

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022Department 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

01-0535144Name and title of officer or person subject to tax **Barbara A. Leonard
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. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | |
|--|-------------------------------------|---|--------------------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here | <input checked="" type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b <u>21,282.</u> |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |

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) _____, (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2022 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 2022 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.

01230554321**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 **10/31/23**

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** (2022)

Extended to November 15, 2023

Return of Private Foundation

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

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2022 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) 146 Capitol Street | Room/suite | 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 checked="" 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) \$ 121,412,224. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) | | (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 | 17,000. | | N/A | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 672. | 672. | | Statement 2 |
| | 4 Dividends and interest from securities | 1,206,033. | 1,206,033. | | Statement 3 |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 15,520,148. | | | Statement 1 |
| | b Gross sales price for all assets on line 6a | 38,325,396. | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 2,658,140. | | |
| | 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 | 1,281. | -1,878,583. | | Statement 4 | |
| 12 Total. Add lines 1 through 11 | 16,745,134. | 1,986,262. | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 240,654. | 12,033. | | 228,621. |
| | 14 Other employee salaries and wages | 713,791. | 9,908. | | 703,883. |
| | 15 Pension plans, employee benefits | 247,406. | 1,566. | | 245,840. |
| | 16a Legal fees Stmt 5 | 29,241. | 0. | | 29,241. |
| | b Accounting fees Stmt 6 | 28,000. | 2,000. | | 26,000. |
| | c Other professional fees | | | | |
| | 17 Interest | | | | |
| | 18 Taxes Stmt 7 | 422,028. | 0. | | 0. |
| | 19 Depreciation and depletion | 16,127. | 0. | | |
| | 20 Occupancy | 120,808. | 0. | | 120,808. |
| | 21 Travel, conferences, and meetings | 36,085. | 0. | | 36,085. |
| | 22 Printing and publications | 13,439. | 0. | | 13,439. |
| | 23 Other expenses Stmt 8 | 1,032,574. | 429,709. | | 607,331. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 2,900,153. | 455,216. | | 2,011,248. |
| | 25 Contributions, gifts, grants paid | 8,459,948. | | | 5,289,643. |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 11,360,101. | 455,216. | | 7,300,891. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | 5,385,033. | | | | |
| b Net investment income (if negative, enter -0-) | | 1,531,046. | | | |
| 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 | 40,975. | 55,774. | 55,774. |
| | 2 Savings and temporary cash investments | 1,271,258. | 591,481. | 591,481. |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | 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 | 77,947. | 90,980. | 90,980. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment: basis | | | |
| Liabilities | Less: accumulated depreciation | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other Stmt 11 | 147,306,291. | 120,394,000. | 120,394,000. |
| | 14 Land, buildings, and equipment: basis 195,815. | | | |
| | Less: accumulated depreciation Stmt 10 | 168,951. | 32,468. | 26,864. |
| | 15 Other assets (describe Statement 12) | 170,000. | 253,125. | 253,125. |
| | 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 148,903,939. | 121,412,224. | 121,412,224. |
| | 17 Accounts payable and accrued expenses | 36,123. | 44,690. | |
| | 18 Grants payable | 3,012,595. | 6,162,900. | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe Statement 13) | 60,000. | 565,125. | |
| | 23 Total liabilities (add lines 17 through 22) | 3,108,718. | 6,772,715. | |
| 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 | 145,795,221. | 114,639,509. | |
| | 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 | 145,795,221. | 114,639,509. | |
| | 30 Total liabilities and net assets/fund balances | 148,903,939. | 121,412,224. | |

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 | 145,795,221. |
| 2 Enter amount from Part I, line 27a | 2 | 5,385,033. |
| 3 Other increases not included in line 2 (itemize) See Statement 9 | 3 | 12,872. |
| 4 Add lines 1, 2, and 3 | 4 | 151,193,126. |
| 5 Decreases not included in line 2 (itemize) Net unrealized loss on investments | 5 | 36,553,617. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 114,639,509. |

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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 | P | | |
| b Net Adjustment for Pass-through Losses | P | | |
| c UBI-Disposal of Partnership Interest | P | | |
| 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 38,311,513. | | 22,805,248. | 15,506,265. |
| b | | 12,862,008. | -12,862,008. |
| c 13,883. | | | 13,883. |
| d | | | |
| e | | | |

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

| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|------------------------|--------------------------------------|---|---|
| a | | | 15,506,265. |
| b | | | -12,862,008. |
| c | | | 13,883. |
| d | | | |
| e | | | |

| | | | |
|---|---|----------|------------|
| 2 Capital gain net income or (net capital loss) | <div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div> | 2 | 2,658,140. |
| 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 | 21,282. |
| 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 | 21,282. |
| 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 | 21,282. |
| 6 Credits/Payments: | | | |
| a 2022 estimated tax payments and 2021 overpayment credited to 2022 | 6a 151,850. | | |
| 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 | 151,850. |
| 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 | 130,568. |
| 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 130,568. Refunded | | 11 | 0. |

Form 990-PF (2022)

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? If "Yes," attach a detailed description of the activities. | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | X | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | X | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> . | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part 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 2022 or the tax year beginning in 2022? 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? Website address <u>www.mehaf.org</u> | X | |
| 14 The books are in care of <u>Barbara Leonard, M.P.H.</u> Telephone no. <u>(207) 620-8266</u> Located at <u>146 Capitol Street, 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 and enter the amount of tax-exempt interest received or accrued during the year 15 <u>N/A</u> | | |
| 16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | | X |

Form **990-PF** (2022)

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)? | 1a(5) | X |
| (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(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 2022? | 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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? | 2a | X |
| If "Yes," list the years _____, _____, _____, _____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | 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. _____, _____, _____, _____ | | |
| 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 2022 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 2022.) | 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 2022? | 4b | X |

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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))? | 5a(1) | X |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | 5a(2) | X |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | 5a(3) | X |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | 5a(4) | 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? | 5a(5) | 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 | 5b | 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 15 | 5d | 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? | 6a | X |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 6b | X |
| If "Yes" to 6b, file Form 8870. | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 7a | X |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A | 7b | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 8 | 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 14 | | 219,095. | 21,559. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| Ruta Kadanoff | Vice President for Programs | | | |
| 146 Capitol Street, Augusta, ME 04330 | 32.00 | 112,526. | 21,157. | 0. |
| Margo Beland | Finance Manager | | | |
| 146 Capitol Street, Augusta, ME 04330 | 40.00 | 99,075. | 15,662. | 0. |
| Frank Martinez Nocito | Program Officer | | | |
| 146 Capitol Street, Augusta, ME 04330 | 40.00 | 79,852. | 33,186. | 0. |
| Jake Grindle | Senior Program Officer | | | |
| 146 Capitol Street, Augusta, ME 04330 | 40.00 | 83,275. | 25,296. | 0. |
| Charles Dwyer | Senior Program Officer | | | |
| 146 Capitol Street, Augusta, ME 04330 | 40.00 | 84,649. | 18,272. | 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 |
|--|-------------------------|------------------|
| S.E. Foster Associates 8 Longfellow Road, Lexington, MA 02420 | Research and evaluation | 285,329. |
| Silchester International Investors - 780 Third Avenue, 42nd Floor, New York, NY 10017 | Investment Fees | 176,745. |
| | | |
| | | |
| | | |
| | | |
| 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 16 | 136,892. |
| 2 See Statement 17 | 132,440. |
| 3 See Statement 18 | 40,744. |
| 4 See Statement 19 | 57,390. |

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 | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| | |
| | |
| Total. Add lines 1 through 3 | 0. |

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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 | 129,035,280. |
| b | Average of monthly cash balances | 1b | 1,230,585. |
| c | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 130,265,865. |
| 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 | 130,265,865. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 1,953,988. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 128,311,877. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 6,415,594. |

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 | 6,415,594. |
| 2a | Tax on investment income for 2022 from Part V, line 5 | 2a | 21,282. |
| b | Income tax for 2022. (This does not include the tax from Part V.) | 2b | 4,412. |
| c | Add lines 2a and 2b | 2c | 25,694. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 6,389,900. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 12,871. |
| 5 | Add lines 3 and 4 | 5 | 6,402,771. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 10,523. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 6,392,248. |

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 | 7,300,891. |
| 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 | 7,300,891. |

