

October 11, 2024

Barbara A. Leonard, President & CEO
Maine Health Access Foundation
146 Capitol Street
Augusta, ME 04330

Dear Barbara:

Enclosed are the original and one copy of the 2023 Exempt Organization returns, as follows...

2023 Form 990-PF

2023 Form 990-T

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The Form 1120-ME and its related filing instructions are also included.

To avoid a 30% excise tax on undistributed income, the Foundation must, on or before December 31, 2024, make disbursements for charitable purposes of at least \$2,641,452. This does not include the additional amounts that must be expended to satisfy the corpus election payout requirements. Please adjust accordingly.

The returns were prepared from the information furnished by you. Please review the returns before signing to ensure that there are no omissions or misstatements of material facts. If you note anything which may require a change to the returns, please contact us before filing them.

Prior to preparing your returns, we asked questions to determine if you had any foreign financial accounts requiring disclosure with the tax returns on IRS Form 8938 and filing of U.S. Treasury Form FinCEN 114. We have prepared your tax returns based on the information you provided in response to these questions. If you indicated that you have no reportable interest in foreign financial accounts or you have not responded to our inquiries related to this request, your tax returns were prepared without any disclosure for these accounts. Otherwise, we have prepared your tax returns in

accordance with the information you provided to us and have made the appropriate disclosure on your return and have prepared Form FinCEN 114 and/or Form 8938 and the accompanying filing instructions.

Please be advised that there are significant civil and criminal penalties for non-disclosure and reporting of such accounts. Baker Newman Noyes will not be liable for any penalties resulting from your failure to provide us with accurate and timely information regarding such accounts or to timely file the required disclosure forms.

Tax Shelter Disclosure: Please remember that, although tax shelters can be perfectly legal, the IRS monitors this area closely, and disclosure requirements must be given the utmost consideration. As a taxpayer, you are required to disclose any transaction that the IRS deems "reportable." In general, reportable transactions include: certain listed or potential tax avoidance transactions; transactions that require keeping secret an advisor's tax strategies; transactions in which fees are contingent on your realization of tax benefits; and transactions that result in claiming certain sizable casualty losses.

If you have questions or believe that you may have participated in a reportable transaction, please contact your advisor at Baker Newman Noyes. In addition, the IRS maintains a tax shelter hotline that you may contact anonymously at (866) 775-7474. You are responsible for ensuring that you have properly disclosed all reportable transactions. Failure to make required disclosures will result in substantial penalties.

Furthermore, Baker Newman Noyes will not be liable where penalties arise from your failure to disclose reportable transactions. Please remember that our ability to assist you is limited to the information that you have provided us. Thus, your tax returns will not contain the appropriate disclosures unless you notify us about potential reportable transactions. Please contact us with any information or concerns about reportable transactions before filing your returns.

We sincerely appreciate this opportunity to serve you. Please

contact us if you have any questions or if we may be of further assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'N. Porto', with a long horizontal flourish extending to the right.

Nicholas E. Porto
Principal

Filing Instructions

Prepared for:

Barbara A. Leonard, President & CEO
Maine Health Access Foundation
146 Capitol Street
Augusta, ME 04330

Prepared by:

Baker Newman & Noyes
P.O. Box 507
Portland, ME 04112

2023 FORM 990-PF

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2024.

Form 990-PF has a balance due of \$229,450.

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

2023 FORM 990-T

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

Form 990-T has an overpayment of \$9,562. The entire overpayment has been applied to the estimated tax payments.

Filing Instructions

Prepared for:

Barbara A. Leonard, President & CEO
Maine Health Access Foundation
146 Capitol Street
Augusta, ME 04330

Prepared by:

Baker Newman & Noyes
P.O. Box 507
Portland, ME 04112

2023 MAINE FORM 1120ME

No payment is required with this return when filed.

This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8879-SO to our office. We will then transmit your return electronically to the ME DOR. Do not mail the paper copy of the return to the ME DOR.

Return Form 8879-SO to us by November 15, 2024.

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 2023, and ending 2020

2023

Department of the Treasury Internal Revenue Service

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

Name of filer

Maine Health Access Foundation, Inc.

EIN or SSN

01-0535144

Name and title of officer or person subject to tax

Barbara A. Leonard President & CEO

Part I Type of Return and Return Information

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

Table with 4 columns: Line number, Form type, Check box, Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

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 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize Baker Newman & Noyes

ERO firm name

to enter my PIN 12345

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 2023 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

Barbara A. Leonard

Date 10/16/2024

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 2023 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

Connor Smart

Date 10/11/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (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.

2023

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2023 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 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) \$ 144,323,858. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received | 9,205,399. | | 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 | 1,495. | 1,495. | | Statement 2 |
| | 4 Dividends and interest from securities | 1,775,139. | 1,775,139. | | Statement 3 |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 3,652,591. | | | Statement 1 |
| | b Gross sales price for all assets on line 6a 31,347,326. | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 14,147,617. | | |
| | 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 | 0. | 10,562,542. | | | |
| 12 Total. Add lines 1 through 11 | 14,634,624. | 26,486,793. | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 258,505. | 12,865. | | 245,640. |
| | 14 Other employee salaries and wages | 727,991. | 10,534. | | 717,457. |
| | 15 Pension plans, employee benefits | 250,585. | 1,731. | | 248,854. |
| | 16a Legal fees Stmt 4 | 4,193. | 0. | | 4,193. |
| | b Accounting fees Stmt 5 | 30,700. | 2,149. | | 28,551. |
| | c Other professional fees | | | | |
| | 17 Interest | | | | |
| | 18 Taxes Stmt 6 | 610,085. | 0. | | 0. |
| | 19 Depreciation and depletion | 20,822. | 0. | | |
| | 20 Occupancy | 116,969. | 0. | | 116,969. |
| | 21 Travel, conferences, and meetings | 171,215. | 0. | | 171,215. |
| | 22 Printing and publications | 13,317. | 0. | | 13,317. |
| | 23 Other expenses Stmt 7 | 1,117,319. | 462,090. | | 632,946. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 3,321,701. | 489,369. | | 2,179,142. |
| | 25 Contributions, gifts, grants paid | 5,461,420. | | | 6,113,536. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 8,783,121. | 489,369. | | 8,292,678. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements ... | 5,851,503. | | | | |
| b Net investment income (if negative, enter -0-) | | 25,997,424. | | | |
| 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 | 55,774. | 124,488. | 124,488. |
| | 2 Savings and temporary cash investments | 591,481. | 8,139,212. | 8,139,212. |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 90,980. | 71,930. | 71,930. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment: basis | | | |
| Less: accumulated depreciation | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other Stmt 10 | 120,394,000. | 135,687,740. | 135,687,740. | |
| 14 Land, buildings, and equipment: basis 230,974. | | | | |
| Less: accumulated depreciation Stmt 9 189,773. | 26,864. | 41,201. | 41,201. | |
| 15 Other assets (describe Statement 11) | 253,125. | 259,287. | 259,287. | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 121,412,224. | 144,323,858. | 144,323,858. | |
| Liabilities | 17 Accounts payable and accrued expenses | 44,690. | 47,923. | |
| | 18 Grants payable | 6,162,900. | 5,510,784. | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe Statement 12) | 565,125. | 1,180,326. | |
| 23 Total liabilities (add lines 17 through 22) | 6,772,715. | 6,739,033. | | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/> | | | |
| | 24 Net assets without donor restrictions | 114,639,509. | 137,584,825. | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/> | | | |
| | 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 | 114,639,509. | 137,584,825. | | |
| 30 Total liabilities and net assets/fund balances | 121,412,224. | 144,323,858. | | |

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 | 114,639,509. |
| 2 Enter amount from Part I, line 27a | 2 | 5,851,503. |
| 3 Other increases not included in line 2 (itemize) See Statement 8 | 3 | 17,093,813. |
| 4 Add lines 1, 2, and 3 | 4 | 137,584,825. |
| 5 Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 137,584,825. |

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 - purchased | P | | |
| b Publicly Traded Securities - donated | D | | |
| c Net Adjustment for Pass-through Losses | 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 20,852,300. | | 17,199,709. | 3,652,591. |
| b 9,234,917. | | | 9,234,917. |
| c 1,260,109. | | | 1,260,109. |
| d | | | |
| e | | | |

| (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 | | | 3,652,591. |
| b | | | 9,234,917. |
| c | | | 1,260,109. |
| d | | | |
| e | | | |

| | | | |
|--|---|---|-------------|
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | 14,147,617. |
| 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 | 361,364. |
| 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 | 361,364. |
| 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 | 361,364. |
| 6 Credits/Payments: | | |
| a 2023 estimated tax payments and 2022 overpayment credited to 2023 | 6a | 130,568. |
| b Exempt foreign organizations - tax withheld at source | 6b | 0. |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | 10,000. |
| d Backup withholding erroneously withheld | 6d | 0. |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 140,568. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached | 8 | 8,654. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed See Statement 13 | 9 | 229,450. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded | 11 | |

Part VI-A Statements Regarding Activities

| | Yes | No |
|---|-----------|------------|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u> | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u> | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | X |
| If "Yes," attach a detailed description of the activities. | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | X | |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | X | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | X | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | X |
| If "Yes," attach the statement required by <i>General Instruction T</i> . | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | X | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ ME | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | X |
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | X | |
| Website address <u>www.mehaf.org</u> | | |
| 14 The books are in care of <u>Barbara Leonard, M.P.H.</u> Telephone no. <u>(207) 620-8266</u> Located at <u>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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year | 15 | N/A |
| 16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | | |

