 0.
Abdulkerim Said, BASc, HRTC/A, CHW 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0. 0.

Ian Yaffe 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Constance Adler, MD, FAAFP 150 Capitol Street, Suite 4 Augusta, ME 04330	Chair (end 4/2021) 5.00	0.	0.	0.
Catherine Ryder, LCPC ACS 150 Capitol Street, Suite 4 Augusta, ME 04330	Chair 5.00	0.	0.	0.
Toho Soma, MPH 150 Capitol Street, Suite 4 Augusta, ME 04330	Vice Chair 3.00	0.	0.	0.
Bruce Nickerson, CPA 150 Capitol Street, Suite 4 Augusta, ME 04330	Treasurer (end 4/2021) 4.00	0.	0.	0.
Odette Thurston 150 Capitol Street, Suite 4 Augusta, ME 04330	Treasurer 4.00	0.	0.	0.
Susan Roche, Esq. 150 Capitol Street, Suite 4 Augusta, ME 04330	Secretary 3.00	0.	0.	0.

Totals included on 990-PF, Page 6, Part VII	213,698.	26,350.	0.
---	----------	---------	----

Form 990-PF Expenditure Responsibility Statement Statement 14
Part VI-B, Line 5d

Grantee's Name

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.

Grantee's Address

101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

Grant Amount	Date of Grant	Amount Expended	Verification Date
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

MeHAF received narrative and financial reports from the grantee on November 12, 2021. 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.

Grantee's Name

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.

Grantee's Address

101 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>
20,000.	07/01/21	20,000.	08/11/22

Purpose of Grant

The Health Coverage Fellowship is designed to help newspaper, radio, television, and online reporters and editors better cover 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.

Any Diversion by Grantee

None

Results of Verification

Narrative and financial reports were due August 11, 2022. To the best of the Maine Health Access Foundation's knowledge, the grantee has not diverted any portion of the funds from the purpose of the grant. MeHAF received narrative and financial reports from the grantee by August 11, 2022. Reports (narrative and financial) from previous grants have been received, reviewed, and approved on a timely basis. Upon receiving narrative and financial reports, the Communications Manager reviewed the information from Blue Cross and Blue Shield of Massachusetts Foundation and ensured the appropriate use of grant funds. The review was completed by August 11, 2022.

Form 990-PF	Summary of Direct Charitable Activities	Statement 15
-------------	---	--------------

Activity One

Health Equity Capacity Building: Staff, consultant, and evaluator support to implement the Health Equity Capacity Building Program, which focuses on community-based organizations that are led by individuals from populations that experience inequitable health burdens and disparities in quality of care, and that address the needs of such populations. Specifically, this includes grantee-determined technical assistance and support to wrap around grant funds. In 2021, a program redesign effort involved significant staff time as well as stipends for grantees who participated in advising the planning process.

Expenses

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

154,685.

Form 990-PF	Summary of Direct Charitable Activities	Statement 16
-------------	---	--------------

Activity Two

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 VIII-A, line 2

59,000.

Form 990-PF	Summary of Direct Charitable Activities	Statement 17
-------------	---	--------------

Activity Three

Health Advocacy: Staff and consultant expenses to implement this program that supports key advocacy organizations that represent health care and health issues and populations that are MeHAF priorities.

Expenses

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

48,140.

Form 990-PF

Summary of Direct Charitable Activities

Statement 18

Activity Four

Healthy Aging: Extensive oversight and coordination by staff of assessment activities, as well as development and completion of a report on Adult Day Services by the University of Southern Maine.

Expenses

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

30,190.

Form 990-PF Grant Application Submission Information Statement 19
Part XIV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted

Holly Irish, Grants Manager
150 Capitol Street, Suite 4
Augusta, ME 04330

<u>Telephone Number</u>	<u>Name of Grant Program</u>
(207)620-8266	MeHAF Funding Opportunities

Email Address
hirish@mehaf.org

Form and Content of Applications

Grant applications are submitted via MeHAF's on-line grants management system, which can be accessed via the Grants Center on the MeHAF website: <http://www.mehaf.org/grants-center/grantseekers>. Questions regarding grant submission can be directed to Holly Irish, the Grants Manager. Questions about specific funding opportunities are typically directed to individual program staff supervising the grant program. The responsible staff person is listed in each request for proposals (RFP) which are posted on the MeHAF website (www.mehaf.org).