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Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2022 from Part X, line 7 | | | | 6,392,248. |
| 2 Undistributed income, if any, as of the end of 2022: | | | | |
| a Enter amount for 2021 only | | | 5,516,428. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2022: | | | | |
| a From 2017 | | | | |
| b From 2018 | | | | |
| c From 2019 | | | | |
| d From 2020 | | | | |
| e From 2021 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2022 from Part XI, line 4: \$ <u>7,300,891.</u> | | | | |
| a Applied to 2021, but not more than line 2a ... | | | 5,516,428. | |
| 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 2022 distributable amount | | | | 1,784,463. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2022 (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 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ... | | | 0. | |
| f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 | | | | 4,607,785. |
| 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 2017 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2018 ... | | | | |
| b Excess from 2019 ... | | | | |
| c Excess from 2020 ... | | | | |
| d Excess from 2021 ... | | | | |
| e Excess from 2022 ... | | | | |

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 2022, 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 | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 | |
| 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 20

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 | Health Advocacy | 25,000. |
| ACLU of Maine Foundation P.O. Box 7860 Portland, ME 04112 | N/A | PC | Health Advocacy; Reproductive Health Access | 55,000. |
| Amistad, Inc. d.b.a Commonsplace 103 India Street Portland, ME 04101 | N/A | PC | Health Equity Capacity; Women's SUD; OD & Infection Initiative | 126,440. |
| Aroostook Area Agency on Aging, Inc. 260 Main Street, Suite B; P.O. Box 1288 Presque Isle, ME 04769 | N/A | PC | COVID-19 Response | 20,000. |
| Avesta Housing 307 Cumberland Avenue Portland, ME 04101 | N/A | PC | Maine Affordable Housing Coalition Housing Policy Conference | 2,000. |
| Total | See continuation sheet(s) | | | 3a 5,309,643. |
| b Approved for future payment | | | | |
| AARP Foundation 601 E Street, NW Washington, DC 20049 | N/A | PC | Health Advocacy | 100,000. |
| ACLU of Maine Foundation PO Box 7860 Portland, ME 04112 | N/A | PC | Health Advocacy | 100,000. |
| American Academy Of Pediatrics 30 Association Drive, P.O. Box 190 Manchester, ME 04351 | N/A | PC | Treatment, Recovery, Education, Advocacy for Teens with SUD | 50,000. |
| Total | See continuation sheet(s) | | | 3b 5,160,900. |

Part XVI

| | | Yes | No |
|---|--|-------|----|
| 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 | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| 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. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

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 ☒ No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

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 |
|--|--|--------------------------------------|---|-------------------|
| Bangor Region YMCA 17 Second Street Bangor, ME 04101 | N/A | PC | BH Tools for At-Risk Teens; Comm'ty Health Models for Older Adults | 36,721. |
| Blue Cross Blue Shield of Massachusetts Foundation, Inc. 101 Huntington Avenue, Suite 1300 Boston, MA 02199 | N/A | PF | 2022 Health Coverage Fellowship (Expenditure Responsibility Grant) | 20,000. |
| City of Bangor, Health & Community Services 103 Texas Avenue Bangor, ME 04401 | N/A | GOV | SUD & OD Prevention through Equity Planning | 31,600. |
| Co-Occurring Collaborative Serving Maine 94 Auburn Street, Suite 110 Portland, ME 04103 | N/A | PC | Creating a Road Map for Priorities in CCBHCs in Maine | 33,300. |
| Coastal Recovery Community Center 11 White Street Rockland, ME 04841 | N/A | PC | COVID-19 Response | 2,000. |
| Community Change, Inc. 2 Oliver Street, Suite 802 Boston, MA 02109 | N/A | PC | Next Step Organizing 2022 Virtual Series | 2,000. |
| Community Clinical Services 57 Birch Street Lewiston, ME 04240 | N/A | PC | Pronoun Language/Communication | 2,500. |
| Community Dental 190 Park Avenue Portland, ME 04102 | N/A | PC | Website Development to Improve Services and Access to Oral Health Care | 10,000. |
| Consumers for Affordable Health Care P.O. Box 2490 Augusta, ME 04338 | N/A | PC | Health Advocacy; PH Emergency Unwinding | 120,000. |
| Coyote Institute P.O. Box 39 Orono, ME 04473 | N/A | PC | Two-Eyed Seeing: Indigenous Approaches to Wellbeing | 500. |
| Total from continuation sheets | | | | 5,081,203. |

