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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

Name of foundation
Maine Health Access Foundation Inc

A Employer identification number
01-0535144

Number and street (or P.O. box number if mail is not delivered to street address)
150 Capitol Street No 4

Room/suite

B Telephone number (see instructions)
(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 ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 136,231,076

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

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

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	75,759	80,851	80,851
	2 Savings and temporary cash investments	2,330,714	1,125,513	1,125,513
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	65,759	61,377	61,377
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	123,117,574	134,899,691	134,899,691
	14 Land, buildings, and equipment: basis ▶ 166,755			
	Less: accumulated depreciation (attach schedule) ▶ 138,111	33,850	28,644	28,644
	15 Other assets (describe ▶)	137,000	35,000	35,000
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	125,760,656	136,231,076	136,231,076
Liabilities	17 Accounts payable and accrued expenses	25,748	33,279	
	18 Grants payable	1,015,000	325,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	296,000	195,000	
	23 **Total liabilities**(add lines 17 through 22)	1,336,748	553,279	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	124,423,908	135,677,797	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	124,423,908	135,677,797	
	30 **Total liabilities and net assets/fund balances** (see instructions)	125,760,656	136,231,076	

Part III Analysis of Changes in Net Assets or Fund Balances

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

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., 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.)
1 a	Net Gains from Pooled Investments			
b	Schedules K-1 of Pass-Through Investments	P		
c				
d				
e				

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

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				2,686,838
b				3,082,554
c				
d				
e				

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

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

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

1 Reserved

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

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

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

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

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
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	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ www.mehaf.org

14 The books are in care of ▶ Barbara Leonard MPH Telephone no. ▶ (207) 620-8266

Located at ▶ 150 Capitol Street No 4 Augusta ME ZIP+4 ▶ 04330

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . ▶ 15

16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

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

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

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

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

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

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

(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 Additional Data Table				

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

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

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

3 Five highest-paid independent contractors for professional services (see instructions). 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	146,003
Prime Buchholz & Associates 40 Pleasant Street Portsmouth, NH 03801	Investment advisory	90,836
Pivot Point Inc 15 Briggs Street Portland, ME 04102	Technical assistance and evaluations	54,542
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-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 Health Equity Capacity Building: Staff, consultant, and evaluator support to implement the Health Equity Capacity Building Program, which focuses on community-led organizations led by and addressing the health and health care needs of populations that experience inequitable burdens and disparities. This activity specifically includes grantee-determined technical assistance and support to wrap around grant funds.	140,935
2 Advocacy and Outreach: Staff and consultant expenses to implement two programs that in 2020 were augmented by grants from two national private foundations to support portions of the work. The advocacy program supports key advocacy organizations that represent health care and health issues and populations that are MeHAF priorities. The outreach efforts centered on education, outreach, and enrollment in expanded MaineCare (Medicaid) and Marketplace coverage, and included community-based grantees in partnership with the Maine Department of Human Services and Maine Health Access Foundation.	60,780
3 COVID-19: Extensive research and networking by staff to plan and implement several rounds of directed and competitive grants for COVID-19 response consistent with MeHAF priority strategies and populations. To reduce burden on grantees, staff provided significant assistance in grant application processes. Additionally, as part of the Foundation's COVID-19 response and relief efforts, the Foundation awarded a small amount of its annual grants to private business-organizations as qualifying disaster relief payments as defined under IRS Publication 3833 and applicable IRS Notices. These private-awards were made to reduce community deterioration and to financially aid institutions trying to survive the COVID-19 Pandemic. All private-grants were made to accomplish the Foundation's exempt mission and to further its charitable purpose. The Foundation did not receive any private benefit from these grants.	51,800
4 Oral Health: Staff and consultant expenses to coordinate activities of the Maine Oral Health Funders group and to participate in and help to lead ongoing safety net oral health system development in Maine.	44,365

Part IX-B **Summary of Program-Related Investments** (see instructions)

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

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

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

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

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

Part XII Qualifying Distributions (see instructions)

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

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				5,779,557
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			5,611,126	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 7,042,170				
a Applied to 2019, but not more than line 2a			5,611,126	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	355,005			
d Applied to 2020 distributable amount.				1,076,039
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	355,005			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				4,703,518
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	355,005			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2016. . . .				
b Excess from 2017. . . .				
c Excess from 2018. . . .				
d Excess from 2019. . . .				
e Excess from 2020. . . .				

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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.