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

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

| | Yes | No |
|--|-------|-----|
| 1a During the year, did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | X |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(2) | X |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | X |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | X |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 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 2023? | 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 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? | 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 2023 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 2023.) | 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 2023? | 4b | X |

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

| | Yes | No |
|--|-----|----|
| 5a During the year, did the foundation pay or incur any amount to: | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | | X |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | | X |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | X |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | X | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | | X |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions | | X |
| c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? See Statement 17 | X | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | | X |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | | X |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A | | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | X |

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

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

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| See Statement 16 | | 231,233. | 27,372. | 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 146 Capitol Street, Augusta, ME 04330 | Vice President for Programs 32.00 | 109,098. | 24,095. | 0. |
| Margo Beland 146 Capitol Street, Augusta, ME 04330 | Finance Manager 40.00 | 105,338. | 17,313. | 0. |
| Jake Grindle 146 Capitol Street, Augusta, ME 04330 | Senior Program Officer 40.00 | 90,958. | 28,016. | 0. |
| Frank Martinez Nocito 146 Capitol Street, Augusta, ME 04330 | Program Officer 40.00 | 84,530. | 33,031. | 0. |
| Charles Dwyer 146 Capitol Street, Augusta, ME 04330 | Senior Program Officer 40.00 | 87,763. | 16,062. | 0. |
| Total number of other employees paid over \$50,000 | | | | 3 |

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

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

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|-------------------------------|------------------|
| Silchester International Investors - 780 Third Avenue, 42nd Floor, New York, NY 10017 | Investment Fees | 199,110. |
| Principle Group 369 Lexington Avenue, New York, NY 10017 | Project and technical support | 131,797. |
| Partnerships for Health 112 State Street, Augusta, ME 04330 | Project and technical support | 111,313. |
| Prime Buchholz, LLC 273 Corporate Drive, Portsmouth, NH 03801 | Investment Fees | 93,449. |
| | | |
| | | |
| 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 18 | 228,095. |
| 2 See Statement 19 | 155,130. |
| 3 See Statement 20 | 141,000. |
| 4 See Statement 21 | 73,685. |

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. |

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 | 126,689,195. |
| b | Average of monthly cash balances | 1b | 9,369,036. |
| c | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 136,058,231. |
| 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 | 136,058,231. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 2,040,873. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 134,017,358. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 6,700,868. |

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 | 6,700,868. |
| 2a | Tax on investment income for 2023 from Part V, line 5 | 2a | 361,364. |
| b | Income tax for 2023. (This does not include the tax from Part V.) | 2b | |
| c | Add lines 2a and 2b | 2c | 361,364. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 6,339,504. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 22,000. |
| 5 | Add lines 3 and 4 | 5 | 6,361,504. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 6,361,504. |

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 | 8,292,678. |
| 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 | 35,159. |
| 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 | 8,327,837. |

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2023 from Part X, line 7 | | | | 6,361,504. |
| 2 Undistributed income, if any, as of the end of 2023: | | | | |
| a Enter amount for 2022 only | | | 4,607,785. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2023: | | | | |
| a From 2018 | | | | |
| b From 2019 | | | | |
| c From 2020 | | | | |
| d From 2021 | | | | |
| e From 2022 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2023 from Part XI, line 4: \$ 8,327,837. | | | | |
| a Applied to 2022, but not more than line 2a | | | 4,607,785. | |
| 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 2023 distributable amount | | | | 3,720,052. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2023 (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 2022. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 | | | | 2,641,452. |
| 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 2018 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2019 | | | | |
| b Excess from 2020 | | | | |
| c Excess from 2021 | | | | |
| d Excess from 2022 | | | | |
| e Excess from 2023 | | | | |

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 2023, enter the date of the ruling

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

Table with 5 columns: (a) 2023, (b) 2022, (c) 2021, (d) 2020, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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 22

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

c Any submission deadlines:

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

Part 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; Nova Grant | 50,000. |
| ACLU of Maine Foundation P.O. Box 7860 Portland, ME 04112 | N/A | PC | Health Advocacy; Nova Grant | 50,000. |
| Amistad, Inc. (d/b/a Commonsplace) 103 India Street Portland, ME 04101 | N/A | PC | Health Equity Capacity; Women's SUD; OD & Infection Initiative | 129,000. |
| An Angel's Wing, Inc. 1567 Lisbon Street Lewiston, ME 04240 | N/A | PC | Designated Charitable Gift | 1,800. |
| Aroostook Area Agency on Aging, Inc. 260 Main Street, Suite B Presque Isle, ME 04769 | N/A | PC | Public Health Emergency Response | 15,000. |
| Total | | | See continuation sheet(s) | 3a 6,113,536. |
| b Approved for future payment | | | | |
| AARP Foundation 601 E Street, NW Washington, DC 20049 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| ACLU of Maine Foundation P.O. Box 7860 Portland, ME 04112 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Amistad, Inc. (d/b/a Commonsplace) 103 India Street Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 95,000. |
| Total | | | See continuation sheet(s) | 3b 5,510,784. |

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|---|-------------------|
| Aroostook County Action Program, Inc. 771 Main Street Presque Isle, ME 04769 | N/A | PC | Public Health Emergency Unwinding | 15,000. |
| Aroostook Mental Health Services, Inc. (d/b/a AMHC) 180 Academy Street Presque Isle, ME 04769 | N/A | PC | Acquiring AED units for AMHC's Adult Facilities | 9,900. |
| Bangor Area Recovery Network, Inc. (a/k/a BARN) 142 Center Street Brewer, ME 04412 | N/A | PC | Designated Charitable Gift | 300. |
| Bangor Public Library 145 Harlow Street Bangor, ME 04401 | N/A | PC | Free Feminine Hygiene Product Dispensers | 1,955. |
| Bucksport Bay Healthy Communities Coalition 66 Bridge Street Bucksport, ME 04416 | N/A | PC | Designated Charitable Gift | 1,200. |
| Christine B. Foundation, Inc. 304 Hancock Street Bangor, ME 04401 | N/A | PC | 3-5 Year Strategic Framework; Cancer Community Needs Assessment | 37,500. |
| City of Bangor - Health & Community Services 103 Texas Avenue Bangor, ME 04401 | N/A | GOV | Community Equity through Collaboration and Connection | 50,000. |
| City of Portland - Portland Public Health & Human Services 389 Congress Street Portland, ME 04101 | N/A | GOV | Access to Care; Public Health Emergency Response; Nova Grant | 71,200. |
| Community Clinical Services 57 Birch Street Lewiston, ME 04240 | N/A | PC | Lewiston Response | 15,000. |
| Community Concepts 240 Bates Street Lewiston, ME 04240 | N/A | PC | Lewiston Response | 5,000. |
| Total from continuation sheets | | | | 5,867,736. |

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 |
|--|---|--------------------------------|--|----------|
| Community Housing of Maine One City Center, 4th Floor Portland, ME 04101 | N/A | PC | Charitable Gift | 500. |
| Consumers for Affordable Health Care Foundation P.O. Box 2490 Augusta, ME 04338-2490 | N/A | PC | Health Advocacy; PHE Response; Nova Grant; PHE Health Care Access | 196,200. |
| Cross Cultural Community Services 15 Casco Street Portland, ME 04102 | N/A | PC | Oral Health Equity Collab; BHM Wellness Fair; Older BIPOC Adv Comm | 82,000. |
| Daniel Hanley Center for Hlth Leadership (ME Medical Education Trust) P.O. Box 4606 Portland, ME 04112 | N/A | PC | Leadership Devlpmnt; Annual Event; Education Trust | 87,000. |
| Disability Rights Maine 160 Capitol Street Augusta, ME 04330 | N/A | PC | Health Advocacy; Public Health Emergency Response; Nova Grant | 111,200. |
| Eastern Area Agency on Aging 240 State Street Brewer, ME 04412 | N/A | PC | Public Health Emergency Response | 15,000. |
| Ellsworth Free Medical Clinic 248 State Street, Suite 16 Ellsworth, ME 04605 | N/A | PC | Access to Care; Nova Grant | 40,000. |
| Equality Maine Foundation P.O. Box 1951 Portland, ME 04104 | N/A | PC | Rebranding SAGE; Advocacy; Nova; LGB Competency in Sr Care Communities | 110,000. |
| Goodwill Industries of Northern New England 34 Hutcherson Drive Gorham, ME 04038 | N/A | PC | Improved Access to Self-Regulation | 2,500. |
| GrowSmart Maine 227 Water Street, Suite 215 Augusta, ME 04330 | N/A | PC | Creating Places for Connecting People | 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 |
|--|--|--------------------------------------|---|----------|
| H.O.M.E. Inc. 90 Schoolhouse Road Orland, ME 04472 | N/A | PC | 2023CGF-01 Board Meeting Speaker | 500. |
| Hand In Hand/Mano En Mano P.O. Box 573 Milbridge, ME 04658 | N/A | PC | Health Equity Capacity; Collaborative Grant | 104,903. |
| Health Equity Alliance 304 Hancock Street Bangor, ME 04401 | N/A | PC | Sexual Health and Wellness Center; Health Advocacy; Nova Grant | 100,000. |
| Healthy Peninsula P.O. Box 945 Blue Hill, ME 04614 | N/A | PC | Bridging Neighbors | 50,000. |
| Hope Brokers, Inc. 735 Cannon Road Pittsfield, ME 04967 | N/A | PC | Designated Charitable Gift | 1,200. |
| Hospice of Southern Maine 390 US Route 1 Scarborough, ME 04074 | N/A | PC | Thresholds Conference | 2,000. |
| In Her Presence 179 Mechanic Street Westbrook, ME 04092 | N/A | PC | Health Equity Capacity; MotherCircle; Collaborative Grant | 92,500. |
| Kennebec Behavioral Health 67 Eustis Parkway Waterville, ME 04901 | N/A | PC | Lewiston Response | 10,000. |
| Kennebec Valley Family Dentistry Ballard Center, Suite 420 Augusta, ME 04330 | N/A | PC | Purchase of Dental X-ray Sensor and Portable Nitrous Unit | 10,000. |
| Mabel Wadsworth Center 700 Mt. Hope Avenue, Suite 420 Bangor, ME 04401 | N/A | PC | Health Equity; Designated Char Gift; Collaborative Grant; Nova Grant | 62,800. |
| 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 Immigrant Network 237 Oxford Street, Suite 25A Portland, ME 04101 | N/A | PC | Health Equity Capacity; Public Health Emergency Response | 45,000. |
| Maine Access Points 51 Harpswell Road Brunswick, ME 04011-2549 | N/A | PC | Access to Peer-Led Harm Reduction Education in Rural Communities | 50,000. |
| Maine AllCare P.O. Box 5015 Portland, ME 04101 | N/A | PC | Study of Universal Health Coverage in Maine | 10,000. |
| Maine Association of the Deaf P.O. Box 327 Yarmouth, ME 04096 | N/A | PC | Lewiston Response | 5,000. |
| Maine Behavioral Health Foundation 295 Water Street Augusta, ME 04330 | N/A | PC | CCBHC Learning Collab; Access and Workforce Study; Health Advocacy; Nova | 166,000. |
| Maine Center for Economic Policy One Weston Court, Suite 103 Augusta, ME 04330 | N/A | PC | Health Advocacy; Nova Grant | 70,000. |
| Maine Chapter, American Academy of Pediatrics 30 Association Drive 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 | KIDS COUNT Data Book 2023; Health Advocacy; Nova Grant | 55,400. |
| Maine Community Foundation 245 Main Street Ellsworth, ME 04605 | N/A | PC | Investing in Ldrs of Clr; Oral Hlth Funders; Lewiston; Equit Fund; BIPOC Fund | 219,700. |
| Maine Community Integration 11 Lisbon Street Lewiston, ME 04240 | N/A | PC | Addressing Intergenerational Trauma; Lewiston Response | 44,000. |
| Total from continuation sheets | | | | |