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 |
|--|--|--------------------------------------|---|---------|
| Cross Cultural Community Services 15 Casco Street Portland, ME 04102 | N/A | PC | Char. Gift; Oral Health Equity Collaborative | 55,500. |
| Daniel Hanley Center for Health Leadership P.O. Box 4606 Portland, ME 04112 | N/A | PC | Minority Comm'ty Leadership; Healthcare Workforce; Merger Transition | 32,000. |
| Disability Rights Maine 160 Capitol Street, Suite 4 Augusta, ME 04330 | N/A | PC | Health Advocacy; Char. Gift; Care Access for Mainers with Disabilities | 66,000. |
| Downeast Community Partners 248 Bucksport Road Ellsworth, ME 04605 | N/A | PC | Improving Access to Healthcare for Rural Elders | 13,809. |
| Eastern Area Agency on Aging 240 State Street Brewer, ME 04412 | N/A | PC | Caregiver Tools; COVID-19 Response | 28,500. |
| Elder Abuse Institute of Maine 135 Maine Street, Suite A # 152 Brunswick, ME 04011 | N/A | PC | Restorative Approaches to Elder Justice - RISE Model Implementation | 42,300. |
| Ellsworth Free Medical Clinic 248 State Street, Suite 16 Ellsworth, ME 04605 | N/A | PC | Improving IT Infrastructure; Access to Care for Uninsured | 24,000. |
| Emmanuel Lutheran Episcopal Church 209 Eastern Avenue Augusta, ME 04330 | N/A | PC | COVID-19 Response - Bridging The Gap Program | 5,000. |
| EqualityMaine Foundation P.O. Box 1951 Portland, ME 04104 | N/A | PC | Health Advocacy | 25,000. |
| Friends of Emergency Medical Services for Maine 57 Central Street Hallowell, ME 04347 | N/A | PC | Informed Community Self-Determination Proof of Concept | 49,738. |
| 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 |
|---|--|--------------------------------------|--|---------|
| Friends of the Portland Community Free Clinic 443 Western Avenue, #1007 South Portland, ME 04106 | N/A | PC | Access to Care for Uninsured | 30,000. |
| Good Shepherd Food Bank P.O. Box 1807; 3121 Hotel Road Auburn, ME 04211 | N/A | PC | COVID-19 Response | 25,000. |
| Goodwill Industries of Northern New England 34 Hutcherson Drive Gorham, ME 04038 | N/A | PC | Self-advocacy skills for residents of group homes | 5,000. |
| Grandmothers for Reproductive Rights P.O. Box 950 Bath, ME 04530 | N/A | PC | Reproductive Health Access | 5,000. |
| Hand In Hand/Mano En Mano P.O. Box 573 Milbridge, ME 04658 | N/A | PC | Health Equity Capacity; Comm'ty Wellness Advocate; Equity Collab. Grant | 87,500. |
| Health Equity Alliance 304 Hancock Street Bangor, ME 04401 | N/A | PC | Health Advocacy | 25,000. |
| HealthInfoNet 60 Pineland Drive, Portland Hall, Suite 230 New Gloucester, ME 04260 | N/A | POF | Social Health Data Action Plan Convening Series | 2,000. |
| Healthy Acadia 140 State Street, P.O. Box 1170 Ellsworth, ME 04605 | N/A | PC | COVID-19 Response - Inspire Center | 4,000. |
| Hope Acts P.O. Box 7615 Portland, ME 04112 | N/A | PC | Case Mgmt/Mental Health Support for Asylum Seekers | 40,000. |
| Hospice of Southern Maine 390 US Route 1 Scarborough, ME 04074 | N/A | PC | Thresholds Conference: Grief is Individual & Universal | 2,000. |
| 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 |
|---|--|--------------------------------------|---|----------|
| Hospice Volunteers of Somerset County P.O. Box 658 Skowhegan, ME 04976 | N/A | PC | Partnering Hospice Services with Opiate Recovery Homes | 2,500. |
| In Her Presence 179 Mechanic Street Westbrook, ME 04092 | N/A | PC | Health Equity Capacity; Mothers Circle; Char. Gift; Equit Collab. Grant | 109,780. |
| Jefferson Cary Foundation P.O. Box 89 Caribou, ME 04736 | N/A | PC | Designated Char. Gift | 300. |
| Kennebec Behavioral Health 67 Eustis Parkway Waterville, ME 04901 | N/A | PC | Rapid Access Project for Somerset County Residents | 50,000. |
| Kennebec Valley Community Action Program 101 Water Street Waterville, ME 04901 | N/A | PC | Gas Card Pilot Project in Somerset County | 5,000. |
| Kennebec Valley Dental Coalition, Inc. d/b/a Waterville Community Dental Ce 2 Evergreen Drive Oakland, ME 04963 | N/A | PC | Virtual Dental Home model for children in rural early childcare programs | 50,000. |
| Kennebec Valley Family Dentistry 6 East Chestnut Street Augusta, ME 04330 | N/A | PC | X-ray sensor and intraoral camera | 9,507. |
| Larry Labonte Recovery Center 412 Waldo Street Rumford, ME 04276 | N/A | PC | COVID-19 Response | 3,000. |
| Mabel Wadsworth Center 700 Mt. Hope Avenue, Suite 420 Bangor, ME 04401 | N/A | PC | Health Equity Capacity; Reproductive Health Access | 50,000. |
| Maine Access Immigrant Network 237 Oxford Street, Suite 25A Portland, ME 04101 | N/A | PC | Health Equity Capacity; Char. Gift | 32,500. |
| 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 Access Points 51 Harpswell Road Brunswick, ME 04011 | N/A | PC | Access to Peer-Led Harm Reduction Education in Rural Communities | 60,000. |
| Maine Association of Recovery Residences 844 Stevens Avenue Portland, ME 04103 | N/A | PC | Safety and Wellness Program: Peer Pilot Study | 9,600. |
| Maine Behavioral Health Foundation 295 Water Street, Suite 307 Augusta, ME 04330 | N/A | SO I | Health Advocacy; CCBC Learning Collaborative | 66,000. |
| Maine Center for Economic Policy One Weston Court, Suite 103; P.O. Box 437 Augusta, ME 04332 | N/A | PC | Health Advocacy | 45,000. |
| Maine Chapter, American Academy of Pediatrics 30 Association Drive; P.O. Box 190 Manchester, ME 04351 | N/A | PC | Treatment, Recovery, Education, Advocacy for Teens with SUD | 50,000. |
| Maine Children's Alliance 331 State Street Augusta, ME 04330 | N/A | PC | Health Advocacy; Increasing Access to CHIP | 73,262. |
| Maine Coalition to End Domestic Violence P.O. Box 5188 Augusta, ME 04332 | N/A | PC | Reproductive Health Access | 20,000. |
| Maine Community Foundation 245 Main Street Ellsworth, ME 04605 | N/A | PC | BIPOC Fund; Investing Leaders of Color; Oral Health Funders; SUD Funders | 218,000. |
| Maine Community Integration 265 Lisbon Street, Suite 2 Lewiston, ME 04240 | N/A | PC | Addressing Trauma in Culturally-Friendly Ways; Equity Collab Grant | 52,130. |
| Maine Council On Aging P.O. Box 988 Brunswick, ME 04011 | N/A | PC | Health Advocacy; Ageism; Care Access; Data Sharing; Equity; Transpo | 458,659. |
| 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 Development Foundation 2 Beech Street, Suite 203 Hallowell, ME 04347 | N/A | PC | Policy Leaders Academy | 10,000. |
| Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330 | N/A | PC | Health Advocacy; Coverage for Adult Immigrants | 125,000. |
| Maine Family Planning 43 Gabriel Drive; P.O. Box 587 Augusta, ME 04332 | N/A | PC | Health Advocacy; Reproductive Health Access | 75,000. |
| Maine Immigrant and Refugee Services 256 Bartlett Street; P.O. Box 7149 Lewiston, ME 04243 | N/A | PC | Maine Immigrant and Refugee Services Family Fun Day Community Supporter | 1,000. |
| Maine Immigrants Rights Coalition (MIRC) 1 Marginal Way, Floor 2 Portland, ME 04101 | N/A | PC | Health Advocacy; Char. Gift; Leadership Award | 85,000. |
| Maine Initiatives 56 North Street, Suite 100 Portland, ME 04101 | N/A | PC | Immigrant & Refugee Funders Collaborative Pooled Fund | 20,000. |
| Maine Inside Out P.O. Box 1062 Lewiston, ME 04243 | N/A | PC | Re-entry & crisis support; Transformative School & Systems Change | 100,000. |
| Maine Long-Term Care Ombudsman Program 61 Winthrop Street Augusta, ME 04330 | N/A | PC | Engaging and Empowering Direct Care Workers Initiative | 2,000. |
| Maine Medical Education Trust 30 Association Drive; P.O. Box 190 Manchester, ME 04351 | N/A | PC | Health Advocacy; Perinatal Quality Collaborative | 33,000. |
| Maine Mental Health Connections, Inc. 2 Second Street Bangor, ME 04401 | N/A | PC | Together Place Peer-Run Recovery Ctr; Equity Collab. Grant | 42,500. |
| 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 Mobile Health Program 9 Green Street; P.O. Box 405 Augusta, ME 04332 | N/A | PC | Health Advocacy | 25,000. |
| Maine People's Resource Center 565 Congress Street, #200 Portland, ME 04101 | N/A | PC | Health Advocacy; Housing - Social Determinants of Health | 91,700. |
| Maine Primary Care Association P.O. Box 5137 Augusta, ME 04332 | N/A | PC | Health Advocacy; Comm'ty Hlth Worker Pgm Assessment & Tech Assistance | 75,000. |
| Maine Prisoner Re-Entry Network - fiscal sponsor for Augusta Recovery Re-En 2 Bangor Street, Suite 2 Augusta, ME 04330 | N/A | PC | COVID-19 | 5,000. |
| Maine Public Health Association 122 State Street Augusta, ME 04330 | N/A | PC | Health Advocacy; Adapting in Times of Adversity | 27,000. |
| Maine Public 1450 Lisbon Street Lewiston, ME 04240 | N/A | PC | Connecting Communities | 20,000. |
| Maine Seacoast Mission P.O. Box 600 Northeast Harbor, ME 04662 | N/A | PC | Access to care for People Uninsured | 20,000. |
| Maine Transgender Network Inc. 15 Casco Street Portland, ME 04102 | N/A | PC | Equity Capacity; Health Advocacy; MH Svcs for Transgender Mainers | 85,000. |
| Maine Women's Lobby Education Fund 295 Water Street, Suite 10 Augusta, ME 04330 | N/A | PC | Reproductive Health Access | 20,000. |
| MaineHealth - Access to Care/CarePartners/MedAccess 241 Oxford Street Portland, ME 04101 | N/A | PC | Medicare Enrollment for Newly Eligible; Uber Health Pilot | 55,000. |
| 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 |
|--|--|--------------------------------------|--|---------|
| MaineHealth - Healthy Community Coalition 105 Mt. Blue Circle, Suite 1 Farmington, ME 04938 | N/A | PC | Mobile Harm Reduction in Franklin County | 52,976. |