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. See instructions

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

Holly Irish Grants Associate
150 Capitol Street Suite 4
Augusta, ME 04330
(207) 620-8266
hirish@mehaf.org

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

Grant applications are submitted via MeHAF's on-line grants management system, which can be accessed via the Grants Center on the MeHAF website (www.mehaf.org). Questions regarding grant submissions can be directed to Holly Irish; questions about specific funding opportunities are directed to individual program staff supervising the grant program. The responsible staff person is listed in each request for proposals (RFP) which are posted on the MeHAF website. Information regarding MeHAF's funding priorities and grant opportunities are also on the MeHAF website. All open competitive RFPs are publicized via MeHAF's e-mail newsletter, AccessPoints, and they are posted on the MeHAF website. Each RFP provides explicit information on the submission requirements, application forms and other relevant project materials for major strategic programs and policy grants.

c Any submission deadlines:

Any grant-programs that have application submission deadlines are outlined online at www.mehaf.org.

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

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				5,064,454
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				325,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	12,420	
4 Dividends and interest from securities			14	1,045,120	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	2,686,838	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a Net adjustment for investment income on schedules K-1	523000	9,916		1,212,274	
b (not recorded on books)				-1,222,190	
c Other income			01	6,248	
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		9,916		3,740,710	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	3,750,626

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

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

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2021-10-15	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Nicholas E Porto		2021-10-15		P01310283
Firm's name ▶ Baker Newman & Noyes				Firm's EIN ▶01-0494526
Firm's address ▶ PO Box 507 Portland, ME 04112				Phone no. (207) 879-2100