Any Submission Deadlines

All submission deadlines are outlined and available on the Foundation's website: www.mehaf.org.

Restrictions and Limitations on Awards

The Foundation generally limits its grant awards offered through competitive RFPs to 501(c)(3) tax-exempt charitable organizations, educational institutions, governmental entities, tribal organizations, or other public, non-profit entities. Private foundations, fiscal sponsorships and organizations with pending non-profit status are occasionally eligible to receive funding; such entities must contact the foundation prior to application to ensure appropriate due diligence. MeHAF primarily funds Maine-based organizations; however, qualified organizations from outside the state may apply for funding if the project activities focus on Maine's health care system or Maine residents. Individuals are ineligible to receive MeHAF grants.

General Explanation

Statement 20

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 2021 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 a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: Maine Health Access Foundation, Inc. EIN or SSN: 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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: a (Form type) and b (Amount). Includes rows for Form 990, 990-EZ, 1120-POL, 990-PF, 8868, 990-T, 4720, 5227, 5330, and 8038-CP. Total revenue for Form 990-T is 3,647.

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 entity or I am a person subject to tax with respect to (name of entity) Baker Newman & Noyes, (EIN) 01-0535144 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

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

as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 2021 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: Connor Smart Date: 10/19/22

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

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

Form 8879-TE (2021)

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

2021

For calendar year 2021 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"/> 529A</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, 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 ▶ 148,768,939.</p>			

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

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	20,294.
2 Reserved	2	
3 Add lines 1 and 2	3	20,294.
4 Charitable contributions (see instructions for limitation rules) Stmt 21 Stmt 22	4	1,929.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	18,365.
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	18,365.
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	17,365.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	3,647.
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	3,647.

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	3,647.	
3 Other amounts due. 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	3,647.	
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.	
6a Payments: A 2020 overpayment credited to 2021	6a	17,621.	
b 2021 estimated tax payments. Check if section 643(g) election applies	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	6g		
<input type="checkbox"/> Form 4136			
7 Total payments. Add lines 6a through 6g	7	17,621.	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	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	13,974.	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax 13,974. Refunded	11	0.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 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			Yes No
			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?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

Sign Here	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.							
	Signature of officer	Date	President & CEO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN			
	Connor Smart	<i>Connor Smart</i>	10/19/22		P02285543			
	Firm's name	Firm's EIN		Firm's address				
	Baker Newman & Noyes	01-0494526		P.O. Box 507				
	Portland, ME 04112		Phone no. (207)879-2100					

Form 990-T	Contributions	Statement	21
Description/Kind of Property	Method Used to Determine FMV	Amount	
Current year contributions	N/A	4,308,313.	
Total to Form 990-T, Part I, line 4		4,308,313.	

Form 990-T	Contributions Summary	Statement 22
------------	-----------------------	--------------

Qualified Contributions Subject to 100% Limit
 Qualified Contributions Subject to 25% Limit

Carryover of Prior Years Unused Contributions

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
For Tax Year 2020	5,008,591

Total Carryover	18,529,471
Total Current Year 10% Contributions	4,308,313

Total Contributions Available	22,837,784
Taxable Income Limitation as Adjusted	1,929

Excess Contributions	22,835,855
Excess 100% Contributions	0
Total Excess Contributions	22,835,855

Allowable Contributions Deduction		1,929
-----------------------------------	--	-------

Total Contribution Deduction		1,929
------------------------------	--	-------

**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).

1
OMB No. 1545-0047

2021

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 23	5	20,922.		20,922.
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	20,922.		20,922.

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)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				628.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14	15			628.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			20,294.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			20,294.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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 _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
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 _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
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)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

Form 990-T (A)	Income (Loss) from Partnerships	Statement	23
<u>Description</u>		<u>Net Income</u>	
		<u>or (Loss)</u>	
Adamas Opportunities, L.P. - Other Portfolio income (loss)		20,922.	
Total Included on Schedule A, Part I, line 5		20,922.	