| MaineHealth - Maine Behavioral Healthcare 78 Atlantic Place South Portland, ME 04106 | N/A | PC | System to Improve Access to Care for Behavioral Health Needs | 30,000. |
| MaineHealth - Maine Medical Center 22 Bramhall Street Portland, ME 04102 | N/A | PC | Addressing Health Equity in Child Development | 58,924. |
| MaineHealth - Maine Shared Community Health Needs Assessment 110 Free Street Portland, ME 04101 | N/A | PC | From Data to Action on Maine Shared Community Health Needs Assessment | 2,000. |
| Medical Care Development 105 Second Street, Suite 2A Hallowell, ME 04347 | N/A | PC | Reproductive Health Access; Comm'ty Engaged Oral Health System | 40,000. |
| Mi'kmaq Nation 7 Northern Road Presque Isle, ME 04769 | N/A | GOV | Equity Capacity | 30,000. |
| Mid-Coast Health Net, Inc. dba Knox County Health Clinic 22 White Street Rockland, ME 04841 | N/A | PC | Access to care for Uninsured | 50,000. |
| Mid-Maine Homeless Shelter & Services 19 Colby Street Waterville, ME 04901 | N/A | PC | COVID-19 Response | 10,000. |
| Milestone Recovery 65 India Street Portland, ME 04101 | N/A | PC | COVID-19 Response | 10,000. |
| New Beginnings, Inc. 134 College Street Lewiston, ME 04240 | 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 |
|---|--|--------------------------------------|--|----------|
| New England Arab American Organization 427 Bridge Street; P.O. Box 1812 Portland, ME 04104 | N/A | PC | Equity Capacity; Resilience-BI for Men; DV Care; Equity Collab. Grant | 138,095. |
| New England Rural Health RoundTable P.O. Box 1156 Richmond, VT 05477 | N/A | PC | Maine Rural Health Action Network | 35,530. |
| New Mainers Public Health Initiative 276 Lisbon Street Lewiston, ME 04240 | N/A | PC | Equity Capacity; Char. Gift; Equity Collab Grants (2) | 57,500. |
| Nibezun P.O. Box 387 Old Town, ME 04468 | N/A | PC | New Dawn: Increasing Wabanaki-led access to natural healing | 49,980. |
| Northern Light Acadia Hospital 268 Stillwater Avenue Bangor, ME 04401 | N/A | PC | Improving access to SUD Care at Northern Light Health hospitals | 50,000. |
| Northern Light Health 43 Whiting Hill Road Brewer, ME 04412 | N/A | PC | Healthcare Workforce Dev'ment for Immigrant Populations | 57,074. |
| Oasis Free Clinics 66 Baribeau Drive, Box 1 Brunswick, ME 04011 | N/A | PC | Access to Care for Uninsured | 50,000. |
| OUT Maine 63 Park Street; P.O. Box 1723 Rockland, ME 04841 | N/A | PC | Accessible, Equitable and Inclusive Health & MH Svcs for LGBTQ+ Youth | 50,000. |
| Partnership for Children's Oral Health P.O. Box 11 Yarmouth, ME 04096 | N/A | PC | Pediatric OH Capacity; OH Industry Partnership Start-up | 60,000. |
| Penobscot Bay YMCA 120 Union Street Rockport, ME 04856 | N/A | PC | Voices From Knox County - Pathways to Equity and Belonging | 50,000. |
| 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 |
|--|--|--------------------------------------|---|---------|
| Penobscot Community Health Care 103 Maine Avenue Bangor, ME 04401 | N/A | PC | COVID-19 Response | 10,000. |
| Pinetree Institute 206 Old Road Eliot, ME 03903 | N/A | PC | Maine Recovery Friendly Workplace Planning Process | 10,000. |
| PIR2Peer Recovery Community Center 11A High Street East Millinocket, ME 04430 | N/A | PC | COVID-19 Response | 3,000. |
| Planned Parenthood of Northern New England 783 Hercules Drive, Suite 110 Colchester, VT 05446 | N/A | PC | Health Advocacy; Reproductive Health Access | 75,000. |
| Preble Street 38 Preble Street Portland, ME 04104 | N/A | PC | Healthcare Outreach to Process Experiences; COVID-19 Response | 60,000. |
| Presente! Maine 622 Congress Street; P.O. Box 4202 Portland, ME 04101 | N/A | PC | Health Advocacy; La Red Matriarcal | 61,000. |
| Resources for Organizing and Social Change P.O. Box 2444 Augusta, ME 04338 | N/A | PC | Health Advocacy - Maine Prisoner Advocacy Coalition | 25,000. |
| Rest Center - Recovery Employment Support Training 205 Main Street Lewiston, ME 04240 | N/A | PC | COVID-19 Response | 7,000. |
| Restorative Justice Institute of Maine 142 High Street, Suite 315 Portland, ME 04101 | N/A | PC | Collaborating to Build Community Resilience | 50,000. |
| SafeBAE 32 Broad Cove Road Cape Elizabeth, ME 04107 | N/A | PC | SafeBAE Certified Schools Program | 50,000. |
| 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 |
|--|--|--------------------------------------|---|---------|
| Sarah's House of Maine 346 Main Road Holden, ME 04429 | N/A | PC | Designated Char. Gift | 1,800. |
| Save A Life, Incorporated 9 Main Street, Suite A Lincoln, ME 04457 | N/A | PC | COVID-19 Response | 3,000. |
| SeniorsPlus 8 Falcon Road Lewiston, ME 04240 | N/A | PC | COVID-19 Response | 20,000. |
| Somali Bantu Community Association 222 Pine Street Lewiston, ME 04240 | N/A | PC | Equity Capacity | 30,000. |
| Southern Maine Agency on Aging 56 North Street, Suite 100 Portland, ME 04101 | N/A | PC | COVID-19 Response | 20,000. |
| Southern Maine Workers' Center 57 North Street, Suite 100 Portland, ME 04101 | N/A | PC | Equity Capacity - Portland Outright; Health Advocacy | 50,000. |
| Spectrum Generations One Weston Court, Suite 109 Augusta, ME 04330 | N/A | PC | COVID-19 Response | 20,000. |
| State of Maine, Commission on Racial, Indigenous, and Tribal Populations 45 Commerce Drive, 108 State House Station Augusta, ME 04333 | N/A | GOV | Char. Gift | 1,000. |
| Survivor Speak USA 339 Woodford Street Portland, ME 04103 | N/A | PC | Equity Capacity; Equity Collab Grant; COVID-19 Response | 37,430. |
| Tedford Housing P.O. Box 958 Brunswick, ME 04011 | N/A | PC | COVID-19 Response | 7,000. |
| 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 |
|---|--|--------------------------------------|--|----------|
| The Jefferson Cary Foundation (a/k/a Cary Medical Center) 163 Van Buren Road Caribou, ME 04736 | N/A | PC | Designated Char. Gift | 300. |
| The Opportunity Alliance 50 Lydia Lane South Portland, ME 04106 | N/A | PC | Culturally Responsive BH Early Intervention | 34,888. |
| The Root Cellar - fiscal sponsor for Maine-ly Teeth 89 Birch Street Lewiston, ME 04240 | N/A | PC | Access to care for People Uninsured | 20,000. |
| Thomas College 180 West River Road Waterville, ME 04901 | N/A | PC | Leadership Learning Exchange for Equity: L2E2 | 20,000. |
| Town of Mount Vernon Aging in Place Committee 1997 North Road Mount Vernon, ME 04352 | N/A | GOV | Regional Pgm Addressing Medical, MH & Safety Needs for Aging in Place | 30,000. |
| Tree Street Youth 144 Howe Street Lewiston, ME 04240 | N/A | PC | Designated Char. Gift; Commty-Led Target-Focused Pgm Design | 53,400. |
| Trinity Jubilee Center 247 Bates Street Lewiston, ME 04240 | N/A | PC | Access to care for People Uninsured | 10,000. |
| University of New England 11 Beach Hills Road Biddeford, ME 04005 | N/A | PC | Empowering New Mainer Youth-Health Careers; ME Geriatrics Conf. | 62,000. |
| Wabanaki Health and Wellness One Merchant Plaza, Suite 401; P.O. Box 1356 Bangor, ME 04401 | N/A | PC | Equity Capacity; Equity Collab. Grant | 37,500. |
| Wabanaki Public Health One Merchant Plaza, Suite 401; P.O. Box 1358 Bangor, ME 04401 | N/A | PC | Equity Capacity; Elder Support Svcs; Syst. Improvement for MCH | 125,000. |
| 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 |
|--|--|--------------------------------------|---|---------|
| Western Maine Addiction Recovery Initiative 235 Main Street, Box 3 Norway, ME 04268 | N/A | PC | Peer-led Recovery Support for Rural Communities in Western Maine | 52,600. |
| WhyHunger, Inc. - fiscal sponsor for Eastern Woodlands Rematriation 505 8th Avenue, Suite 2100 New York, NY 10018 | N/A | PC | Indigenous Birthwork | 10,000. |
| Woodfords Family Service 15 Saunders Way, Suite 400 Westbrook, ME 04092 | N/A | PC | Psychiatric Primary Care Physician Consultation Program | 50,000. |
| York County Community Action Corporation 6 Spruce Street, P.O. Box 72 Sanford, ME 04072 | N/A | PC | GROUNDWORK: Health-related Social Needs Planning | 31,800. |
| Your Place, Inc. P.O. Box 1620 Ellsworth, ME 04605 | N/A | PC | COVID-19 Response | 2,000. |
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| 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 |
|--|--|--------------------------------------|---|-------------------|
| Amistad, Inc. d.b.a Commonsplace 103 India Street Portland, ME 04101 | N/A | PC | Health Equity Capacity; Women's SUD; OD & Infection Initiative | 101,440. |
| Consumers for Affordable Health Care Foundation P.O. Box 2490 Augusta, ME 04338 | N/A | PC | Health Advocacy; PH Emergency Unwinding | 330,000. |
| Cross Cultural Community Services 15 Casco Street Portland, ME 04102 | N/A | PC | Oral Health Equity Collaborative | 53,000. |
| Disability Rights Maine 160 Capitol Street, Suite 4 Augusta, ME 04330 | N/A | PC | Health Advocacy | 100,000. |
| Ellsworth Free Medical Clinic 248 State Street, Suite 16 Ellsworth, ME 04605 | N/A | PC | Access to Care for Uninsured | 60,000. |
| Equality Maine Foundation P.O. Box 1951 Portland, ME 04104 | N/A | PC | Health Advocacy | 100,000. |
| Friends of Portland Community Free Clinic 443 Western Avenue, # 1007 South Portland, ME 04106 | N/A | PC | Access to Care for Uninsured | 90,000. |
| Health Equity Alliance 304 Hancock Street Bangor, ME 04401 | N/A | PC | Health Advocacy | 100,000. |
| Maine Behavioral Health Foundation 295 Water Street, Suite 307 Augusta, ME 04330 | N/A | PC | Health Advocacy; CCBCB Learning Collaborative | 206,000. |
| Maine Center for Economic Policy One Weston Court, Suite 103; P.O. Box 437 Augusta, ME 04332 | N/A | PC | Health Advocacy | 180,000. |
| Total from continuation sheets | | | | 4,910,900. |