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
Barbara Leonard 150 Capitol Street Suite 4 Augusta, ME 04330	President & CEO 40.00	201,588	22,856	0
Nancy Fritz 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Roy Hitchings Jr FACHE 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 3.00	0	0	0
Dennis King FACHE 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 3.00	0	0	0
Michael Lambke MD 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Anthony Marple MBA 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Edward Miller MS 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Claudette Ndayininahaze 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Grace Odimayo DMD 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Susan Roche Esq 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Catherine Ryder LCPC ACS 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Clarissa Sabattis RN 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 2.00	0	0	0
Toho Soma MPH 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 3.00	0	0	0
Odette Thurston 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 3.00	0	0	0
Shirley Weaver PhD 150 Capitol Street Suite 4 Augusta, ME 04330	Trustee 3.00	0	0	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
Constance Adler MD FAAFP 150 Capitol Street Suite 4 Augusta, ME 04330	Chair 5.00	0	0	0
Bruce Nickerson CPA 150 Capitol Street Suite 4 Augusta, ME 04330	Treasurer 4.00	0	0	0
Deborah Deatrick MPH 150 Capitol Street Suite 4 Augusta, ME 04330	Secretary 3.00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
AARP Foundation601 E Street NW Washington, DC 20049	N/A	PC	Operating support for health advocacy	25,000
ACLU of Maine FoundationPO Box 7860 Portland, ME 04112	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000
Acton Fire-Rescue1725 Route 109 Acton, ME 04001	N/A	GOV	For EMS providers to provide and/or facilitate access to health care in rural communities	15,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
AdCare Educational Institute of Maine 6 E Chestnut Street Augusta, ME 04330	N/A	PC	Maine's annual Opioid Summit: funding for testimonials, scholarships, and speakers' fees	5,000
Amistad IncPO Box 992 Portland, ME 04104	N/A	PC	Support for: capacity building; recovery residence programs; COVID-19 responses; health centers	105,000
Aroostook Area Agency on Aging Inc 260 Main Street Suite B Presque Isle, ME 04769	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations.	35,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Aroostook Band of Micmacs 7 Northern Road Presque Isle, ME 04769	N/A	GOV	Support for capacity building; to address impacts of COVID-19 on priority populations	90,000
Aroostook Mental Health Services Inc 43 Hatch Drive PO Box 1018 Caribou, ME 04736	N/A	PC	To provide telehealth resources; for COVID-19 responses; funding for health and recovery centers	50,907
Ashland Ambulance ServicePO Box 910 Ashland, ME 04732	N/A	GOV	To operate and sustain ambulance services in rural communities	7,560
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Augusta Fire & Rescue Department 16 Cony Street Augusta, ME 04330	N/A	GOV	To maintain a PPE supply source; to protect employees from disease; to prepare and grow a work force	14,459
Bangor Area Recovery Network Inc 142 Center Street Brewer, ME 04412	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000
Bangor Region YMCA17 Second Street Bangor, ME 04401	N/A	PC	Emergency childcare; meals for children; young adult health-evaluation system	24,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Blue Cross Blue Shield of Massachusetts Foundation Inc 101 Huntington Avenue Suite 1300 Boston, MA 021997611	N/A	PF	Health Coverage Fellowship to for journalists who cover health and medical issues	19,000
Boothbay Region Health Care Inc 185 Townsend Avenue Boothbay Harbor, ME 04538	N/A	PC	Support to expand telehealth capability to serve more high-risk, low-income patients	7,000
Calais Fire-EMSPO Box 413 Calais, ME 04619	N/A	GOV	Support for equipment to better manage COVID-related needs and responses	4,525
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Catholic Charities MainePO Box 10660 Portland, ME 041046060	N/A	PC	Technology, training, and telehealth for behavioral health and substance use	15,000
Cedars Nursing Care Center Inc 630 Ocean Avenue Portland, ME 04103	N/A	PC	Support for an ongoing program of COVID-19 employee screening, detection and monitoring	15,000
Christine B Foundation Inc 21 North Street Bangor, ME 04401	N/A	PC	Support for The Bangor Region Cancer Conference	1,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Community Health and Counseling Services 42 Cedar Street Bangor, ME 04401	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	10,000
Consumer Council System of Maine 219 Capitol Street Augusta, ME 04330	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
Consumers for Affordable Health Care PO Box 2490 Augusta, ME 043382490	N/A	PC	Support for health advocacy; to increase enrollment in health coverage plans; COVID-19 responses	153,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Crisis & Counseling Centers Inc 10 Caldwell Road Augusta, ME 04330	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	5,000
Crossroads for Women Inc 71 US Route 1 Scarborough, ME 04074	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	5,000
Daniel Hanley Center for Health Leadership PO Box 4606 Portland, ME 04112	N/A	PC	Care, communication, and leadership skills between minority groups and health professionals	30,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Day One525 Main Street South Portland, ME 04106	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	5,000
Delta Ambulance Corporation 29 Chase Avenue Waterville, ME 04901	N/A	PC	Expand capability to implement and access telemedicine across the rural geographic areas	15,000
Disability Rights Maine 160 Capitol Street Augusta, ME 04330	N/A	PC	Operating support for health advocacy and to respond COVID-19 impacts on priority populations	50,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Eastern Area Agency on Aging 240 State Street Brewer, ME 04412	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000
Educate Maine482 Congress Street Portland, ME 04101	N/A	PC	To inform school-based health decision-making; to improve education and health outcomes	5,000
Ellsworth Free Medical Clinic 248 State Street Suite 16 Ellsworth, ME 04605	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations.	21,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Frannie Peabody Center 30 Danforth Street Portland, ME 04101	N/A	PC	Telehealth; behavioral health; care for at-risk and HIV/AID patients; BIPOC/LGBTQIA services	20,000
Friends of the Portland Community Free Clinic 10A Beach Street Portland, ME 04101	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000
