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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning , **and ending**

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

Name of foundation	A Employer identification number
MAINE HEALTH ACCESS FOUNDATION, INC.	01-0535144
Number and street (or P O box number if mail is not delivered to street address) 150 CAPITOL STREET	Room/suite 4
B Telephone number (207) 620-8266	
City or town, state, and ZIP code AUGUSTA, ME 04330	

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 111,772,113.

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

C If exemption application is pending, check here ▶☐

D 1. Foreign organizations, check here ▶☐

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

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

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))

		(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	55,100.		N/A	
	2 Check ▶☐ If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	7,560.	7,560.		
	4 Dividends and interest from securities	2,978,967.	2,978,967.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,305,340.			
	b Gross sales price for all assets on line 6a 29,172,049.				
	7 Capital gain net income (from Part IV, line 2)		2,305,340.		
	8 Net short-term capital gain				
	9 Income modifications			134,243.	
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	80.	-127,931.		Statement 1
	12 Total Add lines 1 through 11	5,347,047.	5,163,936.	134,243.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	159,650.	8,000.		151,650.
	14 Other employee salaries and wages	430,254.	0.		430,254.
	15 Pension plans, employee benefits	97,673.	0.		97,673.
	16a Legal fees Stmt 2	5,622.	0.		5,622.
	b Accounting fees Stmt 3	47,169.	2,000.		45,169.
	c Other professional fees Stmt 4	18,729.	0.		18,729.
	17 Interest				
	18 Taxes Stmt 5	176,848.	0.		43,848.
	19 Depreciation and depletion	15,723.	0.		
	20 Occupancy	58,756.	0.		58,756.
	21 Travel, conferences, and meetings	69,374.	0.		69,374.
	22 Printing and publications	22,528.	0.		22,528.
	23 Other expenses Stmt 6	1,255,021.	475,074.		761,370.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,357,347.	485,074.		1,704,973.
	25 Contributions, gifts, grants paid	2,331,889.			3,354,069.
	26 Total expenses and disbursements. Add lines 24 and 25	4,689,236.	485,074.		5,059,042.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	657,811.			
	b Net investment income (if negative, enter -0-)		4,678,862.		
	c Adjusted net income (if negative, enter -0-)			134,243.	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	4,676,448.	2,425,923.	2,425,923.
	3 Accounts receivable ▶ 7,560.			
	Less allowance for doubtful accounts ▶		7,560.	7,560.
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	25,493.	29,323.	29,323.
	10a Investments - U S and state government obligations Stmt 8	3,524,132.	7,781,090.	7,781,090.
	b Investments - corporate stock			
	c Investments - corporate bonds Stmt 9	10,167,543.	12,560,182.	12,560,182.
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other Stmt 10	84,713,222.	88,101,755.	88,101,755.
	14 Land, buildings, and equipment basis ▶ 224,870.			
	Less accumulated depreciation ▶ 190,590.	35,994.	34,280.	34,280.
	15 Other assets (describe ▶ Statement 11)	880,000.	832,000.	832,000.
	16 **Total assets** (to be completed by all filers)	104,022,832.	111,772,113.	111,772,113.
Liabilities	17 Accounts payable and accrued expenses	58,641.	107,326.	
	18 Grants payable	4,141,931.	3,119,751.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ Statement 12)	0.	85,000.	
	23 **Total liabilities** (add lines 17 through 22)	4,200,572.	3,312,077.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	99,822,260.	108,460,036.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	99,822,260.	108,460,036.	
	31 **Total liabilities and net assets/fund balances**	104,022,832.	111,772,113.	

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 30 (must agree with end-of-year figure reported on prior year's return)	1	99,822,260.
2	Enter amount from Part I, line 27a	2	657,811.
3	Other increases not included in line 2 (itemize) ▶ See Statement 7	3	7,979,965.
4	Add lines 1, 2, and 3	4	108,460,036.
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 30	6	108,460,036.