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|---|----------|
| Maine Council On Aging P.O. Box 988 Brunswick, ME 04011 | N/A | PC | Care Access;CIE;Transportat Summit;PHE | 367,960. |
| Maine Development Foundation 2 Beech Street Hallowell, ME 04347 | N/A | PC | Centering Health and Prosperity in Maines Economy | 2,000. |
| Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330 | N/A | PC | Health Advocacy; Nova Grant; Coverage for Adult Immigrants | 120,000. |
| Maine Family Planning P.O. Box 587 Augusta, ME 04332-0587 | N/A | PC | Responding to Abortion Care Needs; Health Advocacy; Nova Grant | 110,000. |
| Maine Immigrant and Refugee Services 256 Bartlett Street Lewiston, ME 04243 | N/A | PC | Public Health Emergency Response | 15,000. |
| Maine Immigrants Rights Coalition 1 Marginal Way Portland, ME 04101 | N/A | PC | Designated Charitable Gift; Health Advocacy; Nova Grant | 55,600. |
| Maine Inside Out P.O. Box 1062 Lewiston, ME 04243 | N/A | PC | The Landing Spot; Support for Transformative School and Systems Change | 90,000. |
| Maine Long-Term Care Ombudsman Program 61 Winthrop Street Augusta, ME 04332 | N/A | PC | Engaging and Empowering Direct Care Workers Initiative | 2,000. |
| Maine Mental Health Connections, Inc. 2 Second Street Bangor, ME 04401 | N/A | PC | Health Equity Capacity | 30,000. |
| Maine Mobile Health Program 9 Green Street Augusta, ME 04332 | N/A | PC | Health Advocacy, Nova Grant; Public Health Emergency Response | 60,000. |
| Total from continuation sheets | | | | |

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|---|----------|
| Maine People's Resource Center 565 Congress Street #200 Portland, ME 04101 | N/A | PC | Housing- Social Determinants of Health; Health Advocacy; Nova Grant | 100,000. |
| Maine Philanthropy Center 15 Casco Street Portland, ME 04101 | N/A | PC | Conference Sponsorship | 5,000. |
| Maine Primary Care Association P.O. Box 5137 Augusta, ME 04330 | N/A | PC | Value Based Payment and Care; Health Advocacy; PHE Response; Nova Grant | 67,000. |
| Maine Prisoner Advocacy Coalition P.O. Box 446 Lisbon, ME 04250 | N/A | PC | Health Advocacy; Nova Grant | 56,200. |
| Maine Public Health Association 122 State Street Augusta, ME 04330 | N/A | PC | Health Advocacy; Nova Grant; Equity and Ethics in PH Research and Eval | 52,000. |
| Maine Resilience Building Network 227 Benson Road Manchester, ME 04351 | N/A | PC | Together We Can Thrive; Youth Thriving in Franklin County | 52,000. |
| Maine Seacoast Mission P.O. Box 600 Northeast Harbor, ME 04662 | N/A | PC | Access to Care; Nova Grant | 40,000. |
| Maine Transgender Network Inc. 15 Casco Street Portland, ME 04101 | N/A | PC | Health Equity; Collab Grant; Advocacy; Nova Grant; Transgender MH Pgm | 155,000. |
| Maine Women's Lobby Education Fund 295 Water Street Augusta, ME 04330 | N/A | PC | Health Advocacy; Nova Grant | 51,200. |
| MaineHealth - Access to Care/CarePartners/MedAccess 241 Oxford Street Portland, ME 04101 | N/A | PC | Public Health Emergency Response | 15,000. |
| 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 Farmington, ME 04938 | N/A | PC | Mobile Harm Reduction in Franklin County | 50,000. |
| MaineHealth - Maine Medical Center 22 Bramhall Street Portland, ME 04102 | N/A | PC | Addressing Health Equity in Child Development | 50,000. |
| Mainely Smiles (d/b/a Mainely Teeth) 166 Regan Lane Portland, ME 04103 | N/A | PC | Access to Care; Expansion of Oral Health Provider Network; Nova Grant | 90,000. |
| Medical Care Development (a/k/a MCD Global Health) 105 Second Street Hallowell, ME 04347 | N/A | PC | Maine Community Connections Centers | 25,000. |
| Mi'kmaq Nation 7 Northern Road Presque Isle, ME 04769 | N/A | GOV | Health Equity Capacity; Collaborative Grant | 64,100. |
| Mid-Coast Health Net, Inc. (d/b/a Knox County Health Clinic) 22 White Street Rockland, ME 04841 | N/A | PC | Access to Care; Nova Grant | 100,000. |
| Midcoast Community Alliance (d/b/a Midcoast Youth Center) 4 Old Brunswick Road Bath, ME 04530 | N/A | PC | Bringing Care to Sagadahoc County Youth & Young Adults | 30,000. |
| Midcoast Maine Community Action 34 Wing Farm Parkway Bath, ME 04530 | N/A | PC | Public Health Emergency Response | 15,000. |
| Millinocket Regional Hospital 200 Somerset Street Millinocket, ME 04462 | N/A | PC | MRH Cancer Support Groups | 5,000. |
| Mindbridge 428 Fore Street Portland, ME 04101 | N/A | PC | Healing Racial Trauma Initiative | 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 |
|---|---|--------------------------------|--|----------|
| NAMI Maine 52 Water Street Hallowell, ME 04347 | N/A | PC | Charitable Gift; Health Advocacy; Lewiston Response; Nova Grant | 75,000. |
| New England Arab American Organization 426 Bridge Street Portland, ME 04104 | N/A | PC | Health Equity; Collab Grant; Kindred Hearts; Fam Violence Hlth & Svcs | 142,500. |
| New England Rural Health Roundtable P.O. Box 1156 Richmond, VT 05477 | N/A | PC | Maine Rural Health Action Network | 3,550. |
| New Mainers Public Health Initiative 276 Lisbon Street Lewiston, ME 04240 | N/A | PC | Health Equity; Lewiston Response; PHE Response; PH Week; Collab Grant | 64,500. |
| Nibezen P.O. Box 387 Old Town, ME 04468 | N/A | PC | Increasing Wabanaki-Led Access to Natural Healing | 49,980. |
| Northern Light Acadia Hospital 268 Stillwater Avenue Bangor, ME 04401 | N/A | PC | Improving Access, Reducing Barriers to SUD Svcs at NLH Rural Hospitals | 50,000. |
| Northern New England Society of Addiction Medicine 749 Stetson Road Newport, ME 04953 | N/A | PC | 13th Annual Northern New England Educational Meeting 2023 | 2,000. |
| Oasis Free Clinics 66 Baribeau Drive Brunswick, ME 04011 | N/A | PC | Access to Care; Nova Grant | 100,000. |
| Opiate Free Island Partnership P.O. Box 295 Deer Isle, ME 04627 | N/A | PC | JACINTA | 3,500. |
| OUT Maine P.O. Box 1723 Rockland, ME 04841 | N/A | PC | Accessible, Equitable & Inclusive LGBTQ+ Youth Hlth & MH Svcs; Lewiston | 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 |
|--|--|--------------------------------------|---|----------|
| Partnership for Children's Oral Health P.O. Box 11 Yarmouth, ME 04096 | N/A | PC | Dental Steps Pilot; Maines Oral Health System: Financial Analysis | 69,000. |
| Passamaquoddy Tribe at Indian Township 401 Peter Dana Point Road Princeton, ME 04668 | N/A | GOV | Designated Charitable Gift | 11,200. |
| Penobscot Community Health Care 103 Maine Avenue Bangor, ME 04402 | N/A | PC | WJW Health Leadership Award | 10,000. |
| Penquis 262 Harlow Street Bangor, ME 04401 | N/A | PC | Public Health Emergency Response | 15,000. |
| Planned Parenthood of Northern New England 784 Hercules Drive, Suite 110 Colchester, VT 05446 | N/A | PC | Health Advocacy; Nova Grant | 100,000. |
| Portland Recovery Community Center 102 Bishop Street Portland, ME 04103 | N/A | PC | Strategic Planning | 5,000. |
| Presente! Maine P.O. Box 4202 Portland, ME 04101 | N/A | PC | Health Advocacy; Nova Grant | 56,200. |
| Quality Housing Coalition 188 State Street, Suite 402 Portland, ME 04103 | N/A | PC | Project HOME Health | 50,000. |
| Rangeley Health and Wellness Partnership P.O. Box 722 Rangeley, ME 04970 | N/A | PC | Access to Healthcare and Social Determinants of Health Resources | 30,000. |
| Resources for Organizing and Social Change P.O. Box 2444 Augusta, ME 04338-2444 | N/A | PC | Charitable Gift; Health Advocacy; Harm Reduction Works; Nova Grant | 51,900. |
| 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 |
|---|---|--------------------------------|--|----------|
| SafeBAE 32 Broad Cove Road Cape Elizabeth, ME 04107 | N/A | PC | SafeBAE Certified Schools Program | 50,000. |
| SeniorsPlus 8 Falcon Road Lewiston, ME 04240 | N/A | PC | Public Health Emergency Response | 15,000. |
| Somali Bantu Community Association 222 Pine Street Lewiston, ME 04240 | N/A | PC | Health Equity; Family & Youth Resources Coord; Collab Grant; Lewiston | 98,300. |
| Southern Maine Agency on Aging 30 Barra Road Biddeford, ME 04005 | N/A | PC | Public Health Emergency Response | 15,000. |
| Southern Maine Workers' Center 56 North Street Portland, ME 04101 | N/A | PC | Health Advocacy (2); Health Equity - Portland Outright; Nova Grant (2) | 125,000. |
| Spectrum Generations One Weston Court, Suite 103 Augusta, ME 04338 | N/A | PC | Greater Portland Addiction Collaborative Pilot | 15,000. |
| Spiritual Care Services of Maine 6 Ocean View Circle Saco, ME 04072 | N/A | PC | Outreach Referral Service | 9,100. |
| Spurwink 901 Washington Avenue Portland, ME 04103 | N/A | PC | Lewiston Response; Greater Portland Addiction Collaborative Pilot | 65,000. |
| St. Joseph Hospital 360 Broadway Bangor, ME 04402-1638 | N/A | PC | Island Communities Health Resource Assessment and Planning | 30,000. |
| Survivor Speak USA 409 Cumberland Avenue Portland, ME 04101 | N/A | PC | Health Equity Capacity | 30,000. |
| Total from continuation sheets | | | | |