G&H Ambulance Service IncPO Box 34 Hudson, ME 04449	N/A	PC	To help employees at-home or on-call with the costs and limitations of available child care	15,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Goodwill Industries of Northern New England 34 Hutcherson Drive Gorham, ME 04038	N/A	PC	Telehealth to provide care for people with disabilities in long-term care group homes	15,000
Grantmakers in Aging Inc 2001 Jefferson Davis Highway Suite 1011 Arlington, VA 22202	N/A	PC	Fund the Future 2020 contribution to provide support during leadership transition	2,500
HOME Inc90 Schoolhouse Road Orland, ME 04472	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Hand In HandMano En ManoPO Box 573 Milbridge, ME 04658	N/A	PC	Support for capacity building; to address COVID-19 impacts on priority populations	120,000
Health Equity Alliance5 Long Lane Ellsworth, ME 04605	N/A	PC	Operating support for health advocacy and to respond COVID-19 impacts on priority populations	75,000
Healthy Acadia140 State Street Ellsworth, ME 04605	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Homeless Services of Aroostook PO Box 1753 Presque Isle, ME 04769	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
Houlton Band of Maliseet Indians 88 Bell Road Littleton, ME 04730	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	60,000
In Her Presence179 Mechanic Street Westbrook, ME 04092	N/A	PC	Capacity building; women and children health; child care; public health education; telehealth	57,600
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Independence Association 3 Industrial Parkway Brunswick, ME 04011	N/A	PC	Remote, ongoing case management; supportive services for persons with disabilities	15,000
Inquiring Systems Inc 101 Brookwood Avenue Santa Rosa, CA 95404	N/A	PC	Sponsorship for Robin DiAngelo's presentation in USM's conference, "Seeing the Racial Waters."	1,000
Kennebec Behavioral Health 67 Eustis Parkway Waterville, ME 04901	N/A	PC	Increase technology capacity and bandwidth to ensure access to telehealth services; COVID-19 responses	25,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
KidsPeace National Centers of New England Inc 16 KidsPeace Way Ellsworth, ME 04605	N/A	PC	Resources to allow "virtual visits; telehealth care and case management for youth and families	10,000
Knox County Homeless Coalition PO Box 1696 Rockland, ME 04841	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
Lakes Region Recovery Center 25 Hospital Drive Bridgton, ME 04009	N/A	NC	To address needs associated with the COVID-19 impacts on MeHAF priority populations	5,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Liberty Volunteer Ambulance Service 187 West Main Street Liberty, ME 04949	N/A	GOV	Funds for a CPR device that allows for CPR with fewer staff and that reduces risk of COVID exposure	11,302
LifeFlight Foundation13 Main Street Camden, ME 04843	N/A	PC	Funds to replace and replenish ventilator and suctioning supplies used during Lifeflight transport	15,000
Mabel Wadsworth Center 700 Mt Hope Avenue Suite 420 Bangor, ME 04401	N/A	PC	Operating support capacity building and to address COVID-19 impacts on priority populations	40,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Maine Access Immigrant Network 237 Oxford Street Suite 25A Portland, ME 04101	N/A	PC	Capacity building; multilingual staff and counselor training; health enrollment; COVID-19 responses	62,500
Maine Ambulance Association PO Box 202 Waterville, ME 04903	N/A	NC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000
Maine Association of Community Service Providers PO Box 149 Hallowell, ME 04336	N/A	NC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Maine Bureau of Veterans' Services 117 State House Station Augusta, ME 043330117	N/A	GOV	To research statewide lack of dentistry for ME's veterans; to document the need to access	10,000
Maine Center for Economic Policy One Weston Court Suite 103 Augusta, ME 04330	N/A	PC	Operating support for health advocacy	45,000
Maine Center for Public Interest Reporting PO Box 284 Hallowell, ME 04347	N/A	PC	To support of health-focused COVID-19 reporting efforts	5,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Maine Children's Alliance 331 State Street Augusta, ME 04330	N/A	PC	Operating support for health advocacy	25,000
Maine Children's Home for Little Wanderers 93 Silver Street Waterville, ME 04901	N/A	PC	Services for at-risk populations; to redesign Connected Community and online programs	8,500
Maine Coalition to End Domestic Violence PO Box 5188 Augusta, ME 04332	N/A	PC	Train teams on prevention and responses to non-fatal strangulation incidences	10,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Maine Community Action Partnership C/O Penquis Bangor, ME 044021162	N/A	PC	To support a grant writer for the Early Head Start Child Partnership grant-program	2,000
Maine Community Foundation 245 Main Street Ellsworth, ME 04605	N/A	PC	COVID-19; racial justice; minority interests and civil rights; health care and equity measures	385,000
Maine Community Integration 265 Lisbon Street Lewiston, ME 04240	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Maine Council On AgingPO Box 988 Brunswick, ME 04011	N/A	PC	Health advocacy; COVID-19 responses; database development to serve elderly populations	125,000
Maine Development Foundation 2 Beech Street Hallowell, ME 04347	N/A	PC	Policy Leaders Academy program, which provides information to ME legislators about the ME economy	10,000
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	N/A	PC	Health advocacy; COVID-19 responses; MaineCare enrollment; aide for LGBTQ and immigrant groups	92,800
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Maine Family PlanningPO Box 587 Augusta, ME 043320587	N/A	PC	Operating support for health advocacy and to respond COVID-19 impacts on priority populations	35,000
Maine Immigrant and Refugee Services 256 Bartlett Street Lewiston, ME 04243	N/A	PC	Staff and support to deliver MaineCare services; mental health services; COVID-19 responses	46,000
Maine Immigrants' Rights Coalition 24 Preble Street Portland, ME 04101	N/A	PC	Unrestricted operating support to address needs associated with the COVID-19 pandemic in Maine and its impact on MeHAF priority populations.	50,000
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Maine Initiatives 56 North Street Suite 100 Portland, ME 04101	N/A	PC	Support for immigrant groups, communities, and organizations; COVID-19 aide for high-risk populations	60,000
Maine Medical Education Trust 30 Association Drive Manchester, ME 04351	N/A	PC	Operating support for health advocacy; harm reduction education; post partum overdose prevention	30,000
Maine Mental Health Connections Inc 2 Second Street Bangor, ME 04401	N/A	PC	Operating Support for Capacity Building and to address COVID-19 impacts on priority populations	54,211
Total . . . . . ▶ **3a**				5,064,454