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 Children's Alliance 331 State Street Augusta, ME 04330 | N/A | PC | Health Advocacy | 100,000. |
| Maine Community Integration 265 Lisbon Street, Suite 2 Lewiston, ME 04240 | N/A | PC | Addressing Trauma in Culturally-Friendly Ways | 39,000. |
| Maine Council on Aging P.O. Box 988 Brunswick, ME 04011 | N/A | PC | Health Advocacy; Ageism; Care Access; Data Sharing; Equity; Transpo | 534,180. |
| Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330 | N/A | PC | Health Advocacy | 180,000. |
| Maine Family Planning 43 Gabriel Drive, P.O. Box 587 Augusta, ME 04332 | N/A | PC | Health Advocacy | 100,000. |
| Maine Health-Healthy Community Coalition 105 Mt. Blue Circle, Suite 1 Farmington, ME 04938 | N/A | PC | Mobile Harm Reduction in Franklin County | 50,000. |
| Maine Health-Maine Medical Center 22 Bramhall Street Portland, ME 04102 | N/A | PC | Addressing Health Equity in Child Development | 50,000. |
| Maine Immigrants' Rights Coalition 1 Marginal Way, Floor 2 Portland, ME 04101 | N/A | PC | Health Advocacy | 100,000. |
| Maine Inside Out P.O. Box 1062 Lewiston, ME 04243 | N/A | PC | Re-entry & crisis support; Transformative School & Systems Change | 100,000. |
| Maine Medical Education Trust 30 Association Drive, P.O. Box 190 Manchester, ME 04351 | N/A | PC | Health Advocacy | 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 |
|--|--|--------------------------------------|--|----------|
| Maine Mobile Health Program 9 Green Street, P.O. Box 405 Augusta, ME 04332 | N/A | PC | Health Advocacy | 100,000. |
| Maine People's Resource Center 565 Congress Street, # 200 Portland, ME 04101 | N/A | PC | Health Advocacy; Housing - Social Determinants of Health | 151,700. |
| Maine Primary Care Association P.O. Box 5137 Augusta, ME 04332 | N/A | PC | Health Advocacy | 100,000. |
| Maine Prisoner Advocacy Coalition P.O. Box 446 Lisbon, ME 04250 | N/A | PC | Health Advocacy | 100,000. |
| Maine Public Health Association 122 State Street Augusta, ME 04330 | N/A | PC | Health Advocacy; Adapting in Times of Adversity | 100,000. |
| Maine Seacoast Mission P.O. Box 600 Northeast Harbor, ME 04662 | N/A | PC | Access to care for People Uninsured | 60,000. |
| Maine Transgender Network Inc. 15 Casco Street Portland, ME 04102 | N/A | PC | Health Equity Capacity; Health Advocacy | 100,000. |
| Maine Women's Lobby Education Fund 295 Water Street, Suite 10 Augusta, ME 04330 | N/A | PC | Reproductive Health Access | 100,000. |
| Mid-Coast Health Net, Inc. dba Knox County Health Clinic 22 White Street Rockland, ME 04841 | N/A | PC | Access to care for Uninsured | 150,000. |
| NAMI Maine 52 Water Street Hallowell, ME 04347 | N/A | PC | Health Advocacy | 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 |
|--|--|--------------------------------------|---|----------|
| Nibezun P.O. Box 387 Old Town, ME 04468 | N/A | PC | New Dawn: Increasing Wabanaki-led access to natural healing | 49,980. |
| Northern Light Acadia Hospital 268 Stillwater Avenue Bangor, ME 04401 | N/A | PC | Improving access to SUD Care at Northern Light Health hospitals | 50,000. |
| Oasis Free Clinics 66 Baribeau Drive, Box 1 Brunswick, ME 04011 | N/A | PC | Access to Care for Uninsured | 150,000. |
| Planned Parenthood of Northern NE 783 Hercules Drive, Suite 110 Colchester, VT 05446 | N/A | PC | Health Advocacy | 100,000. |
| Presente! Maine 622 Congress Street, P.O. Box 4202 Portland, ME 04101 | N/A | PC | Health Advocacy | 100,000. |
| Resources for Organizing & Social Change PO Box 2444 Augusta, ME 04338 | N/A | PC | Health Advocacy - Maine Prisoner Advocacy Coalition | 100,000. |
| Root Cellar, The - fiscal sponsor for Maine-ly Teeth 89 Birch Street Lewiston, ME 04240 | N/A | PC | Access to care for People Uninsured | 60,000. |
| Southern Maine Workers' Center 57 North Street, Suite 100 Portland, ME 04101 | N/A | PC | Health Equity Capacity - Portland Outright; Health Advocacy | 200,000. |
| Thomas College 180 West River Road Waterville, ME 04901 | N/A | PC | Leadership Learning Exchange for Equity: L2E2 | 20,000. |
| Tree Street Youth 144 Howe Street Lewiston, ME 04240 | N/A | PC | Community-Led Target-Focused Program Design | 53,000. |
| 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 |
|--|--|--------------------------------------|---|----------|
| Trinity Jubilee Center 247 Bates Street Lewiston, ME 04240 | N/A | PC | Access to care for People Uninsured | 30,000. |
| University of New England 11 Beach Hills Road Biddeford, ME 04005 | N/A | PC | Empowering New Mainer Youth-Health Careers | 60,000. |
| Voices Project, The 6809 Armistead Street Las Vegas, NV 89149 | N/A | PC | Health Advocacy | 100,000. |
| Western Maine Addiction Recovery Initiative 235 Main Street, Box 3 Norway, ME 04268 | N/A | PC | Peer-led Recovery Support for Rural Communities in Western Maine | 52,600. |
| Woodfords Family Service 15 Saunders Way, Suite 400 Westbrook, ME 04092 | N/A | PC | Psychiatric Primary Care Physician Consultation Program | 50,000. |
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| 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