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|---|---------|
| Sweetser 50 Moody Street Saco, ME 04072 | N/A | PC | Lewiston Response | 25,000. |
| The Opportunity Alliance 50 Lydia Lane South Portland, ME 04106 | N/A | PC | Lewiston Response | 15,000. |
| The Voices Project 6809 Armistead Street Las Vegas, NV 89149 | N/A | PC | Health Advocacy; Nova Grant | 50,000. |
| Thomas College 180 West River Road Waterville, ME 04901 | N/A | PC | Leadership Learning Exchange for Equity; Behavioral Health Strat Plan | 50,000. |
| Tree Street Youth 144 Howe Street Lewiston, ME 04240 | N/A | PC | Community-Led Target-Focused Program Design Project; Lewiston Response | 55,000. |
| Trekks 325 Old County Road Rockland, ME 04841 | N/A | PC | Midcoast Community Collaborative | 1,000. |
| Tri-County Mental Health Services P.O. Box 2008 Lewiston, ME 04241-2008 | N/A | PC | Lewiston Response | 25,000. |
| Trinity Jubilee Center 247 Bates Street Lewiston, ME 04240-7331 | N/A | PC | Access to Care; Nova Grant | 20,000. |
| United Way of Androscoggin County P.O. Box 888 Lewiston, ME 04243-0888 | N/A | PC | Lewiston Response | 20,000. |
| University of Maine, Center on Aging Camden Hall Bangor, ME 04401-4324 | N/A | GOV | 18th Annual Clinical Geriatrics Colloquium | 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 |
|---|---|--------------------------------|--|---------|
| University of Maine/Margaret Chase Smith Center for Public Policy 5715 Coburn Hall Orono, ME 04469-5715 | N/A | GOV | A Needs Assessment on Childhood Brain Injury in Maine | 9,988. |
| University of New England 716 Stevens Avenue Portland, ME 04103 | N/A | PC | Empowering New Mainer Youth to Explore and Pursue Health Careers | 50,000. |
| Uplift, Inc. P.O. Box 1106 Gardiner, ME 04345 | N/A | PC | MACSP 2023 Statewide Direct Support Conference | 2,000. |
| Wabanaki Public Health and Wellness 1 Merchant Plaza, Suite 401 Bangor, ME 04401 | N/A | PC | Health Equity Capacity; PHE Response; Charitable Gift | 76,500. |
| Waldo Community Action Partners P.O. Box 130; 9 Field Street Belfast, ME 04918 | N/A | PC | Public Health Emergency Response | 15,000. |
| Wellspring, Inc. 98 Cumberland Street Bangor, ME 04401 | N/A | PC | Strategic Planning | 7,000. |
| Western Maine Addiction Recovery Initiative 235 Main Street Norway, ME 04268 | N/A | PC | Peer-Led Recovery Support for Rural Communities in Western Maine | 50,000. |
| Western Maine Community Action P.O. Box 200 East Wilton, ME 04234 | N/A | PC | Public Health Emergency Response | 20,000. |
| Woodfords Family Service 15 Saunders Way Suite 900 Westbrook, ME 04092 | N/A | PC | Psychiatric Primary Care Physician Consultation Program | 50,000. |
| 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 |
|--|---|--------------------------------|--|-------------------|
| City of Bangor, Health & Community Services 103 Texas Avenue Bangor, ME 04401 | N/A | GOV | Health Advocacy and Health Care Programs | 50,000. |
| City of Portland - Portland Public Health & Human Services 389 Congress Street Portland, ME 04101 | N/A | GOV | Health Advocacy and Health Care Programs | 90,000. |
| Consumers for Affordable Health Care P.O. Box 2490 Augusta, ME 04338-2490 | N/A | PC | Health Advocacy and Health Care Programs | 210,000. |
| Daniel Hanley Center for Hlth Leadership (ME Medical Education Trust) P.O. Box 4606 Portland, ME 04112 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Disability Rights Maine 160 Capitol Street Augusta, ME 04330 | N/A | PC | Health Advocacy and Health Care Programs | 135,000. |
| Ellsworth Free Medical Clinic 248 State Street, Suite 16 Ellsworth, ME 04605 | N/A | PC | Health Advocacy and Health Care Programs | 60,000. |
| EqualityMaine P.O. Box 1951 Portland, ME 04104 | N/A | PC | Health Advocacy and Health Care Programs | 125,000. |
| Hand In Hand/Mano En Mano P.O. Box 573 Milbridge, ME 04658 | N/A | PC | Health Advocacy and Health Care Programs | 95,000. |
| Health Equity Alliance 304 Hancock Street Bangor, ME 04401 | N/A | PC | Health Advocacy and Health Care Programs | 125,000. |
| Healthy Peninsula P.O. Box 945 Blue Hill, ME 04614 | N/A | PC | Health Advocacy and Health Care Programs | 50,000. |
| Total from continuation sheets | | | | 5,265,784. |

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 |
|--|---|--------------------------------|--|----------|
| In Her Presence 179 Mechanic Street Westbrook, ME 04092 | N/A | PC | Health Advocacy and Health Care Programs | 95,000. |
| Mabel Wadsworth Center 700 Mt. Hope Avenue, Suite 420 Bangor, ME 04401 | N/A | PC | Health Advocacy and Health Care Programs | 120,000. |
| Maine Access Immigrant Network 237 Oxford Street, Suite 25A Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 95,000. |
| Maine Behavioral Health Foundation 295 Water Street Augusta, ME 04330 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Maine Center for Economic Policy One Weston Court, Suite 103 Augusta, ME 04330 | N/A | PC | Health Advocacy and Health Care Programs | 135,000. |
| Maine Children's Alliance 331 State Street Augusta, ME 04330 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Maine Community Foundation 245 Main Street Ellsworth, ME 04605 | N/A | PC | Health Advocacy and Health Care Programs | 193,000. |
| Maine Council On Aging P.O. Box 988 Brunswick, ME 04011 | N/A | PC | Health Advocacy and Health Care Programs | 256,420. |
| Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330 | N/A | PC | Health Advocacy and Health Care Programs | 135,000. |
| Maine Family Planning P.O. Box 587 Augusta, ME 04332-0587 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Total from continuation sheets | | | | |