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)
1a	VAROUS INVESTMENT SECURITIES	P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	29,172,049.		26,866,709.	2,305,340.
b				
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				2,305,340.
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	2,305,340.
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) If (loss), enter -0- in Part I, line 8	3	N/A

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	5,069,341.	92,131,179.	.055023
2008	5,867,395.	111,335,080.	.052700
2007	6,119,155.	123,844,069.	.049410
2006	4,976,013.	111,323,523.	.044699
2005	3,933,200.	102,098,122.	.038524

2	Total of line 1, column (d)	2	.240356
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.048071
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	101,666,088.
5	Multiply line 4 by line 3	5	4,887,191.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	46,789.
7	Add lines 5 and 6	7	4,933,980.
8	Enter qualifying distributions from Part XII, line 4	8	5,059,042.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b		1	46,789.
c	All other domestic foundations enter 2% 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	46,789.
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	46,789.
6	Credits/Payments			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a 126,644.		
b	Exempt foreign organizations - tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c 50,000.		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	176,644.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	
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	129,855.
11	Enter the amount of line 10 to be **Credited to 2011 estimated tax** ▶ 129,855. **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		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ $ 0. (2) On foundation managers ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ www.mehaf.org

14 The books are in care of ▶ WENDY J. WOLF, M.D., M.P.H. Telephone no ▶ (207) 620-8266

Located at ▶ 150 CAPITOL STREET, SUITE 4, AUGUSTA, ME ZIP+4 ▶ 04330

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶	16		X

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.

			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		X
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 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? ☐ Yes ☒ No If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions) N/A	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 ▶ _____, _____, _____, _____			
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 2010 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 2010.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

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

5a	During the year did the foundation pay or incur any amount to			
	(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 509(a)(1), (2), or (3), or section 4940(d)(2)?	☒ 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	X
	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	X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

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.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 13		159,650.	20,214.	0.

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BARBARA LEONARD 150 CAPITOL STREET, AUGUSTA, ME 04330	VP - PROGRAMS 40.00	106,223.	16,914.	0.
KIMBERLY CRICHTON 150 CAPITOL STREET, AUGUSTA, ME 04330	PROGRAM OFFICER 40.00	68,891.	11,227.	0.
CATHERINE LUCE 150 CAPITOL STREET, AUGUSTA, ME 04330	GRANT MANAGER 37.50	55,425.	12,845.	0.
BECKY HAYS BOOBER 150 CAPITOL STREET, AUGUSTA, ME 04330	PROGRAM OFFICER 40.00	61,533.	6,080.	0.
LEONARD BARTEL 150 CAPITOL STREET, AUGUSTA, ME 04330	PROGRAM OFFICER 40.00	53,483.	10,220.	0.

Total number of other employees paid over $50,000 ▶ 0

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
PRIME BUCHHOLZ & ASSOCIATES 40 PLEASANT STREET, PORTSMOUTH, NH 03801	INVESTMENT ADVISORY	58,879.
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 VARIOUS DIRECT CHARITABLE ACTIVITIES AND CONTRACTS. PLEASE SEE ATTACHED STATEMENTS 6 AND 17.	710,193.
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

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

Form **990-PF** (2010)

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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	103,148,552.
b	Average of monthly cash balances		1b	31,471.
c	Fair market value of all other assets		1c	34,280.
d	**Total** (add lines 1a, b, and c)		1d	103,214,303.
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	103,214,303.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,548,215.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	101,666,088.
6	**Minimum investment return.** Enter 5% of line 5		6	5,083,304.

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	5,083,304.
2a	Tax on investment income for 2010 from Part VI, line 5	2a 46,789.		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	46,789.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	5,036,515.
4	Recoveries of amounts treated as qualifying distributions		4	134,243.
5	Add lines 3 and 4		5	5,170,758.
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	5,170,758.

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	5,059,042.
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	5,059,042.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b	5	46,789.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	5,012,253.

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 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				5,170,758.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			4,573,180.	
b Total for prior years _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ $ 5,059,042.				
a Applied to 2009, but not more than line 2a			4,573,180.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2010 distributable amount				485,862.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				4,684,896.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2011** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶

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

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2010	Prior 3 years (b) 2009	(c) 2008	(d) 2007	(e) Total
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 the instructions.)