2022

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).

| | |
|--------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| Maine Health Access Foundation, Inc. | 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 | Tufts Medical Center 800 Washington Street Boston, MA 02111 | \$ 17,000. | 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.) |
| | | | 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.) |

Employer identification number

01-0535144

Part II

[illegible]

| | |
|--------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| Maine Health Access Foundation, Inc. | 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 |
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| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
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| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
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| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
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| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
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| Form 990-PF | Gain or (Loss) from Sale of Assets | Statement | 1 |
|-------------|------------------------------------|-----------|---|
|-------------|------------------------------------|-----------|---|

| (a) Description of Property | Manner Acquired | | Date Acquired | Date Sold |
|--------------------------------|-------------------------------|---------------------------|------------------|---------------------|
| Publicly Traded Securities | Purchased | | | |
| (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense of Sale | (e) Deprec. | (f) Gain or Loss |
| 38,311,513. | 22,805,248. | 0. | 0. | 15,506,265. |

| (a) Description of Property | Manner Acquired | | Date Acquired | Date Sold |
|--|-------------------------------|---------------------------|------------------|---------------------|
| Net Adjustment for Pass-through Losses | Purchased | | | |
| (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense of Sale | (e) Deprec. | (f) Gain or Loss |
| 0. | 0. | 0. | 0. | 0. |

| (a) Description of Property | Manner Acquired | | Date Acquired | Date Sold |
|--------------------------------------|-------------------------------|---------------------------|------------------|---------------------|
| UBI-Disposal of Partnership Interest | Purchased | | | |
| (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense of Sale | (e) Deprec. | (f) Gain or Loss |
| 13,883. | 0. | 0. | 0. | 13,883. |

| | |
|---------------------------------------|-------------|
| Capital Gains Dividends from Part IV | 0. |
| Total to Form 990-PF, Part I, line 6a | 15,520,148. |

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

| Source | (a) Revenue Per Books | (b) Net Investment Income | (c) Adjusted Net Income |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| Bank Deposits | 672. | 672. | |
| Total to Part I, line 3 | 672. | 672. | |

Form 990-PF Dividends and Interest from Securities Statement 3

| Source | Gross Amount | Capital Gains Dividends | (a) Revenue Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income |
|------------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| Investment Accounts | 1,206,033. | 0. | 1,206,033. | 1,206,033. | |
| To Part I, line 4 | 1,206,033. | 0. | 1,206,033. | 1,206,033. | |

Form 990-PF Other Income Statement 4

| 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) | -1,867,358. 1,867,358. | -1,878,583. 0. | |
| Other income | 1,281. | 0. | |
| Total to Form 990-PF, Part I, line 11 | 1,281. | -1,878,583. | |

| Form 990-PF | Legal Fees | | | Statement | 5 |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | |
| Legal | 29,241. | 0. | | 29,241. | |
| To Fm 990-PF, Pg 1, ln 16a | 29,241. | 0. | | 29,241. | |

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

| Form 990-PF | Taxes | | | Statement | 7 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | |
| Excise taxes | 422,028. | 0. | | 0. | |
| To Form 990-PF, Pg 1, ln 18 | 422,028. | 0. | | 0. | |

| Form 990-PF | Other Expenses | | | Statement | 8 |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | |
| Office supplies & expenses | 21,466. | 0. | | 21,466. | |
| Website development and maintenance | 3,962. | 0. | | 3,962. | |
| Insurance | 12,228. | 0. | | 12,228. | |
| Telecommunications | 7,698. | 0. | | 7,698. | |
| Investment fees | 429,709. | 429,709. | | 0. | |
| Program related expenses: consultants/contracts | 13,985. | 0. | | 13,985. | |

| | | | |
|-----------------------------|------------|----------|----------|
| Program related expenses: | | | |
| conferences | 40,988. | 0. | 40,988. |
| Program related expenses: | | | |
| grant management | 6,750. | 0. | 6,750. |
| Program related expenses: | | | |
| communications | 155. | 0. | 155. |
| Program related expenses: | | | |
| technical assistance | 142,082. | 0. | 142,082. |
| Program related expenses: | | | |
| miscellaneous | 22,337. | 0. | 22,337. |
| Program related expenses: | | | |
| evaluation | 282,562. | 0. | 282,562. |
| Program related expenses: | | | |
| needs assessment | 47,125. | 0. | 47,125. |
| Payroll Administration | 1,527. | 0. | 1,527. |
| Accrual to cash conversion: | | | |
| operating expenses | 0. | 0. | 4,466. |
| To Form 990-PF, Pg 1, ln 23 | 1,032,574. | 429,709. | 607,331. |

| | | | |
|-------------|--|-----------|---|
| Form 990-PF | Other Increases in Net Assets or Fund Balances | Statement | 9 |
|-------------|--|-----------|---|

| Description | Amount |
|---|---------|
| Recoveries of amounts treated as qualifying distributions | 12,872. |
| Total to Form 990-PF, Part III, line 3 | 12,872. |

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

| Description | Cost or Other Basis | Accumulated Depreciation | Book Value | Fair Market Value |
|---------------------------|------------------------|-----------------------------|------------|----------------------|
| Office equipment | 195,815. | 168,951. | 26,864. | 26,864. |
| To 990-PF, Part II, ln 14 | 195,815. | 168,951. | 26,864. | 26,864. |

| Form 990-PF | Other Investments | Statement | 11 |
|--|-------------------|--------------|-------------------|
| Description | Valuation Method | Book Value | Fair Market Value |
| Adage Capital Partners | FMV | 24,556,819. | 24,556,819. |
| Adamas Opportunities, L.P. | FMV | 37,744. | 37,744. |
| BlackRock Strategic Income | FMV | 3,843,045. | 3,843,045. |
| Colchester Global LP | FMV | 3,300,471. | 3,300,471. |
| FPA Crescent Fund | FMV | 6,587,135. | 6,587,135. |
| Metropolitan West Total Return | FMV | 3,375,692. | 3,375,692. |
| Nyes Ledge Capital Offshore Fund | FMV | 4,753,388. | 4,753,388. |
| Silchester International | FMV | 17,966,477. | 17,966,477. |
| SSGA Real Asset Fund | FMV | 8,335,699. | 8,335,699. |
| Vanguard FTSE | FMV | 4,023,827. | 4,023,827. |
| Vanguard Long Term Treasury | FMV | 2,320,334. | 2,320,334. |
| Vanguard Total International | FMV | 10,172,442. | 10,172,442. |
| Vanguard Total Stock Market Index | FMV | 14,479,721. | 14,479,721. |
| Wellington Emerging Markets | FMV | 3,117,522. | 3,117,522. |
| Farallon F5 Fund | FMV | 3,169,298. | 3,169,298. |
| Wellington SMID | FMV | 5,108,754. | 5,108,754. |
| Generation Global | FMV | 5,245,632. | 5,245,632. |
| Total to Form 990-PF, Part II, line 13 | | 120,394,000. | 120,394,000. |

| Form 990-PF | Other Assets | Statement | 12 |
|----------------------------------|----------------------------|------------------------|-------------------|
| Description | Beginning of Yr Book Value | End of Year Book Value | Fair Market Value |
| Refundable income taxes | 170,000. | 144,000. | 144,000. |
| Right-of-use assets | 0. | 109,125. | 109,125. |
| To Form 990-PF, Part II, line 15 | 170,000. | 253,125. | 253,125. |

| Form 990-PF | Other Liabilities | Statement | 13 |
|--|-------------------|------------|----|
| Description | BOY Amount | EOY Amount | |
| Deferred tax liability | 60,000. | 456,000. | |
| Operating lease liability | 0. | 109,125. | |
| Total to Form 990-PF, Part II, line 22 | 60,000. | 565,125. | |

| | | |
|-------------|--|--------------|
| Form 990-PF | Part VII - List of Officers, Directors Trustees and Foundation Managers | Statement 14 |
|-------------|--|--------------|

| Name and Address | Title and Avrg Hrs/Wk | Compen- sation | Employee Ben Plan Expense Contrib Account |
|---|---------------------------------|-------------------|---|
| Barbara Leonard 146 Capitol Street Augusta, ME 04330 | President & CEO 40.00 | 219,095. | 21,559. 0. |
| Elizabeth Bordowitz 146 Capitol Street Augusta, ME 04330 | Trustee (start 10/2022) 2.00 | 0. | 0. 0. |
| Barbara Crider 146 Capitol Street Augusta, ME 04330 | Trustee (start 4/2022) 2.00 | 0. | 0. 0. |
| Dennis King, FACHE 146 Capitol Street Augusta, ME 04330 | Trustee 3.00 | 0. | 0. 0. |
| Michael Lambke, MD 146 Capitol Street Augusta, ME 04330 | Trustee 2.00 | 0. | 0. 0. |
| Kevin Lewis 146 Capitol Street Augusta, ME 04330 | Trustee (start 4/2022) 2.00 | 0. | 0. 0. |
| Samuela Manages, MD, FAAFP 146 Capitol Street Augusta, ME 04330 | Trustee (end 6/2022) 2.00 | 0. | 0. 0. |
| Claudette Ndayininahaze 146 Capitol Street Augusta, ME 04330 | Trustee (end 2/2022) 3.00 | 0. | 0. 0. |
| Bruce Nickerson, CPA 146 Capitol Street Augusta, ME 04330 | Trustee 3.00 | 0. | 0. 0. |
| Grace Odimayo, DMD 146 Capitol Street Augusta, ME 04330 | Trustee 2.00 | 0. | 0. 0. |
| Clarissa Sabattis, RN 146 Capitol Street Augusta, ME 04330 | Trustee 2.00 | 0. | 0. 0. |