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
Maine Mobile Health Program 9 Green Street Augusta, ME 04332	N/A	PC	Operating support for health advocacy and to respond to COVID-19 impacts on priority populations	45,000
Maine Philanthropy Center USM Glickman Family Library Portland, ME 041049301	N/A	PC	Sponsorship of Maine Philanthropy Center's 2020 Philanthropy Partners Conference	7,500
Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	N/A	PC	Health advocacy and to support COVID-19 responses to priority populations	80,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Maine Prisoner Re-Entry Network PO Box 7157 Lewiston, ME 04240	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000
Maine Public Health Association 122 State Street Augusta, ME 04330	N/A	PC	Health advocacy; health equity assessment to address systemic racism and health inequities	35,000
Maine Resilience Building Network 227 Benson Road Manchester, ME 04351	N/A	PC	Emotional resilience training and wellbeing efforts for care providers; youth mental health	22,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Maine Sea Coast Mission 127 West Street Bar Harbor, ME 04609	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000
Maine Transgender Network Inc 511 Congress Street Portland, ME 04101	N/A	PC	Operating support for capacity building	30,000
MaineHealth - Healthy Community Coalition 105 Mt Blue Circle Farmington, ME 04938	N/A	PC	Support for health needs of low-income, vulnerable individuals in Franklin County as a result of COIVD-19	15,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
ME Assoc of Substance Abuse Programs (aka ME Behavioral Health Foundation) 295 Water Street Augusta, ME 04330	N/A	PC	Operating support for health advocacy and to respond COVID-19 impacts on priority populations	55,000
Medical Care Development 11 Parkwood Drive Augusta, ME 04330	N/A	PC	Culture and linguistic e-learning module; oral health education; virtual care-delivery training	65,000
Mid-Coast Health Net Inc 22 White Street Rockland, ME 04841	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Mid-Maine Homeless Shelter & Services 19 Colby Street Waterville, ME 04901	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
Midcoast Maine Community Action 34 Wing Farm Parkway Bath, ME 04530	N/A	PC	Conduct trainings, engage stakeholders, and put into action a 2Gen System for a service delivery model	5,000
Milestone Recovery65 India Street Portland, ME 04101	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	25,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
Millinocket Regional Hospital 200 Somerset Street Millinocket, ME 04462	N/A	PC	To improve care and staff confidence when working with patients in mental health crisis	5,112
Mobius Inc319 Main Street Damariscotta, ME 04543	N/A	PC	Adapt and expand organization emergency response plans to include best practices for a pandemic	7,500
Motivational Services71 Hospital Street Augusta, ME 04330	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	5,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
NAMI Maine52 Water Street Hallowell, ME 04347	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000
New England Arab American Organization 426 Bridge Street Portland, ME 04104	N/A	PC	Operating support for capacity building and to address impacts of COVID-19 on priority populations	50,000
New England Rural Health RoundTable PO Box 12 Newfield, ME 03304	N/A	PC	Rural transformation initiatives; legislative luncheons to promote rural health care	34,250
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
New Mainers Public Health Initiative 276 Lisbon Street Lewiston, ME 04240	N/A	PC	Capacity building; improve health coverage; COVID-19 and substance abuse study, support, and responses	132,500
Oasis Health Network Inc 66 Baribeau Drive Suite 9/10 Brunswick, ME 04011	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000
Open Door Recovery CenterPO Box 958 Ellsworth, ME 046050958	N/A	PC	Funding for salary, training, and professional fees to re-open a women's health recovery center	20,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Oxford County Mental Health Services 150 Congress Street Rumford, ME 04276	N/A	PC	Responses to COVID-19 impacts on priority populations; support to the Rumford and South Paris locations	10,000
Partnership for Children's Oral Health PO Box 11 Yarmouth, ME 04096	N/A	PC	Model oral health system; dental care centers, training, education; support for at-risk persons	120,000
Passamaquoddy Tribe at Indian Township PO Box 301 Princeton, ME 04668	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations.	60,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
Passamaquoddy Tribe at Pleasant Point 11 Back Road Perry, ME 04667	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations.	60,000
Peninsula Free Health (aka Downeast Community Partners) PO Box 252 Blue Hill, ME 04614	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	3,000
Penobscot Community Health Care 103 Maine Avenue Bangor, ME 04402	N/A	PC	Telehealth and pharmacy procedures for opioid recovery; local health study; COVID-19 responses	85,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Penobscot Nation12 Wabanaki Way Indian Island, ME 04468	N/A	GOV	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	60,000
PenquisPO Box 1162 Bangor, ME 04401	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	10,000
Pine Tree Legal Assistance 88 Federal Street Portland, ME 04112	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
Piscataquis Regional Food Center (PRFC) 76 North Street DoverFoxcroft, ME 04426	N/A	PC	To coordinate healthy, affordable, local food for low income consumers while benefiting producers	10,000
Planned Parenthood of Northern New England 784 Hercules Drive Suite 110 Colchester, VT 05446	N/A	PC	Operating support for health advocacy	35,000
Pleasant Point EMS410 County Road Pleasant Point, ME 04667	N/A	GOV	To improve access to high quality, community based care for the Passamaquoddy people	50,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
Port Resources280B Gannett Drive South Portland, ME 04106	N/A	PC	Implement technology for adult group home residents in to communicate remotely	4,400
Portland Community Health Center (dba Greater Portland Health) 180 Park Avenue Portland, ME 04102	N/A	PC	Healthcare for the Homeless; telehealth-care during the Pandemic for at-risk persons	15,000
Portland Recovery Community Center 468 Forest Avenue Portland, ME 04103	N/A	PC	Responses to COVID-19 impacts on priority populations; support for Maine Recovery Hub	55,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Preble Street38 Preble Street Portland, ME 04101	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
Public Health Research Institute - fiscal sponsor for Wabanaki Pub Health PO Box 308 Brownfield, ME 04010	N/A	PC	Capacity building; enrollment in health plans; public health education; needs assessment	155,000
Resources for Organizing and Social Change PO Box 2244 Augusta, ME 043382444	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	30,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
ROIL (dba Maine Inside Out) PO Box 15168 Portland, ME 04112	N/A	PC	Support/advocacy for families connected to incarceration; family health and life outcomes; COVID-19	20,000
Rumford Group Homes Inc 201 Knox Street Rumford, ME 04276	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
SeniorsPlus8 Falcon Road Lewiston, ME 04240	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Somali Bantu Community Association of Lewiston Maine 145 Pierce Street Lewiston, ME 04240	N/A	PC	Support for capacity building; to address COVID-19 impacts on priority populations	50,000
Southern Maine Agency on Aging 30 Barra Road Biddeford, ME 04005	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000
Southern Maine Workers' Center 56 North Street Portland, ME 04101	N/A	PC	Support for capacity building; to address COVID-19 impacts on priority populations	45,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Spectrum Generations One Weston Court Augusta, ME 04338	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	35,000
Spurwink Services 901 Washington Avenue Portland, ME 04103	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	10,000
St George Ambulance (aka Saint George Volunteer Firemen's Association) PO Box 249 Tenants Harbor, ME 04860	N/A	PC	Support to increase, implement and evaluate access to in-home and telecommunication support	10,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
State of Maine Department of Health & Human Services Office of MaineCare 11 State House Station Augusta, ME 04333	N/A	GOV	Study of Maine's populations and health care; health plan enrollment campaigns; cost-of-care study	270,000
Sunrise OpportunitiesPO Box 88 Machias, ME 04654	N/A	PC	Telehealth services to address isolation and disruption of care for disabled persons; COVID-19 responses	17,000
Survivor Speak USA1 Walker Street Portland, ME 04102	N/A	PC	Operating support for capacity building	30,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
Sweetser50 Moody Street Saco, ME 04072	N/A	PC	For counselors to provide support for youth/families with mental and/or behavioral health	11,000
The Center For Grieving Children 555 Forest Avenue Portland, ME 04101	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	10,000
The Center for Wisdom's Women 97 Blake Street Lewiston, ME 04240	N/A	PC	To train recovery coaches in gender-sensitive and trauma-informed addiction recovery	5,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
The Northern Lighthouse Inc 172 Academy Street Presque Isle, ME 04769	N/A	PC	Telehealth services for rural consumers with mental health disorders and/or disabilities	15,000
The Root Cellar89 Birch Street Lewiston, ME 04240	N/A	PC	Support to address needs associated with COVID-19 in Maine and its impact on MeHAF priority populations	20,000
Town of Jackman369 Main Street Jackman, ME 04945	N/A	GOV	Develop/implement a system for rural health care; health inequity; increase access to care	50,000
Total . . . . . ▶ **3a**				5,064,454