Part XIV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|---|----------|
| Maine Immigrants Rights Coalition (MIRC) 1 Marginal Way Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Maine Mental Health Connections, Inc. P.O. Box 4606 Portland, ME 04112 | N/A | PC | Health Advocacy and Health Care Programs | 120,000. |
| Maine Mobile Health Program 9 Green Street Augusta, ME 04332 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Maine People's Resource Center 565 Congress Street #200 Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Maine Primary Care Association P.O. Box 5137 Augusta, ME 04330 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Maine Prisoner Advocacy Coalition P.O. Box 446 Lisbon, ME 04250 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Maine Public Health Association 122 State Street Augusta, ME 04330 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Maine Resilience Building Network 227 Benson Road Manchester, ME 04351 | N/A | PC | Health Advocacy and Health Care Programs | 50,000. |
| Maine Seacoast Mission P.O. Box 600 Northeast Harbor, ME 04662 | N/A | PC | Health Advocacy and Health Care Programs | 60,000. |
| Maine Transgender Network Inc. 15 Casco Street Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 220,000. |
| 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 Women's Lobby Education Fund 295 Water Street Augusta, ME 04330 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Mainely Smiles d.b.a Mainely Teeth 166 Regan Lane Portland, ME 04103 | N/A | PC | Health Advocacy and Health Care Programs | 110,000. |
| Mi'kmaq Nation 7 Northern Road Presque Isle, ME 04769 | N/A | GOV | Health Advocacy and Health Care Programs | 120,000. |
| Mid-Coast Health Net, Inc. dba Knox County Health Clinic 22 White Street Rockland, ME 04841 | N/A | PC | Health Advocacy and Health Care Programs | 150,000. |
| Mindbridge 428 Fore Street Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 50,000. |
| NAMI Maine 52 Water Street Hallowell, ME 04347 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| New England Arab American Organization 426 Bridge Street Portland, ME 04010 | N/A | PC | Health Advocacy and Health Care Programs | 170,000. |
| New Mainers Public Health Initiative 276 Lisbon Street Lewiston, ME 04240 | N/A | PC | Health Advocacy and Health Care Programs | 95,000. |
| Oasis Free Clinics 66 Baribeau Drive Brunswick, ME 04011 | N/A | PC | Health Advocacy and Health Care Programs | 150,000. |
| Planned Parenthood of Northern New England 784 Hercules Drive, Suite 110 Colchester, VT 05446 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Total from continuation sheets | | | | |

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|--|----------|
| Presente! Maine P.O. Box 4202 Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Quality Housing Coalition 188 State Street, Suite 402 Portland, ME 04103 | N/A | PC | Health Advocacy and Health Care Programs | 50,000. |
| Resources for Organizing and Social Change P.O. Box 2444 Augusta, ME 04338-2444 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Somali Bantu Community Association 222 Pine Street Lewiston, ME 04240 | N/A | PC | Health Advocacy and Health Care Programs | 161,364. |
| Southern Maine Workers' Center 56 North Street Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 245,000. |
| Spurwink 901 Washington Avenue Portland, ME 04103 | N/A | PC | Health Advocacy and Health Care Programs | 50,000. |
| Survivor Speak USA 409 Cumberland Avenue Portland, ME 04101 | N/A | PC | Health Advocacy and Health Care Programs | 120,000. |
| The Voices Project 6809 Armistead Street Las Vegas, NV 89149 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Trinity Jubilee Center 247 Bates Street Lewiston, ME 04240-7331 | N/A | PC | Health Advocacy and Health Care Programs | 30,000. |
| Wabanaki Public Health and Wellness 1 Merchant Plaza, Suite 401 Bangor, ME 04401 | N/A | PC | Health Advocacy and Health Care Programs | 75,000. |
| Total from continuation sheets | | | | |

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | Tufts Medical Center 800 Washington Street Boston, MA 02111 | \$ 14,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | MacKenzie Scott c/o Yield Giving Seattle, WA 98101 | \$ 9,191,399. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 2 | 96,660 Shares Amazon Stock | \$ 9,191,399. | 01/12/23 |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

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

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

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

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. Form 990-PF

2023

Go to www.irs.gov/Form2220 for instructions and the latest information.

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

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

| Part I Required Annual Payment | | | |
|---------------------------------------|--|----|----------|
| 1 | Total tax (see instructions) | 1 | 361,364. |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | |
| 2b | Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | |
| 2c | Credit for federal tax paid on fuels (see instructions) | 2c | |
| 2d | Total. Add lines 2a through 2c | 2d | |
| 3 | Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | 3 | 361,364. |
| 4 | Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | 4 | 21,282. |
| 5 | Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | 21,282. |

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

| Part III Figuring the Underpayment | | (a) | (b) | (c) | (d) |
|--|--|----------|----------|----------|----------|
| 9 | Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 05/15/23 | 06/15/23 | 09/15/23 | 12/15/23 |
| 10 | Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 5,321. | 175,362. | 90,341. | 10,776. |
| 11 | Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions | 130,568. | | | |
| Complete lines 12 through 18 of one column before going to the next column. | | | | | |
| 12 | Enter amount, if any, from line 18 of the preceding column | | 125,247. | | |
| 13 | Add lines 11 and 12 | | 125,247. | | |
| 14 | Add amounts on lines 16 and 17 of the preceding column | | | 50,115. | 140,456. |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 130,568. | 125,247. | 0. | 0. |
| 16 | If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | | 0. | 50,115. | |
| 17 | Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | | 50,115. | 90,341. | 10,776. |
| 18 | Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 125,247. | | | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|--|-----------|------------------------|-----|-----------|
| 19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | 19 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2023 and before 7/1/2023 | 21 | | | |
| 22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 7\%$ (0.07) ... | 22 | \$ | \$ | \$ |
| 23 Number of days on line 20 after 6/30/2023 and before 10/1/2023 | 23 | | | |
| 24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 7\%$ (0.07) ... | 24 | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2023 and before 1/1/2024 | 25 | | | |
| 26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 8\%$ (0.08) ... | 26 | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2023 and before 4/1/2024 | 27 | See Attached Worksheet | | |
| 28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366} \times 8\%$ (0.08) ... | 28 | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2024 and before 7/1/2024 | 29 | | | |
| 30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366} \times \%$ | 30 | \$ | \$ | \$ |
| 31 Number of days on line 20 after 6/30/2024 and before 10/1/2024 | 31 | | | |
| 32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366} \times \%$ | 32 | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2024 and before 1/1/2025 | 33 | | | |
| 34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366} \times \%$ | 34 | \$ | \$ | \$ |
| 35 Number of days on line 20 after 12/31/2024 and before 3/16/2025 | 35 | | | |
| 36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$ | 36 | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 | \$ | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns | 38 | | | \$ 8,654. |

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1-3), calculations (4-6), and final tax amounts (14-19).

Part II Annualized Income Installment Method

| | | (a) | (b) | (c) | (d) |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | | First <u>2</u> months | First <u>3</u> months | First <u>6</u> months | First <u>9</u> months |
| 20 | Annualization periods (see instructions) | | | | |
| 21 | Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items | 10,561,620. | 11,224,972. | 13,215,026. | 15,205,081. |
| 22 | Annualization amounts (see instructions) | 6.000000 | 4.000000 | 2.000000 | 1.333330 |
| 23a | Annualized taxable income. Multiply line 21 by line 22 | 63,369,720. | 44,899,888. | 26,430,052. | 20,273,391. |
| 23b | Extraordinary items (see instructions) | | | | |
| 23c | Add lines 23a and 23b | 63,369,720. | 44,899,888. | 26,430,052. | 20,273,391. |
| 24 | Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return | 880,839. | 624,108. | 367,378. | 281,800. |
| 25 | Enter any alternative minimum tax (trusts only) for each payment period. See instructions | | | | |
| 26 | Enter any other taxes for each payment period. See instr. | | | | |
| 27 | Total tax. Add lines 24 through 26 | 880,839. | 624,108. | 367,378. | 281,800. |
| 28 | For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions | | | | |
| 29 | Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- | 880,839. | 624,108. | 367,378. | 281,800. |
| 30 | Applicable percentage | 25% | 50% | 75% | 100% |
| 31 | Multiply line 29 by line 30 | 220,210. | 312,054. | 275,534. | 281,800. |

Part III Required Installments

| Note: Complete lines 32 through 38 of one column before completing the next column. | | | | | |
|--|--|--------------------|--------------------|--------------------|--------------------|
| | | 1st installment | 2nd installment | 3rd installment | 4th installment |
| 32 | If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31 | 220,210. | 312,054. | 275,534. | 281,800. |
| 33 | Add the amounts in all preceding columns of line 32. See instructions | | 5,321. | 180,683. | 271,024. |
| 34 | Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- | 220,210. | 306,733. | 94,851. | 10,776. |
| 35 | Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter | 5,321. | 175,362. | 90,341. | 90,341. |
| 36 | Subtract line 38 of the preceding column from line 37 of the preceding column | | | | |
| 37 | Add lines 35 and 36 | 5,321. | 175,362. | 90,341. | 90,341. |
| 38 | Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions | 5,321. | 175,362. | 90,341. | 10,776. |

Form 2220 (2023)

**** Annualized Income Installment Method Using Standard Option**

Form 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| Name(s) Maine Health Access Foundation, Inc. | | | | | Identifying Number 01-0535144 |
|--|---------------|--------------------------------|-----------------------------------|------------------------------|---|
| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) Daily Penalty Rate | (F) Penalty |
| | | -0- | | | |
| 05/15/23 | 5,321. | 5,321. | | | |
| 05/15/23 | -130,568. | -125,247. | | | |
| 06/15/23 | 175,362. | 50,115. | 92 | .000191781 | 884. |
| 09/15/23 | 90,341. | 140,456. | 15 | .000191781 | 404. |
| 09/30/23 | 0. | 140,456. | 76 | .000219178 | 2,340. |
| 12/15/23 | 10,776. | 151,232. | 16 | .000219178 | 530. |
| 12/31/23 | 0. | 151,232. | 136 | .000218579 | 4,496. |
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| | | | | | |
| | | | | | |
| Penalty Due (Sum of Column F) | | | | | 8,654. |

* Date of estimated tax payment, withholding credit date or installment due date.