| | | | | |
|---|------------------------|----------|---------|----|
| Abdulkerim Said, BASc, HRTC/A, CHW Trustee | | | | |
| 146 Capitol Street | 2.00 | 0. | 0. | 0. |
| Augusta, ME 04330 | | | | |
| Ian Yaffe | Trustee | | | |
| 146 Capitol Street | 2.00 | 0. | 0. | 0. |
| Augusta, ME 04330 | | | | |
| Catherine Ryder, LCPC ACS | Chair | | | |
| 146 Capitol Street | 5.00 | 0. | 0. | 0. |
| Augusta, ME 04330 | | | | |
| Toho Soma, MPH | Vice Chair | | | |
| 146 Capitol Street | 3.00 | 0. | 0. | 0. |
| Augusta, ME 04330 | | | | |
| Edward Miller, MS | Treasurer | | | |
| 146 Capitol Street | 3.00 | 0. | 0. | 0. |
| Augusta, ME 04330 | | | | |
| Odette Thurston | Treasurer (end 9/2022) | | | |
| 146 Capitol Street | 4.00 | 0. | 0. | 0. |
| Augusta, ME 04330 | | | | |
| Susan Roche, Esq. | Secretary | | | |
| 146 Capitol Street | 3.00 | 0. | 0. | 0. |
| Augusta, ME 04330 | | | | |
| Totals included on 990-PF, Page 6, Part VII | | 219,095. | 21,559. | 0. |

| | | | |
|-------------|--------------------------------------|-----------|----|
| Form 990-PF | Expenditure Responsibility Statement | Statement | 15 |
| | Part VI-B, Line 5d | | |

Grantee's Name

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.

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

| <u>Grant Amount</u> | <u>Date of Grant</u> | <u>Amount Expended</u> | <u>Verification Date</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 20,000. | 07/01/21 | 20,000. | 10/03/22 |

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.

Dates of Reports by Grantee

Reports received October 3, 2022.

Any Diversion by Grantee

None

Results of Verification

Based on the final report received October 3, 2022, all grant funds (\$20,000) were expended, and 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 on October 3, 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 on October 14, 2022.

Grantee's Name

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.

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

| <u>Grant Amount</u> | <u>Date of Grant</u> | <u>Amount Expended</u> |
|---------------------|----------------------|------------------------|
| 20,000. | 07/18/22 | 20,000. |

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.

Dates of Reports by Grantee

Reports will be required in 2023

Any Diversion by Grantee

None

Results of Verification

Narrative and financial reports are due from the recipient by September 11, 2023; MeHAF has not yet received narrative and financial reports from the grantee, as reports are due on September 11, 2023. Reports (narrative and financial) from previous grants to this recipient have been received, reviewed, and approved on a timely basis without any indication that granted funds were used for any purpose other than as intended through the charitable program. Accordingly, to the best of Maine Health Access Foundation's knowledge, the grantee has not diverted any portion of the funds from the purpose of the grant. Upon receipt of narrative and financial reports, the Communications Manager will review the reports from Blue Cross and Blue Shield of Massachusetts Foundation to ensure the appropriate use of grant funds.

Grantee's Name

HealthInfoNet

Grantee's Address

60 Pineland Drive, Suite 230
New Gloucester, ME 04260

| <u>Grant Amount</u> | <u>Date of Grant</u> | <u>Amount Expended</u> | <u>Verification Date</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 2,000. | 10/17/22 | 2,000. | 03/29/23 |

Purpose of Grant

The objective of HealthInfoNet's "Social Health Data Action Plan Convening Series" is to capture the ways in which Health Information Exchange (HIE) participating healthcare providers across the state are collecting, exchanging, and using social health data, with specific focus on food security, housing stability and quality, and transportation access domains, as well as expanded demographic information including sexual orientation and gender identity information.

Dates of Reports by Grantee

Final reports received April 27, 2023

Any Diversion by Grantee

None

Results of Verification

MeHAF received a narrative report from the grantee on April 27, 2023; based on the final report received April 27, 2023, all grant funds (\$2,000) were expended. Reports from previous grants have been received, reviewed, and approved on a timely basis. Upon receiving narrative report, the Communications Manager reviewed the information from HealthInfoNet and ensured the appropriate use of grant funds. The review of the report was completed on September 11, 2023.

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.

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

Activity One

Health Equity Capacity Building: Staff, consultant, and evaluator support to implement the Health Equity Capacity Building Program, which focuses on community-led organizations led by and addressing the health and health care needs of populations that experience inequitable burdens and disparities. Includes grantee-determined technical assistance and support to complement grant funds. In 2022, a new pilot of collaborative grantmaking with funding decisions made by grantees was initiated.

Expenses

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

136,892.

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

Activity Two

Responsive Grants Programs - Community Responsive Grants and Systems Improvement and Innovation Grants: Staff and consultant expenses to support two open competitive grants programs that seek to center community-identified health and health care access needs and community-led solutions.

Expenses

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

132,440.

| | | | |
|-------------|---|-----------|----|
| Form 990-PF | Summary of Direct Charitable Activities | Statement | 18 |
|-------------|---|-----------|----|

Activity Three

Health Advocacy: Staff and consultant (evaluation and planning/facilitation) 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

40,744.

Form 990-PF Summary of Direct Charitable Activities Statement 19

Activity Four

Behavioral Health: Significant consultant expenses related to assisting Maine community mental health organizations to seek federal funds related to the Certified Community Behavioral Health Clinics designation, as well as staff time to coordinate a variety of efforts related to mental health and substance use disorder focused grantmaking.

Expenses

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

57,390.

| | | | |
|-------------|--|-----------|----|
| Form 990-PF | Grant Application Submission Information | Statement | 20 |
| | Part XIV, Lines 2a through 2d | | |

Name and Address of Person to Whom Applications Should be Submitted

Holly Irish, Grants Manager
146 Capitol Street
Augusta, ME 04330

| Telephone Number | Name of Grant Program |
|------------------|-----------------------------|
| (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 the contact-information disclosed above. Questions about specific funding opportunities and MeHAF's funding priorities 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). Each RFP provides explicit information on the submission requirements, application forms and other relevant project materials for major strategic programs and policy grants.

Any Submission Deadlines

Deadlines are outlined on the MeHAF website; open funding is available for select programs.

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 21

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 to: (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); and to (4) promote shared leadership to achieve equitable health outcomes for everyone in Maine.

To learn more about MeHAF's grantmaking in 2022 and prior years, please see annual reports on the MeHAF website:

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

Form 8879-TE

IRS e-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

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
Elizabeth Bordowitz
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. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|-----------------------------------|-------------------------------------|--|-----------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b |
| 6a Form 990-T check here | <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b 4,412. |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |

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) _____, (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2022 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 2022 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.