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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
a *Paid during the year*				
Town of Kennebunk Committee on Aging 14 Bourne Street Kennebunk, ME 04043	N/A	GOV	Board designated charitable gift to No Place Like Home for general operating support	600
Tri-County Emergency Medical Services Inc 300 Main Street Lewiston, ME 04240	N/A	PC	Training for EMS COVID-19 response services; training for EMT students; Pandemic response courses	15,000
Tri-County Mental Health Services PO Box 2008 Lewiston, ME 042412008	N/A	PC	Laptops for home-based behavioral health treatment; responses to COVID-19 impacts on at-risk persons	24,728
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
United Ambulance Service 192 Russell Street Lewiston, ME 04240	N/A	PC	Paramedicine; educational opportunities; disability accessibility	15,000
Vet to Vet MainePO Box 1205 Biddeford, ME 04005	N/A	PC	Board designated charitable gift for unrestricted operating support	1,200
Volunteers of America Northern New England 14 Maine Street Brunswick, ME 04097	N/A	PC	Technology to provide telehealth, assist with coping while isolating, and lower anxiety levels	8,400
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
Wabanaki Health and Wellness 1 Merchant Plaza Suite 401 Bangor, ME 04401	N/A	PC	Support for capacity building; to address impacts of the COVID-19 pandemic on priority populations	50,000
Waterville Fire Department 7 College Avenue Waterville, ME 04901	N/A	GOV	Fit test machine to ensure that medical workers are wearing the appropriately sized respirators	13,400
Western Maine Community Action PO Box 200 East Wilton, ME 04234	N/A	PC	To offer in-person assistance for MaineCare during open enrollment and beyond	20,000
Total . . . . . ▶ **3a**				5,064,454