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 | | | Purchased | | |
| (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense of Sale | (e) Deprec. | (f) Gain or Loss | |
| 20,852,300. | 17,199,709. | 0. | 0. | 3,652,591. | |

| (a) Description of Property | | | Manner Acquired | Date Acquired | Date Sold |
|--------------------------------------|---------------------------------|---------------------------|--------------------|---------------------|-----------|
| Publicly Traded Securities - donated | | | Donated | | |
| (b) Gross Sales Price | (c) Value at Time of Acq. | (d) Expense of Sale | (e) Deprec. | (f) Gain or Loss | |
| 9,234,917. | 9,234,917. | 0. | 0. | 0. | |

| (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 | |
| 1,260,109. | 1,260,109. | 0. | 0. | 0. | |

| | | | | | |
|---------------------------------------|--|--|--|--|------------|
| Capital Gains Dividends from Part IV | | | | | 0. |
| Total to Form 990-PF, Part I, line 6a | | | | | 3,652,591. |

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 | 1,495. | 1,495. | |
| Total to Part I, line 3 | 1,495. | 1,495. | |

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 | 1,775,139. | 0. | 1,775,139. | 1,775,139. | |
| To Part I, line 4 | 1,775,139. | 0. | 1,775,139. | 1,775,139. | |

Form 990-PF Legal Fees Statement 4

| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Legal | 4,193. | 0. | | 4,193. |
| To Fm 990-PF, Pg 1, ln 16a | 4,193. | 0. | | 4,193. |

Form 990-PF Accounting Fees Statement 5

| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Accounting | 30,700. | 2,149. | | 28,551. |
| To Form 990-PF, Pg 1, ln 16b | 30,700. | 2,149. | | 28,551. |

| Form 990-PF | Taxes | | | Statement | 6 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | |
| Excise taxes | 610,085. | 0. | | 0. | |
| To Form 990-PF, Pg 1, ln 18 | 610,085. | 0. | | 0. | |

| Form 990-PF | Other Expenses | | | Statement | 7 |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | |
| Office supplies & expenses | 26,772. | 0. | | 26,772. | |
| Website development and maintenance | 3,721. | 0. | | 3,721. | |
| Insurance | 12,356. | 0. | | 12,356. | |
| Telecommunications | 9,045. | 0. | | 9,045. | |
| Investment fees | 462,090. | 462,090. | | 0. | |
| Program related expenses: consultants/contracts | 103,780. | 0. | | 103,780. | |
| Program related expenses: conferences | 39,283. | 0. | | 39,283. | |
| Program related expenses: grant management | 45,535. | 0. | | 45,535. | |
| Program related expenses: technical assistance | 144,713. | 0. | | 144,713. | |
| Program related expenses: miscellaneous | 5,929. | 0. | | 5,929. | |
| Program related expenses: evaluation | 118,967. | 0. | | 118,967. | |
| Program related expenses: needs assessment | 13,339. | 0. | | 13,339. | |
| Program related expenses: Nova Funds initiative | 130,220. | 0. | | 130,220. | |
| Payroll Administration | 1,569. | 0. | | 1,569. | |
| Accrual to cash conversion: operating expenses | 0. | 0. | | -22,283. | |
| To Form 990-PF, Pg 1, ln 23 | 1,117,319. | 462,090. | | 632,946. | |

| Form 990-PF | Other Increases in Net Assets or Fund Balances | Statement | 8 |
|---|--|---------------|---|
| <u>Description</u> | | <u>Amount</u> | |
| Net unrealized gain on investments | | 17,071,813. | |
| Recoveries of amounts treated as qualifying distributions | | 22,000. | |
| Total to Form 990-PF, Part III, line 3 | | 17,093,813. | |

| Form 990-PF | Depreciation of Assets Not Held for Investment | Statement | 9 | |
|---------------------------|--|-------------------------------------|-------------------|------------------------------|
| <u>Description</u> | <u>Cost or Other Basis</u> | <u>Accumulated Depreciation</u> | <u>Book Value</u> | <u>Fair Market Value</u> |
| Office equipment | 230,974. | 189,773. | 41,201. | 41,201. |
| To 990-PF, Part II, ln 14 | 230,974. | 189,773. | 41,201. | 41,201. |

| Form 990-PF | Other Investments | Statement | 10 |
|--|-----------------------------|-------------------|------------------------------|
| <u>Description</u> | <u>Valuation Method</u> | <u>Book Value</u> | <u>Fair Market Value</u> |
| Adage Capital Partners | FMV | 31,835,900. | 31,835,900. |
| BlackRock Strategic Income | FMV | 5,168,968. | 5,168,968. |
| Colchester Global LP | FMV | 3,462,069. | 3,462,069. |
| FPA Crescent Fund | FMV | 6,882,797. | 6,882,797. |
| Metropolitan West Total Return | FMV | 3,578,187. | 3,578,187. |
| Nyes Ledge Capital Offshore Fund | FMV | 5,298,899. | 5,298,899. |
| Silchester International | FMV | 21,628,593. | 21,628,593. |
| SSGA Real Asset Fund | FMV | 9,467,167. | 9,467,167. |
| Vanguard FTSE | FMV | 4,242,671. | 4,242,671. |
| Vanguard Long Term Treasury | FMV | 2,399,510. | 2,399,510. |
| Vanguard Total International | FMV | 9,628,828. | 9,628,828. |
| Vanguard Total Stock Market Index | FMV | 12,316,124. | 12,316,124. |
| Wellington Emerging Markets | FMV | 3,333,576. | 3,333,576. |
| Farallon F5 Fund | FMV | 3,450,272. | 3,450,272. |
| Wellington SMID | FMV | 6,284,127. | 6,284,127. |
| Generation Global | FMV | 6,710,052. | 6,710,052. |
| Total to Form 990-PF, Part II, line 13 | | 135,687,740. | 135,687,740. |

| Form 990-PF | Other Assets | | Statement 11 |
|----------------------------------|----------------------------|------------------------|-------------------|
| Description | Beginning of Yr Book Value | End of Year Book Value | Fair Market Value |
| Refundable income taxes | 144,000. | 0. | 0. |
| Right-of-use assets | 109,125. | 259,287. | 259,287. |
| To Form 990-PF, Part II, line 15 | 253,125. | 259,287. | 259,287. |

| Form 990-PF | Other Liabilities | | Statement 12 |
|--|-------------------|------------|--------------|
| Description | BOY Amount | EOY Amount | |
| Deferred tax liability | 456,000. | 696,000. | |
| Operating lease liability | 109,125. | 258,271. | |
| Excise taxes payable | 0. | 226,055. | |
| Total to Form 990-PF, Part II, line 22 | 565,125. | 1,180,326. | |

| Form 990-PF | Interest and Penalties | | Statement 13 |
|----------------------------------|------------------------|--|--------------|
| Tax due from Form 990-PF, Part V | | | 220,796. |
| Underpayment penalty | | | 8,654. |
| Late payment interest | | | 9,060. |
| Late payment penalty | | | 6,624. |
| Total Amount Due | | | 245,134. |

| Form 990-PF | Late Payment Interest | | | | Statement 14 | |
|-----------------------------|-----------------------|----------|----------|-------|--------------|----------|
| Description | Date | Amount | Balance | Rate | Days | Interest |
| Tax due | 05/15/24 | 230,796. | 230,796. | .0800 | | |
| Extension payment | 05/15/24 | -10,000. | 220,796. | .0800 | 184 | 9,060. |
| Date filed | 11/15/24 | | 229,856. | | | |
| Total late payment interest | | | | | | 9,060. |

| Form 990-PF | Late Payment Penalty | | | Statement | 15 |
|----------------------------|----------------------|----------|----------|-----------|---------|
| Description | Date | Amount | Balance | Months | Penalty |
| Tax due | 05/15/24 | 230,796. | 230,796. | | |
| Extension payment | 05/15/24 | -10,000. | 220,796. | 6 | 6,624. |
| Date filed | 11/15/24 | | 220,796. | | |
| Total late payment penalty | | | | | 6,624. |