1 **Information Regarding Foundation Managers:**

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

None

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

None

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

SEE STATEMENT 15

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

SEE STATEMENT 15

c Any submission deadlines

SEE STATEMENT 15

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

SEE STATEMENT 15

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 STATEMENT 17		PUBLIC	ENHANCE HEALTH CARE IN MAINE	3354069.
Total			▶ 3a	3354069.
b *Approved for future payment*				
SEE STATEMENT 17		PUBLIC	ENHANCE HEALTH CARE IN MAINE	3119751.
Total			▶ 3b	3119751.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
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	7,560.	
4 Dividends and interest from securities			14	2,978,967.	
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			14	60.	
8 Gain or (loss) from sales of assets other than inventory			18	2,305,340.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a See Statement 14				20.	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		5,291,947.	0.
13 Total. Add line 12, columns (b), (d), and (e)					13 5,291,947.

(See worksheet in line 13 instructions to verify calculations)

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)
11	ALL REVENUE IS USED TO PROMOTE AFFORDABLE AND QUALITY HEALTHCARE FOR MAINE PEOPLE. PLEASE SEE STATEMENT 17.

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) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule

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

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 or fiduciary) is based on all information of which preparer has any knowledge

Signature of officer or trustee | Date: 9/6/11 | Title: PRESIDENT & CEO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
E. Drew Cheney	E. Drew Cheney	8/31/11		

Firm's name ▶ BAKER NEWMAN & NOYES | Firm's EIN ▶

Firm's address ▶ BOX 507
PORTLAND, ME 04112 | Phone no (207) 879-2100

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.

OMB No 1545-0047

2010

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, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not 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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NORTHEAST DELTA DENTAL FOUNDATION P.O. BOX 2002 CONCORD, NH 03302-2002	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET BOSTON, MA 02111-1533	$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: MAINE HEALTH ACCESS FOUNDATION, INC.

Employer identification number: 01-0535144

Part II Noncash Property (see instructions)

(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., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** 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.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Form 990-PF Other Income Statement 1

Description	(a) Revenue Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income
MISCELLANEOUS INVESTMENT INCOME	60.	60.	
MISCELLANEOUS EXPENSE REBATE	20.	0.	
NET ADJUSTMENT FOR INVESTMENT INCOME ON SCHEDULES K-1	-127,991.	-127,991.	
(NOT RECORDED ON BOOKS)	127,991.	0.	
Total to Form 990-PF, Part I, line 11	80.	-127,931.	

Form 990-PF Legal Fees Statement 2

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL	5,622.	0.		5,622.
To Fm 990-PF, Pg 1, ln 16a	5,622.	0.		5,622.

Form 990-PF Accounting Fees Statement 3

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING	47,169.	2,000.		45,169.
To Form 990-PF, Pg 1, ln 16b	47,169.	2,000.		45,169.

Form 990-PF Other Professional Fees Statement 4

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
CONSULTANTS	18,729.	0.		18,729.
To Form 990-PF, Pg 1, ln 16c	18,729.	0.		18,729.

Form 990-PF Taxes Statement 5

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
EXCISE TAXES	133,000.	0.		0.
PAYROLL TAXES	43,848.	0.		43,848.
To Form 990-PF, Pg 1, ln 18	176,848.	0.		43,848.

Form 990-PF Other Expenses Statement 6

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
OFFICE SUPPLIES & EXPENSES	34,058.	0.		34,058.
WEBSITE	6,877.	0.		6,877.
INSURANCE	14,761.	0.		14,761.
TELECOMMUNICATIONS	14,058.	0.		14,058.
INVESTMENT FEES	475,074.	475,074.		0.
PROGRAM RELATED CONTRACTS (SEE STATEMENT 17)	260,885.	0.		260,885.
OTHER PROGRAM-RELATED FUNDING AND MINOR DONATIONS (SEE STATEMENT 17)	21,700.	0.		21,700.
PROGRAM RELATED EXPENSES: CONSULTANTS	180,904.	0.		180,904.
PROGRAM RELATED EXPENSES: CONFERENCES	12,924.	0.		12,924.
PROGRAM RELATED EXPENSES: GRANT MANAGEMENT	10,102.	0.		10,102.
PROGRAM RELATED EXPENSES: COMMUNICATIONS	73,674.	0.		73,674.
PROGRAM RELATED EXPENSES: STRATEGIC PLANNING	114,364.	0.		114,364.

PROGRAM RELATED EXPENSES: TECHNICAL ASSISTANCE	28,258.	0.		28,258.
PROGRAM RELATED EXPENSES: OTHER	7,382.	0.		7,382.
ACCRUAL TO CASH CONVERSION	0.	0.		-18,577.
To Form 990-PF, Pg 1, ln 23	1,255,021.	475,074.		761,370.