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a *Paid during the year*				
Woodfords Family Service 15 Saunders Way Suite 900 Westbrook, ME 04092	N/A	PC	Therapeutic resource lending library to improve behavioral health services for children with autism	5,000
York County Shelters Program Inc 24 George Road Alfred, ME 04002	N/A	PC	Increase staff capacity for COVID-19; cleaning, resident help, staff training; telehealth	25,000
Young People in Recovery 1415 Park Avenue West Denver, CO 802052103	N/A	PC	Board designated charitable gift for general operating support	1,000
Total . . . . . ▶ **3a**				5,064,454

TY 2020 Accounting Fees Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting	28,836	2,000		26,836

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491292003031

TY 2020 Distribution from Corpus Election

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Election: Form 990-PFElection Under Regulations Section53.4942(a) - 3(d)(2) to treat excess qualifyingdistributions as distributed out of Corpus. I, Barbara Leonard, President & CEO of Maine Health Access Foundation, Inc., in my capacity as such, do hereby elect to treat $355,005 of qualifying distributions made during the fiscal year ended December 31, 2020 as distributed out of corpus.Barbara Leonard, President & CEOMaine Health Access Foundation, Inc.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491292003031

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 Expenditure Responsibility Statement

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
Blue Cross and Blue Shield of Massachusetts Foundation Inc	101 Huntington Avenue Suite 1300 Boston, MA 021997611	2020-03-09	19,000	The Health Coverage Fellowship is designed to help newspaper, radio, television, and online reporters and editors do a better job covering critical health care issues. Each year twelve journalists are selected from across the country for an intensive nine days and nights of training. Topics include issues that affect the health care of low income and uninsured individuals and families. MeHAF funding supports participation in the program by a Maine journalist. The 2020 Health Coverage Fellowship program was reframed to a distance learning and mentoring format due to the COVID-19 pandemic.	19,000	None	September 30, 2020 - September 30, 2021	2021-11-12	Narrative and financial reports for the grant are due November 12, 2021; accordingly, MeHAF has not received narrative and financial reports from the grantee as of the date of this filing. However, reports (narrative and financial) from previous grants made to this grantee have been received, reviewed and approved on a timely basis. To the best of Maine Health Access Foundation's knowledge, the grantee has not diverted any portion of the funds from the purpose of the grant. Upon receipt of narrative and financial reports, the Communications Associate will review the reports from Blue Cross and Blue Shield of Massachusetts Foundation to ensure the appropriate use of grant funds.
Blue Cross and Blue Shield of Massachusetts Foundation Inc	101 Huntington Avenue Suite 1300 Boston, MA 021997611	2019-03-12	19,000	The Health Coverage Fellowship is designed to help newspaper, radio, television, and online reporters and editors do a better job covering critical health care issues. Each year twelve journalists are selected from across the country for an intensive nine days and nights of training. Topics include issues that affect the health care of low income and uninsured individuals and families. MeHAF funding supports participation in the program by a Maine journalist.	19,000	None	April 26, 2019 - April 23, 2020	2020-07-01	MeHAF received narrative and financial reports from the grantee on July 1, 2020. Based on the final reports, all grant funds ($19,000) were expended. Reports (narrative and financial) from previous grants, have been received, reviewed, and approved on a timely basis; to the best of Maine Health Access Foundation's knowledge, the grantee has not diverted any portion of the funds from the purpose of the grant. Upon receipt of narrative and financial reports, the President & CEO reviewed and approved the reports from Blue Cross and Blue Shield of Massachusetts Foundation, and found grant funds were used appropriately.