Form 990-PF Part VII - List of Officers, Directors Trustees and Foundation Managers Statement 16

| Name and Address | Title and Avrg Hrs/Wk | Compen- sation | Employee Ben Plan Contrib | Expense Account |
|---|--------------------------------|----------------|---------------------------|-----------------|
| Barbara Leonard 146 Capitol Street Augusta, ME 04330 | President & CEO 40.00 | 229,933. | 27,372. | 0. |
| Toho Soma, MPH 146 Capitol Street Augusta, ME 04330 | Chair 4.00 | 700. | 0. | 0. |
| Christy Daggett, MPP 146 Capitol Street Augusta, ME 04330 | Trustee (start 4/2023) 3.00 | 400. | 0. | 0. |
| Tracey Hair 146 Capitol Street Augusta, ME 04330 | Trustee (start 4/2023) 2.00 | 200. | 0. | 0. |
| Elizabeth Bordowitz 146 Capitol Street Augusta, ME 04330 | Trustee 3.00 | 0. | 0. | 0. |
| Barbara Crider 146 Capitol Street Augusta, ME 04330 | Trustee 3.00 | 0. | 0. | 0. |
| Dennis King, FACHE 146 Capitol Street Augusta, ME 04330 | Trustee 2.00 | 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 3.00 | 0. | 0. | 0. |
| Grace Odimayo, DMD 146 Capitol Street Augusta, ME 04330 | Trustee 2.00 | 0. | 0. | 0. |
| Anita Ruff 146 Capitol Street Augusta, ME 04330 | Trustee (start 4/2023) 2.00 | 0. | 0. | 0. |
| Abdulkerim Said, BASc, HRTC/A, CHW 146 Capitol Street Augusta, ME 04330 | Trustee 2.00 | 0. | 0. | 0. |
| Ian Yaffe 146 Capitol Street Augusta, ME 04330 | Trustee 2.00 | 0. | 0. | 0. |
| Catherine Ryder, LCPC ACS 146 Capitol Street Augusta, ME 04330 | Chair (end 4/2023) 3.00 | 0. | 0. | 0. |
| Susan Roche, Esq. 146 Capitol Street Augusta, ME 04330 | Vice Chair 3.00 | 0. | 0. | 0. |
| Edward Miller, MS 146 Capitol Street Augusta, ME 04330 | Treasurer 3.00 | 0. | 0. | 0. |
| Clarissa Sabattis, RN 146 Capitol Street Augusta, ME 04330 | Secretary 3.00 | 0. | 0. | 0. |

| | | | |
|---|----------|---------|----|
| Totals included on 990-PF, Page 6, Part VII | 231,233. | 27,372. | 0. |
|---|----------|---------|----|

Form 990-PF

Expenditure Responsibility Statement
Part VI-B, Line 5d

Statement 17

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. | 04/27/23 |

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.

Grantee's Name

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.

Grantee's Address

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

| <u>Grant Amount</u> | <u>Date of Grant</u> | <u>Amount Expended</u> | <u>Verification Date</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 20,000. | 07/18/22 | 20,000. | 09/13/23 |

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 recieved September 13, 2023

Any Diversion by Grantee

None

Results of Verification

MeHAF received narrative and financial reports from the grantee on September 13, 2023. 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 2, 2023

Form 990-PF Summary of Direct Charitable Activities Statement 18

Activity One

Nova Fund: In January 2023, MeHAF received an unsolicited gift of just over \$9 million given by philanthropist MacKenzie Scott. MeHAF's Board approved spending of the funds within 3 - 5 years of receipt. The proceeds of the gift have been named the Nova Fund. In March 2023, a rapid planning process with the Board, Community Advisory Committee, and staff yielded a high-level plan for allocation of the funds to the following categories: Health Justice Movement Building; Health Care Workforce; Fiscal Support Strategies for Small Health-Focused Nonprofits; Crisis Response; Increased Funding for Current/Recent Priorities; Big Ideas. During 2023, beyond grants made to current/recent priorities that are reflected elsewhere in this tax return, a multi-day planning retreat was held to begin planning for Health Justice Movement Building.

Expenses

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

228,095.

Form 990-PF Summary of Direct Charitable Activities Statement 19

Activity Two

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.

Expenses

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

155,130.

| | | | |
|-------------|---|-----------|----|
| Form 990-PF | Summary of Direct Charitable Activities | Statement | 20 |
|-------------|---|-----------|----|

Activity Three

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. Support includes technical assistance and program evaluation.

Expenses

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

141,000.

| | | | |
|-------------|---|-----------|----|
| Form 990-PF | Summary of Direct Charitable Activities | Statement | 21 |
|-------------|---|-----------|----|

Activity Four

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 4

73,685.

General Explanation

Statement 23

Form/Line Identifier and Description/Return Reference

Form 990-PF General Explanation - Mission Statement:

Explanation:

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

To learn more about MeHAF's grantmaking in 2023 and prior years, please see annual reports on the MeHAF website:

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

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 2023, and ending 2023

2023

Department of the Treasury Internal Revenue Service

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

Name of filer

Maine Health Access Foundation, Inc.

EIN or SSN

01-0535144

Name and title of officer or person subject to tax Barbara A. Leonard President & CEO

Part I Type of Return and Return Information

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

Table with 10 rows (1a-10a) and 2 columns (b Total revenue, b Total tax, etc.) with checkboxes and numerical input fields.

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) Baker Newman & Noyes, (EIN) 01-0535144 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

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

as my signature on the tax year 2023 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 2023 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

Barbara A. Leonard

Date 10/16/2024

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 2023 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 10/11/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2023)

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

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

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

| | | | |
|---|------------------------------|---|---|
| <p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Maine Health Access Foundation, Inc.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 146 Capitol Street</p> <p>City or town, state or province, country, and ZIP or foreign postal code Augusta, ME 04330</p> | <p>D Employer identification number 01-0535144</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
| <p>C Book value of all assets at end of year 144,467,858.</p> | | | |
| <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity</p> | | | |
| <p>H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800</p> | | | |
| <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p> | | | |
| <p>J Enter the number of attached Schedules A (Form 990-T) 1</p> | | | |
| <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation</p> | | | |
| <p>L The books are in care of Barbara Leonard, M.P.H. Telephone number (207) 620-8266</p> | | | |

| | |
|---------------|---|
| Part I | Total Unrelated Business Taxable Income |
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ... 0. |
| 2 | Reserved |
| 3 | Add lines 1 and 2 |
| 4 | Charitable contributions (see instructions for limitation rules) 0. |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 |
| 6 | Deduction for net operating loss. See instructions |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 |
| 8 | Specific deduction (generally \$1,000, but see instructions for exceptions) 1,000. |
| 9 | Trusts. Section 199A deduction. See instructions |
| 10 | Total deductions. Add lines 8 and 9 1,000. |
| 11 | Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 0. |

| | |
|----------------|--|
| Part II | Tax Computation |
| 1 | Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 0. |
| 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) 0. |
| 3 | Proxy tax. See instructions |
| 4 | Other tax amounts. See instructions |
| 5 | Alternative minimum tax |
| 6 | Tax on noncompliant facility income. See instructions |
| 7 | Total. Add lines 3 through 6 to line 1 or 2, whichever applies 0. |

| | | | |
|-----------------|--|--|-----------|
| 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 | | 0. |
| 3a | Amount due from Form 4255 3a | | |
| b | Amount due from Form 8611 3b | | |
| c | Amount due from Form 8697 3c | | |
| d | Amount due from Form 8866 3d | | |
| e | Other amounts due (see instructions) 3e | | |
| f | Total amounts due. Add lines 3a through 3e 3f | | 0. |
| 4 | Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here 4 | | 0. |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 | | 0. |

Part III Tax and Payments (continued)

| | | | | |
|------------|--|-----------|--------|--|
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | 9,562. | |
| b | Current year's 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 | Elective payment election amount from Form 3800 | 6g | | |
| h | Payment from Form 2439 | 6h | | |
| i | Credit from Form 4136 | 6i | | |
| j | Other (see instructions) | 6j | | |
| 7 | Total payments. Add lines 6a through 6j | 7 | 9,562. | |
| 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 2024 estimated tax 9,562. Refunded | 11 | 0. | |

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

| | | | |
|------------|--|-----------------------------------|----|
| 1 | At any time during the 2023 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 |
| 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 | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

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

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

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

| | | | | | |
|-------------------------------|----------------------------|------------------------------------|----------|---|---------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Connor Smart | <i>Connor Smart</i> | 10/11/24 | | P02285543 |
| | Firm's name | Baker Newman & Noyes | | Firm's EIN | 01-0494526 |
| | Firm's address | P.O. Box 507 Portland, ME 04112 | | Phone no. | (207)879-2100 |

**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).

2023

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 | | |
| 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) | | 5 | | |
| 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 0. | | |

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 |
| 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 0. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | | | 16 0. |
| 17 Deduction for net operating loss. See instructions | | | | 17 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | | | 18 |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | 0. | | | |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |
| 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | 0. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0. | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 11 Total dividends-received deductions included in line 10 | 0. | | | |

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

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

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

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
B Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

Table with 4 columns: Description, (a) First Preceding Year Ended, (b) Second Preceding Year Ended, (c) Third Preceding Year Ended. Rows include Net income or loss per applicable financial statement(s) (AFS) and various adjustments (a-z).