Form 990-PF Other Increases in Net Assets or Fund Balances Statement 7

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	7,845,722.
REFUNDED GRANTS	134,243.
Total to Form 990-PF, Part III, line 3	7,979,965.

Form 990-PF U.S. and State/City Government Obligations Statement 8

Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
UNITED STATES GOVERNMENT OBLIGATIONS	X		7,781,090.	7,781,090.
Total U.S. Government Obligations			7,781,090.	7,781,090.
Total State and Municipal Government Obligations				
Total to Form 990-PF, Part II, line 10a			7,781,090.	7,781,090.

Form 990-PF Corporate Bonds Statement 9

Description	Book Value	Fair Market Value
MUTUAL FUNDS	12,560,182.	12,560,182.
Total to Form 990-PF, Part II, line 10c	12,560,182.	12,560,182.

Form 990-PF Other Investments Statement 10

Description	Valuation Method	Book Value	Fair Market Value
COMMINGLED FUNDS (INVESTMENT PARTNERSHIPS)	FMV	88,101,755.	88,101,755.
Total to Form 990-PF, Part II, line 13		88,101,755.	88,101,755.

Form 990-PF Other Assets Statement 11

Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
PROGRAM-RELATED INVESTMENT	750,000.	750,000.	750,000.
REFUNDABLE INCOME TAXES	130,000.	82,000.	82,000.
To Form 990-PF, Part II, line 15	880,000.	832,000.	832,000.

Form 990-PF Other Liabilities Statement 12

Description	BOY Amount	EOY Amount
DEFERRED EXCISE TAX LIABILITY	0.	85,000.
Total to Form 990-PF, Part II, line 22	0.	85,000.

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

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
WENDY J. WOLF, M.D., M.P.H. 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	PRESIDENT & CEO 40.00	159,650.	20,214.	0.
FRANK JOHNSON 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 2.00	0.	0.	0.
MAROULLA GLEATON, M.D. 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 3.00	0.	0.	0.
KAREN O'ROURKE 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 2.00	0.	0.	0.
LISA SOCKABASIN 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 2.00	0.	0.	0.
TED SUSSMAN, M.D. 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 2.00	0.	0.	0.
DIANA C. SCULLY. MSW 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 3.00	0.	0.	0.
NEIL ROLDE 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 2.00	0.	0.	0.
CHERYL LEE RUST 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	CHAIR & TRUSTEE 4.00	0.	0.	0.
LEE WEBB 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 3.00	0.	0.	0.
JEFF WAHLSTROM 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 3.00	0.	0.	0.

WAYNE MYERS, MD 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 3.00	0.	0.	0.
SARA GAGNE-HOLMES, ESQ. 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 3.00	0.	0.	0.
KENNETH HEWS 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 3.00	0.	0.	0.
CONSTANCE SANDSTROM 150 CAPITOL STREET, SUITE 4 AUGUSTA, ME 04330	TRUSTEE 2.00	0.	0.	0.
Totals included on 990-PF, Page 6, Part VIII		159,650.	20,214.	0.

Form 990-PF Other Revenue Statement 14

Description	Bus Code	Unrelated Business Inc	Excl Code	Excluded Amount	Related or Exempt Function Income
MISCELLANEOUS EXPENSE REBATE			01	20.	
NET ADJUSTMENT FOR INVESTMENT INCOME ON SCHEDULES K-1 (NOT RECORDED ON BOOKS)				-127,991. 127,991.	
Total to Form 990-PF, Pg 11, ln 11				20.	

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 15
Year Ended December 31, 2010 01-0535144

Part XV, Line 2: Information Regarding Grant Programs

Line 2a: Grant applications should be addressed to:

Catherine Luce, Grants Manager
Maine Health Access Foundation
150 Capitol Street, Suite 4
Augusta, Maine 04330
email: cluce@mehaf.org
Phone: (207) 620-8266; ext 104

Line 2b: The Maine Health Access Foundation (MeHAF) provides explicit guidance for the submission of grant applications on its website. Current information about MeHAF's grant programs is available at www.mehaf.org under the section marked "Grants." In 2010, MeHAF issued several Request for Proposals (RFP) for its three strategic priorities: *Strengthening Maine's Safety Net; Promoting Patient & Family Centered Care; and Advancing Health Reform.* Information regarding MeHAF's funding priorities and grant opportunities, including all RFPs, are available 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.