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TY 2020 General Explanation Attachment

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	Grant-Making and Charitable Activities	Form 990-PF General 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 w ho are uninsured and underserved, and improve the health of everyone in Maine. The foundation is governed by a fifteen-member statew ide Board of Trustees and benefits from the guidance of a seventeen-member statew ide 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 w orkforce); 2) Support systemic changes to address critical health issues in Maine (behavioral health, oral health); 3) Advance efforts to improve the health of specific populations (older adults, mothers and children, individuals experiencing disproportionate health inequities); 4) Promote shared leadership to achieve equitable health outcomes for everyone in Maine.To learn more about MeHAF's grantmaking in 2020 and prior years, please see annual reports on the MeHAF w ebsite: https://mehaf.org/w ho-w e-are/annual-reports.

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TY 2020 Investments - Other Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Adage Capital Partners	FMV	32,123,989	32,123,989
Adamas Opportunities, L.P.	FMV	731,043	731,043
BlackRock Strategic Income	FMV	4,039,377	4,039,377
Colchester Global LP	FMV	4,222,907	4,222,907
FPA Crescent Fund	FMV	6,298,658	6,298,658
Metropolitan West Total Return	FMV	4,011,619	4,011,619
Nyes Ledge Capital Offshore Fund	FMV	4,926,972	4,926,972
Silchester Interntnl Tobacco Free	FMV	18,143,110	18,143,110
SSGA Real Asset Fund	FMV	8,412,953	8,412,953
Vanguard FTSE	FMV	6,115,825	6,115,825
Vanguard Long Term Treasury	FMV	3,448,978	3,448,978
Vanguard Total International	FMV	14,869,286	14,869,286
Vanguard Total Stock Market Index	FMV	20,238,987	20,238,987
Wellington Emerging Markets	FMV	4,170,635	4,170,635
Farallon F5 Fund	FMV	3,145,352	3,145,352

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TY 2020 Land, Etc. Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Office equipment	166,755	138,111	28,644	28,644

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TY 2020 Legal Fees Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Legal	11,063	0		11,063

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TY 2020 Other Assets Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Refundable income taxes	137,000	35,000	35,000

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TY 2020 Other Expenses Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Office supplies & expenses	44,981	0		44,981
Website	0	0		0
Insurance	10,572	0		10,572
Telecommunications	4,903	0		4,903
Investment fees	326,713	326,713		0
Program related expenses: contracts	158,284	0		158,284
Program related expenses: consultants	17,325	0		17,325
Program related expenses: conferences	36,857	0		36,857
Program related expenses: grant management	6,500	0		6,500
Program related expenses: communications	740	0		740

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Program related expenses: technical assistance	149,424	0		149,424
Program related expenses: special projects	46,282	0		46,282
Program related expenses: miscellaneous	90,747	0		90,747
Program related expenses: evaluation	14,015	0		14,015
Program related expenses: needs assessment	96,125	0		96,125
Payroll Administration	1,465	0		1,465
Accrual to cash conversion: operating expenses	0	0		-11,883

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TY 2020 Other Income Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Net adjustment for investment income on schedules K-1	1,222,190	1,212,274	1,222,190
(not recorded on books)	-1,222,190		-1,222,190
Other income	6,248		6,248

TY 2020 Other Increases Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Other Increases Schedule

Description	Amount
Net unrealized gain on investments	14,209,658
Recoveries of amounts treated as qualifying distributions	4,822

TY 2020 Other Liabilities Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Description	Beginning of Year - Book Value	End of Year - Book Value
Deferred tax liability	296,000	195,000

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TY 2020 Other Professional Fees Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Consulting	4,594	0		4,594

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TY 2020 Taxes Schedule

Name: Maine Health Access Foundation Inc

EIN: 01-0535144

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise taxes	8,000	0		0

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

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

2020

Name of the organization
Maine Health Access Foundation Inc

Employer identification number
01-0535144

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
Maine Health Access Foundation Inc

Employer identification number
01-0535144

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Northeast Delta Dental Foundation PO Box 2002 Concord, NH 033022002	$ 6,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	Wellforce Inc 800 District Avenue Suite 520 Burlington, MA 01803	$ 16,500	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (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
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
Maine Health Access Foundation Inc

Employer identification number
01-0535144

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

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