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended | |
|---|---|--|---|-----------|
| 10 AFSI for purposes of the \$100 million test before adjustments: | | | | |
| a AFSI from line 5 | 10a | | | |
| b Aggregation differences (see instructions) | 10b | | | |
| c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b | 10c | | | |
| 11 Adjustments: | | | | |
| a Income not effectively connected to a U.S. trade or business | 11a | | | |
| b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) | 11b | | | |
| c Reserved for future use - Other adjustments 1 | 11c | | | |
| d Reserved for future use - Other adjustments 2 | 11d | | | |
| 12 Total adjustments. Combine lines 11a and 11b | 12 | | | |
| 13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 | 13 | | | |
| 14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 | | | | 14 |
| 15 3-year average annual AFSI for purposes of the \$100 million test | | | | 15 |

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax

| | | |
|--|-----------|---------|
| 1 Net income or loss per applicable financial statement(s) (AFS) (see instructions): | | |
| a Consolidated net income or loss per the AFS of the corporation | 1a | -1,000. |
| b Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | |
| c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | |
| d Adjustment for certain consolidating entries (see instructions) | 1d | |
| e Specified additional net income or loss item D. Reserved for future use | 1e | |
| f AFS net income or loss before adjustments. Combine lines 1a through 1d | 1f | -1,000. |
| 2 Adjustments: | | |
| a Financial statements covering different tax years | 2a | |
| b Reserved for future use - Adjustment 2b | 2b | |
| c Corporations that are not included on the taxpayers - consolidated return (see instructions) | 2c | |
| d The corporation's distributive share of adjusted financial statement income of partnerships | 2d | |
| e Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions) | 2e | |
| f Amounts that are not effectively connected to a U.S. trade or business | 2f | |
| g Certain taxes. Enter the amount from Part III, line 7 | 2g | |
| h Patronage dividends and per-unit retain allocations (cooperatives only) | 2h | |
| i Alaska native corporations | 2i | |
| j Certain credits (see instructions) | 2j | |
| k Mortgage servicing income | 2k | |
| l Covered benefit plans described in section 56A(c)(11)(B) | 2l | |
| m Tax-exempt entities (organizations subject to tax under section 511) | 2m | |
| n Depreciation | 2n | |
| o Qualified wireless spectrum | 2o | |
| p Covered transactions | 2p | |
| q Adjustments related to bankruptcy and insolvency | 2q | |
| r Certain insurance company adjustments | 2r | |
| s AFSI adjustment S - Reserved for future use | 2s | |
| t AFSI adjustment T - Reserved for future use | 2t | |
| u AFSI adjustment U - Reserved for future use | 2u | |
| z Other (see instructions) | 2z | * |
| 3 Total adjustments. Combine lines 2a through 2z | 3 | |
| 4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 | 4 | -1,000. |
| 5 Financial statement net operating loss (FSNOL) (see instructions) | 5 | |
| 6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0- | 6 | |
| 7 Multiply line 6 by 15% (0.15) | 7 | |
| 8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) | 8 | |
| 9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- | 9 | |
| 10 Regular tax liability (see instructions) | 10 | |
| 11 Base erosion minimum tax (see instructions) | 11 | |
| 12 Combine lines 10 and 11 | 12 | |
| 13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 13 | |

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

| | | |
|--|-----------|--|
| 1 Current income tax provision - Foreign | 1 | |
| 2 Current income tax provision - Federal | 2 | |
| 3 Deferred income tax provision - Foreign | 3 | |
| 4 Deferred income tax provision - Federal | 4 | |
| 5 Income taxes included in equity method investment income | 5 | |
| 6a Adjustment A - Reserved for future use | 6a | |
| b Adjustment B - Reserved for future use | 6b | |
| c Adjustment C - Reserved for future use | 6c | |
| d Adjustment D - Reserved for future use | 6d | |
| e Adjustment E - Reserved for future use | 6e | |
| f Adjustment F - Reserved for future use | 6f | |
| g Adjustment G - Reserved for future use | 6g | |
| h Adjustment H - Reserved for future use | 6h | |
| z Income taxes in other places | 6z | |
| 7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g | 7 | |

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

| | | | | |
|----------|---|-----------|-----|-----------|
| 1 | Domestic corporation AMT foreign income taxes: | | | |
| a | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) | 1a | | |
| b | Adjustment | 1b | | |
| c | Adjustment | 1c | | |
| d | Adjustment | 1d | | |
| e | Adjustment | 1e | | |
| f | Adjustment | 1f | | |
| g | Adjustment | 1g | | |
| 2 | Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g | | | 2 |
| 3 | Allowable controlled foreign corporation (CFC) AMT foreign income taxes: | | | |
| a | Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) | 3a | | |
| b | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) | 3b | | |
| c | Total CFC AMT foreign income taxes. Add lines 3a and 3b | | | 3c |
| d | Percentage specified in section 55(b)(2)(A)(i) | 3d | 15% | |
| e | Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) | 3e | | |
| f | CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) | | | 3f |
| g | Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) | | | 3g |
| 4 | CAMT FTC Line 4 - Reserved for future use | | | 4 |
| 5 | CAMT FTC Line 5 - Reserved for future use | | | 5 |
| 6 | Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 | | | 6 |

| Form 4626 | AMT Contributions | Statement 24 |
|---|-------------------|--------------|
| Carryover of Prior Years Unused Contributions | | |
| For Tax Year 2018 | | |
| For Tax Year 2019 | | |
| For Tax Year 2020 | | |
| For Tax Year 2021 | | |
| For Tax Year 2022 | | |
| Total Carryover | | |
| Current Year Contributions | | 6,113,536 |
| Total Contributions | | 6,113,536 |
| 10% of Taxable Income as Adjusted | | 0 |
| Excess Contributions | | 6,113,536 |
| Allowable Contributions | | 0 |
| AMT charitable deduction | | 0 |
| Regular contribution deduction | | 0 |
| AMT contribution adjustment | | 0 |

8879-SO

State-Only e-file Signature Authorization

2023

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 2023, 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

[X] I authorize BAKER NEWMAN & NOYES to enter or generate my PIN 28512 as my signature on my tax year 2023 electronically filed income tax return. ERO firm name Enter five numbers, but do not enter all zeros

[] I will enter my PIN as my signature on my tax year 2023 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: Barbara A. Lemaire Date: 10/16/2024

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 2023 electronically filed income tax return for the taxpayer indicated above.

ERO's signature: CONNOR SMART Date: 10/11/2024

ERO Must Retain This Form Do Not Submit This Form to the Taxing Authority

2023

Maine Corporate Income Tax Return Form 1120ME



04

For calendar year 2023 or tax year

01 01 2023 to 12 31 2023

MAINE HEALTH ACCESS FOUNDATIO

523900 Check if you filed federal Form 990-T, 1120-C, or 1120-H X

Name of Corporation

Federal Business Code

150 CAPITOL STREET SUITE 4

01 0535144 ME

Address

Federal EIN

State of Incorporation

AUGUSTA

ME 04330

City, Town or Post Office

State ZIP Code

Parent Company EIN

BARBARA

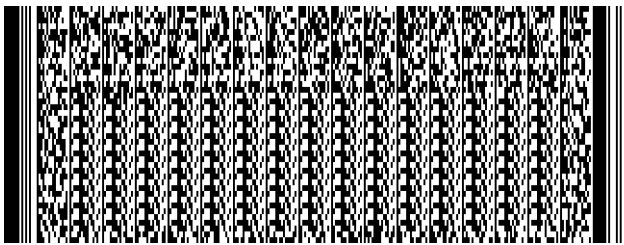
A LEONARD

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. 805 .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. 3833 .00

2. Income subtraction modifications (Form 1120ME, Schedule 1S, line 23) 2. 3833 .00

3. Income addition modifications (Form 1120ME, Schedule 1A, line 12) 3. .00

4. Adjusted federal taxable income (line 1 minus line 2 plus line 3) 4. 0 .00

Tax:

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

6. a. Maine corporate income tax (from line 5 above or Schedule A, line 5) 6a. 0 .00

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

c. Total tax (add lines 6a and 6b) 6c. 0 .00



01 0535144
Federal EIN

Payments and credits:

| | | | |
|---|-----|------|-----|
| 7. a. Maine estimated tax paid | 7a. | 3833 | .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. | 3833 | .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 | 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
refund will go to an
account outside the
United States

12c. Routing Number

12d. Checking Account Number

This return MUST BE ACCOMPANIED BY a legible copy of 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.



Name as shown on Form 1120ME

Federal EIN

MAINE HEALTH ACCESS FOUNDATION, INC.

01 0535144

SUBTRACTIONS from federal taxable income.

DO NOT ENTER \$ signs, commas, or decimals.

| | | | |
|--|-----|-------|-----|
| 1. Nontaxable interest | 1. | | .00 |
| 2. Foreign dividend gross-up | 2. | | .00 |
| 3. Work Opportunity Credit and Empowerment Zone Credit deductions (attach federal Form 5884 and/or Form 8844, as appropriate) | 3. | | .00 |
| 4. Income not taxable under the Constitution of Maine or the United States | 4. | | .00 |
| 5. Dividends from certain affiliated corporations (limitations - see instructions) | 5. | | .00 |
| 6. Net operating loss recapture (see instructions) | 6. | | .00 |
| 7. Income from ownership interest in pass-through entity financial institutions (subject to Maine franchise tax) | 7. | | .00 |
| 8. State income tax refunds (see instructions) | 8. | 3,833 | .00 |
| 9. Bonus depreciation/Section 179 expense recapture (see instructions) | 9. | | .00 |
| 10. Medical cannabis business expenses (see instructions)..... Enter the corporation's registration or sales tax number: | 10. | | .00 |
| 11. Adult use cannabis business expenses (see instructions) | 11. | | .00 |
| Enter the corporation's registration or sales tax number: | | | |
| 12. 50% of apportionable subpart F income (see instructions) | 12. | | .00 |
| 13. 80% of apportionable deferred foreign income (see instructions) | 13. | | .00 |
| 14. 50% of Global Intangible Low-Taxed Income (GILTI) (see instructions)..... | 14. | | .00 |
| 15. Northern Maine Transmission Corporation adjustment (see instructions) | 15. | | .00 |
| 16. Gain on sale of multifamily affordable housing (see instructions) | 16. | | .00 |
| 17. Seed capital investment tax credit (see instructions) | 17. | | .00 |
| 18. Gains from sale of timberlands (see instructions) | 18. | | .00 |
| 19. New markets capital investment credit (see instructions) | 19. | | .00 |
| 20. Charitable contributions recapture (see instructions) | 20. | | .00 |
| 21. Business interest deduction recapture (see instructions) | 21. | | .00 |
| 22. Other (see instructions) | 22. | | .00 |
| 23. Total subtractions (add lines 1 through 22 - enter here and on Form 1120ME, line 2) | 23. | 3,833 | .00 |