2021

Maine Corporate Income Tax Return Form 1120ME



04

For calendar year 2021 or tax year

2021 to MM DD YYYY MM DD YYYY

MAINE HEALTH ACCESS FOUNDATIO

446110 Check if you filed federal Form 990-T, X 1120-C, or 1120-H

Name of Corporation

Federal Business Code

150 CAPITOL STREET SUITE 4

01 0535144 ME

Address

Federal Employer ID Number

State of Incorporation

AUGUSTA

ME 04330

City, Town or Post Office

State ZIP Code

Parent Company Employer ID Number

BARBARA

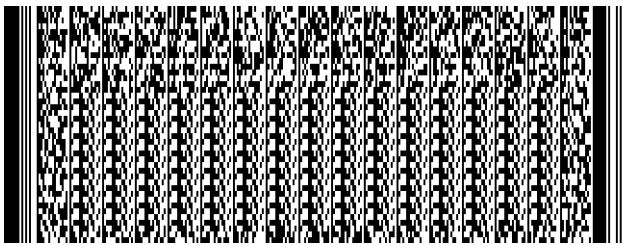
A LEONARD

207 620 8266

Contact Person's First Name

Contact Person's Last Name

Telephone Number



Check this box if the address has changed.

Check this box if claiming an exemption from the Maine corporate income tax pursuant to PL 86-272.

Check this box if during the tax year any member of the combined group owned or disposed of an interest in a pass-through entity doing business in Maine: If so, provide EIN of pass-through entity (use a separate sheet, if necessary):

Check applicable boxes:

- (1) Initial return (2) Amended return (3) Combined return (Attach Form CR)
(4) Final return If final, indicate the final business date, and check the appropriate box below:
(a) Ceased doing business in Maine (b) Dissolved (c) Merged, acquired or reorganized. Successor EIN:
(5) Member of an affiliated group filing a separate return (6) Based on a pro forma federal return

A. Federal consolidated income (federal Form 1120, line 30) A. .00

B. Tentative total tax filed on federal Form 7004 B. .00

1. Federal taxable income (federal Form 1120, line 30. If filing a combined report, enter amount from Form CR, line 11). If negative, enter a minus sign to the left of the number 1. 17930 .00

Subtractions from federal taxable income:

- 2. a. Nontaxable interest 2a. .00
b. Foreign dividend gross-up 2b. .00
c. Work Opportunity Credit and Empowerment Zone Credit deductions (attach federal Form 5884 and/or Form 8844, as appropriate) 2c. .00
d. Income not taxable under the Constitution of Maine or the United States 2d. .00
e. Dividends from certain affiliated corporations (limitations - see instructions) 2e. .00
f. Net operating loss recapture (see instructions) 2f. .00
g. Income from ownership interest in pass-through entity financial institutions (subject to Maine franchise tax) 2g. .00
h. State income tax refunds (included in line 1 above) 2h. .00

01 0535144
Federal EIN



Subtractions, continued:

i. Bonus depreciation/Section 179 expense recapture (see instructions)	2i.	.00
j. Medical marijuana business expenses (see instructions)	2j.	.00
k. 50% of apportionable subpart F income(see instructions)	2k.	.00
l. 80% of apportionable deferred foreign income(see instructions)	2l.	.00
m. 50% of Global Intangible Low-Taxed Income (GILTI)(see instructions)	2m.	.00
n. Northern Maine Transmission Corporation adjustment (see instructions)	2n.	.00
o. Gain on sale of multifamily affordable housing (see instructions)	2o.	.00
p. Seed capital investment tax credit (see instructions)	2p.	.00
q. Gains from sale of timberlands (see instructions)	2q.	.00
r. New markets capital investment credit (see instructions)	2r.	.00
s. Charitable contributions recapture (see instructions)	2s.	.00
t. Business interest deduction recapture (see instructions)	2t.	.00
u. Other	2u.	.00
v. Total subtractions (add lines 2a through 2u)	2v.	.00

Additions to federal taxable income:

3. a. Income taxes (imposed by Maine or any other state, attach schedule)	3a.	.00
b. Deferred foreign income (see instructions)	3b.	.00
c. Participation exemption deduction add-back (see instructions)	3c.	.00
d. Foreign-derived intangible income (FDII) deduction add-back (see instructions)	3d.	.00
e. Global Intangible Low-Taxed Income (GILTI) deduction add-back (see instructions)	3e.	.00
f. Interest from state and municipal bonds (other than Maine)	3f.	.00
g. Net operating loss adjustment (see instructions)	3g.	.00
h. Maine capital investment credit bonus depreciation add-back (see instructions)	3h.	.00
i. Bonus depreciation add-back (see instructions)	3i.	.00
j. Losses, expenses, or deductions from ownership interest in financial institutions (see instructions)	3j.	.00

01 0535144
Federal EIN



Additions, continued:

k. Wellness programs credit add-back (see instructions)	3k.	.00
l. Business meals deduction add-back (see instructions)	3l.	.00
m. Other	3m.	.00
n. Total additions (add lines 3a through 3m)	3n.	.00
4. Adjusted federal taxable income (line 1 minus line 2v plus line 3n)	4.	17930 .00

Tax:

5. Gross tax (from rate schedule on page 8 of instructions)	5.	628 .00
6. a. Maine corporate income tax (from line 5 above or Schedule A, line 5)	6a.	628 .00
b. Credit recapture (see instructions)	6b.	.00
c. Total tax (add lines 6a and 6b)	6c.	628 .00

Payments and credits:

7. a. Maine estimated tax paid	7a.	5223 .00
b. Extension payment (Form 1120EXT-ME)	7b.	.00
c. Tax credits (Schedule C, line 1u plus line 2e)	7c.	.00
d. Income tax withheld (from a pass-through entity or from gambling winnings. Enclose Form 1099ME, W-2G, or other supporting documentation)	7d.	.00
e. If amended, enter payments (see instructions)	7e.	.00
f. If amended, enter overpayments (see instructions)	7f.	.00
g. Total payments and credits (add lines 7a through 7e and subtract line 7f; if the result is negative, enter a minus sign to the left of the number)	7g.	5223 .00

Tax due or overpayment

8. a. If line 6c is greater than line 7g, subtract line 7g from line 6c and enter the TAX DUE	8a.	.00	Use EZ Pay at maine.gov/revenue
b. If line 7g is greater than line 6c, subtract line 6c from line 7g and enter the OVERPAYMENT	8b.	4595 .00	
9. Penalty for underpayment of estimated tax (attach Form 2220ME) Check here if Form 2220ME box 5a is checked	9.	.00	
10. TOTAL DUE If you completed line 8a, OR line 8b is less than line 9, enter the total due. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102. Make check payable to Treasurer, State of Maine	10.	.00	



01 0535144
Federal EIN

Overpayment Carryforward/Refund

11. **OVERPAYMENT** If the amount on line 8b exceeds the amount on line 9, subtract the amount on line 9 from line 8b and complete line 12 11. 4595 .00

12. Amount of line 11 to be:

12a. **CREDITED** to next year's estimated tax 4595 .00 12b. **REFUNDED** .00

REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$20,000 or less). SEE INSTRUCTIONS.

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

12c. Routing Number

12d. Checking Account Number

This return MUST BE ACCOMPANIED BY a legible copy of Federal Form 1120, pages 1-6, for the same tax period.

Please submit forms in the following order:

1. Pages 1 through 6 of Form 1120ME, as required.
2. Form CR, if required, including affiliation schedule.
3. Other statements for the Maine income tax return.
4. A copy of federal Form 1120, pages 1 through 6.

Paid Preparer Authorization (see instructions)

Check "Yes" to allow the paid preparer to discuss this return with Maine Revenue Services. Yes (complete the following). No.

Paid Preparer's Name

Paid Preparer's Phone Number

Personal Identification #

Corporation President's Name

Social Security Number

Treasurer's Name

Social Security Number

Company's Website Address

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PRESIDENT & CEO

Date
101922

Officer's Signature
[Signature]
BAKER NEWMAN & PORTLAND, ME

Title
04112

Social Security Number
P02285543

Date

Signature and Address of Preparer (Individual or Firm)

Preparer's SSN or PTIN

If enclosing a check, make check payable to:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check,
MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064



01 0535144
Federal EIN

Schedule A - Apportionment of Tax

- Do not complete Schedule A if 100% of the business activity is attributable to Maine. Note that Schedules C and D may still be required.
- All others must complete Schedule A and enter amounts in columns A and B, even if those amounts are zero. If this schedule is left blank or excluded, the Maine apportionment factor will be set at 100%.
- Round all dollar amounts to whole numbers.

Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17).

	(A) Within Maine	(B) Everywhere	(C) Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals
1. Total Sales*	.00 ÷		.00 =
2. Total Payroll	.00 ÷		.00
3. Total Property	.00 ÷		.00
4. Gross tax (Form 1120ME, line 5)		4.	.00
5. Maine corporate income tax (line 4 x line 1 column c factor. Enter here and on Form 1120ME, line 6a)		5.	.00
6. What amount of line 3, column A is tangible personal property ?		6.	.00

***Note:** Total Sales must exclude income claimed as a deduction on Form 1120ME, lines 2e, 2k, 2l, and 2m. Other limitations apply. See Schedule A instructions for additional information.

**Schedule B - Alternative Minimum Tax
Repealed for tax years beginning on or after January 1, 2018**

Schedule C - See page 6

Schedule D - Minimum Tax Credit

1. a. Minimum tax credit carryover from 2020 (2020 Form 1120ME, Schedule D, line 1d)	1a.	.00
b. Regular income tax liability for 2021 (Form 1120ME, line 6a minus all Schedule C credits except minimum tax credit)	1b.	628 .00
c. Minimum tax credit: enter the smaller of line 1a or line 1b here and on Schedule C, line 1i	1c.	.00
d. Minimum tax credit carryover to 2022 (line 1a minus line 1c)	1d.	.00

01 0535144
Federal EIN

Schedule C - Tax Credits
(Attach worksheets. To get worksheets, see www.maine.gov/revenue/tax-return-forms)



Non-refundable Credits

1. a. Seed capital investment tax credit	1a.		.00
b. Jobs and investment tax credit carryforward	1b.		.00
c. Employer-assisted day care credit and Quality child care investment credit carryforward	1c.		.00
d. Employer-provided long-term care benefits credit carryforward	1d.		.00
e. Pine Tree Development Zone regular tax credit	1e.		.00
f. Maine capital investment credit	1f.	0	.00
g. Research expense tax credit	1g.		.00
h. Super credit for substantially increased research and development carryforward	1h.		.00
i. Minimum tax credit (from Schedule D, line 1c)	1i.		.00
j. Employer family and medical leave credit	1j.		.00
k. Credit for educational opportunity	1k.		.00
l. Wellness program credit	1l.		.00
m. Certified visual media production credit	1m.		.00
n. Biofuel commercial production tax credit	1n.		.00
o. Renewable chemicals tax credit	1o.		.00
p. Credit for disability income protection plans	1p.		.00
q. Maine Life and Health Insurance Guaranty Association credit (see instructions)	1q.		.00
r. Other nonrefundable credits (see instructions)	1r.		.00
s. Total nonrefundable credits (add lines 1a through 1r)	1s.		.00
t. Total tax (from Form 1120ME, line 6c)	1t.		.00
u. Allowable nonrefundable credits (Enter amount from line 1s or 1t, whichever is less. Also enter the sum of this line and line 2e below on Form 1120ME, line 7c)	1u.		.00

Refundable Credits

2. a. Historic rehabilitation credit	2a.		.00
b. New markets capital investment credit	2b.		.00
c. Credit for affordable housing	2c.		.00
d. Other refundable credits (see instructions)	2d.		.00
e. Total refundable credits: (Add lines 2a through 2d. Also enter the sum of this line and line 1u above on Form 1120ME, line 7c)	2e.		.00

01 0535144
Federal EIN



Schedule X - Amended Return Adjustments

1. Reason for change (check all applicable boxes):

- | | | | |
|-------------------------------|---|-------------------------------------|----------------------|
| a. IRS change | b. Net operating loss | c. Federal amended 1120X | d. Accounting change |
| e. Other (attach explanation) | f. Member of an affiliated group filing a separate return | g. Combined return (attach Form CR) | |
| (A) | (B) | (C) | (D) |
| Line Adjusted | As Most Recently Filed or Adjusted | Adjustment | Correct Amount |

- 2. a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.
- k.
- l.
- m.
- n.
- o.
- p.
- q.
- r.
- s.
- t.