01230554321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 10/31/23

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 (2022)

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

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue Service

For calendar year 2022 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).Open to Public Inspection for
501(c)(3) Organizations Only

| | | | |
|---|---------------------|--|---|
| A <input checked="" type="checkbox"/> Check box if address changed. 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 | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Maine Health Access Foundation, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 146 Capitol Street City or town, state or province, country, and ZIP or foreign postal code Augusta, ME 04330 C Book value of all assets at end of year 121,438,224. | D Employer identification number 01-0535144 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return. |
|---|---------------------|--|---|

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
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 | 24,346. |
| 2 | Reserved | 2 | |
| 3 | Add lines 1 and 2 | 3 | 24,346. |
| 4 | Charitable contributions (see instructions for limitation rules) Stmt 22 Stmt 23 | 4 | 2,335. |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 22,011. |
| 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 | 22,011. |
| 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 | 21,011. |

Part II Tax Computation

| | | | |
|---|--|---|--------|
| 1 | Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 4,412. |
| 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 | 4,412. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

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 | | 4,412. |
| 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 | | 4,412. |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | 0. |
| 6a | Payments: A 2021 overpayment credited to 2022 | 6a | 13,974. | |
| b | 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | | |
| c | Tax deposited with Form 8868 | 6c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e | Backup withholding (see instructions) | 6e | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 6g | | |
| 7 | Total payments. Add lines 6a through 6g | 7 | | 13,974. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | 9,562. |
| 11 | Enter the amount of line 10 you want: Credited to 2023 estimated tax 9,562. Refunded | 11 | | 0. |

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

| | | | |
|-----------|--|-----------------------------------|----|
| 1 | At any time during the 2022 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? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available 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 | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed |
| | Connor Smart | <i>Connor Smart</i> | 10/31/23 | |
| | Firm's name | Baker Newman & Noyes | | PTIN |
| | Firm's address | P.O. Box 507 Portland, ME 04112 | | P02285543 |
| | | Firm's EIN | 01-0494526 | |
| | | Phone no. | (207) 879-2100 | |

| | | |
|------------|---------------|--------------|
| Form 990-T | Contributions | Statement 22 |
|------------|---------------|--------------|

| Description/Kind of Property | Method Used to Determine FMV | Amount |
|-------------------------------------|------------------------------|------------|
| Current year contributions | N/A | 5,289,643. |
| Total to Form 990-T, Part I, line 4 | | 5,289,643. |

| | | |
|------------|-----------------------|--------------|
| Form 990-T | Contributions Summary | Statement 23 |
|------------|-----------------------|--------------|

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

Carryover of Prior Years Unused Contributions

| | |
|-------------------|-----------|
| 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 |
| For Tax Year 2021 | 4,306,384 |

| | |
|-----------------|------------|
| Total Carryover | 19,244,888 |
|-----------------|------------|

| | |
|--------------------------------------|-----------|
| Total Current Year 10% Contributions | 5,289,643 |
|--------------------------------------|-----------|

| | |
|-------------------------------|------------|
| Total Contributions Available | 24,534,531 |
|-------------------------------|------------|

| | |
|---------------------------------------|-------|
| Taxable Income Limitation as Adjusted | 2,335 |
|---------------------------------------|-------|

| | |
|----------------------|------------|
| Excess Contributions | 24,532,196 |
|----------------------|------------|

| | |
|---------------------------|---|
| Excess 100% Contributions | 0 |
|---------------------------|---|

| | |
|----------------------------|------------|
| Total Excess Contributions | 24,532,196 |
|----------------------------|------------|

| | |
|-----------------------------------|-------|
| Allowable Contributions Deduction | 2,335 |
|-----------------------------------|-------|

| | |
|------------------------------|-------|
| Total Contribution Deduction | 2,335 |
|------------------------------|-------|

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

2022

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 Schedule D (Form 1041 or Form 1120)). See instructions | | 4a 13,883. | | 13,883. |
| 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 24 | | 5 11,225. | | 11,225. |
| 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 25,108. | | 25,108. |

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

| | | |
|--|-----------|-----------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 Salaries and wages | 2 | |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | 762. |
| 7 Depreciation (attach Form 4562). See instructions | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | 8b |
| 9 Depletion | 9 | |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) | 14 | |
| 15 Total deductions. Add lines 1 through 14 | 15 | 762. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | 24,346. |
| 17 Deduction for net operating loss. See instructions | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 24,346. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

| | | | | | |
|---|---|---|---|---|----|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Rent received or accrued | A | B | C | D |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0. |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 | Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

Part V Unrelated Debt-Financed Income (see instructions)

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

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

| 1. Name of controlled organization | | Exempt Controlled Organizations | | | | |
|------------------------------------|--|-----------------------------------|---|-------------------------------------|---|--|
| | | 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 | |

Schedule A (Form 990-T) 2022

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)

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| Form 990-T (A) | Income (Loss) from Partnerships | Statement 24 |
|--|---------------------------------|-------------------------|
| Description | | Net Income or (Loss) |
| Adamas Opportunities, L.P. - Other Portfolio income (loss) | | 11,225. |
| Total Included on Schedule A, Part I, line 5 | | 11,225. |

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 13,883. | | | 13,883. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | 13,883. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | |

Part III Summary of Parts I and II

| | | |
|--|-----------|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 13,883. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 13,883. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or LessSee instructions for how to figure the amounts
to enter on the lines below.This form may be easier to complete if you
round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 13,883. | | | 13,883. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | 13,883. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One YearSee instructions for how to figure the amounts
to enter on the lines below.This form may be easier to complete if you
round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | |

Part III Summary of Parts I and II

| | | |
|--|----|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 13,883. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 13,883. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.

▶ Keep this form for your records.

Taxpayer name

MAINE HEALTH ACCESS FOUNDATION, INC.

FEIN

01 0535144

Part I Electronically Filed States

MAINE

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize **BAKER NEWMAN & NOYES** to enter or generate my PIN **28512**
ERO firm name as my signature on my tax year 2022 electronically filed income tax return.
Enter five numbers, but do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Title ▶ **PRESIDENT & CEO****Part III Certification and Authentication**ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **01230528512**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶ **CONNOR SMART**  Date ▶ **10/31/2023****ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**

2022

Maine Corporate Income Tax Return
Form 1120ME

04

For calendar year
2022 or tax year01 01 2022 to 12 31 2022
MM DD YYYY MM DD YYYY

MAINE HEALTH ACCESS FOUNDATIO

523900 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

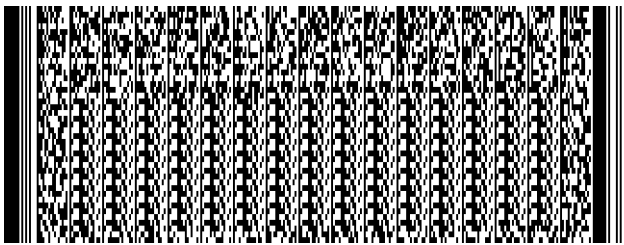
A LEONARD

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 and enter EIN
of pass-through entity below (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 13). If negative, enter a minus sign to the left of the number ... 1. 21773 .00

2. Income subtraction modifications (Form 1120ME, Schedule 1S, line 22) 2. .00

3. Income addition modifications (Form 1120ME, Schedule 1A, line 13) 3. .00

4. Adjusted federal taxable income (line 1 minus line 2 plus line 3) 4. 21773 .00

Tax:

5. Gross tax (from rate schedule on page 5 of instructions) 5. 762 .00

6. a. Maine corporate income tax (from line 5 above or Schedule A, line 5) 6a. 762 .00

b. Credit recapture (see instructions) 6b. .00

c. Total tax (add lines 6a and 6b) 6c. 762 .00

01 0535144

Federal EIN



04

Payments and credits:

7. a. **Maine estimated tax paid** 7a. 4595 .00

b. **Extension payment** (Form 1120EXT-ME) 7b. .00

c. **Tax credits** (Schedule C, line 1t 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. 4595 .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

b. If line 7g is greater than line 6c subtract line 6c
from line 7g and enter the **OVERPAYMENT** 8b. 3833 .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

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. 3833 .00

12. Amount of line 11 to be:

12a. **CREDITED** to next year's estimated tax 3833 .00 12b. **REFUNDED** .00

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

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

12c. Routing Number

12d. Checking Account

This return MUST BE ACCOMPANIED BY a legible copy of the corporation's federal return (i.e. federal Form 1120, federal pro forma, or federal consolidated return), for the same tax period.

Please submit forms in the following order:

1. Pages 1 through 3 of Form 1120ME.
2. Schedules 1S, 1A, C, and X, if applicable.
3. Form CR, if required, including affiliation schedule.
4. Other statements for the Maine income tax return.
5. A copy of federal Form 1120, federal pro forma, or federal consolidated return.

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 Schedule C 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) | | | 762 .00 |
| 5. Maine corporate income tax (line 4 x line 1 column C factor. Enter here and on Form 1120ME, line 6a) | | | 0 .00 |
| 6. What amount of line 3, column A is tangible personal property ? | | | .00 |

***Note:** Total Sales must exclude income claimed as a deduction on Form 1120ME, Schedule 1S, lines 5, 11, 12, and 13. Other limitations apply. See Schedule A instructions for additional information.

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.

CONNOR SMART

207 879 2100

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 Tax Department Email 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 & CEODate
103123
DateOfficer's Signature
BAKER NEWMAN & NOYES
PORTLAND, ME 04112

Signature and Address of Preparer (Individual or Firm)

Title
Social Security Number
P02285543
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