Line 2c:
All submission deadlines are outlined in the Foundation's request for proposals available through the website: www.mehaf.org. In addition to RFP solicitations, MeHAF offers open funding opportunities through the discretionary grants programs and foundation-initiated (invited) grants. Guidance is available on the MeHAF website.

Line 2d: MeHAF generally limits its grant awards offered through competitive RFPs to 501(c)(3) tax-exempt charitable organizations, educational institutions, governmental entities or other public, non-profit entities. Private foundations, individuals, fiscal sponsorships and organizations with pending non-profit status are ineligible to receive funding through the competitive RFP process. MeHAF primarily funds Maine-based organizations; however, qualified organizations may apply for funding if the project activities focus on Maine's health care system or Maine residents.

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 16

Year Ended December 31, 2010 01-0535144

Part VII-A, Line 5c: Statement Required by Regs. Section 53-4945-5(d)

1. Name and address of grantee:

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.
The Landmark Center
401 Park Drive
Boston, MA 02215-3326

2. Date and amount of the grant:

Approval Date: 12/16/2010
Grant Amount: $17,000
Grant Period: 01/01/2011 – 12/31/2011

3. Purpose of the grant:

The Health Coverage Fellowship Program is designed to help the New England media do a better job covering critical health care issues. The goal of the Fellowship is to deepen the media's understanding of the intricate and dynamic world of medicine and health care, with an emphasis on the special problems facing low-income and uninsured individuals and families. MeHAF funding is to insure that the program includes a Maine journalist.

4. Amounts expended by the grantee (based on the most recent report):

Narrative and financial reports are due on 2/17/2012.

5. Statement regarding fund diversion:

To the best of Maine Health Access Foundation's knowledge, the grantee has not diverted any portion of the fund from the purpose of the grant.

6. Dates of any reports received from the grantee:

MeHAF has not received reports from the grantee as narrative and financial reports are due on 2/17/2012. Reports (narrative and financial) from previous grants, have been received, reviewed and approved on a timely basis.

7. Dates and results of verification of grantee's reports:

Upon receipt of narrative and financial reports, the CEO will review the reports from Blue Cross and Blue Shield of Massachusetts Foundation, to ensure the appropriate use of grant funds.

MAINE HEALTH ACCESS FOUNDATION

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Part IX-A: Summary of Direct Charitable Activities

The mission of the Maine Health Access Foundation (MeHAF) is to promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine. As the state's largest health care foundation, the Maine Health Access Foundation supports strategic solutions to Maine's health care needs through grants and other programs, particularly targeting those who are uninsured and medically underserved.

The Maine Health Access Foundation was legally incorporated in FY 2000. At their first meeting in January 2001, the fifteen leaders on the founding Board of Trustees were charged by the Attorney General to start a new health foundation that would expand access to the uninsured and medically underserved.

Since the foundation's inception MeHAF has strived to be an independent and visionary leader in health philanthropy. The Board, Community Advisory Committee and staff are committed to advancing our core guiding values as we work with our nonprofit partners and key leaders in the public and private sector to

- act as a catalyst for change;
- promote innovation and vision;
- foster community-based collaboration and partnerships;
- serve as an informed convener and educator;
- exercise responsible stewardship.

From the start, our Board has consistently directed our philanthropic resources to fundamentally and thoroughly change the character of health care delivery in ways that benefit those who are most vulnerable. We hypothesized that if the system could work well for the most vulnerable, it should work well for everyone in Maine. MeHAF has also focused on balancing the challenge of meeting "real time" health care needs with an eye on the long-term goal of transforming care in Maine.

At the ten-year mark we believe the Foundation has forged a balanced path to meet those dual expectations. Over the last decade, MeHAF has awarded over $40 million in grants and program support to more than 250 organizations across Maine to advance transformative change, focusing on public policy and program initiatives that have:

- Partnered with primary and behavioral health professionals to help them adopt new models of seamless, integrated team-based care
- Spearheaded the development of one of the nation's first statewide electronic health information exchanges
- Advanced new payment reform strategies aimed at reining in the cost of care
- Strengthened and expanded Maine's community health centers to promote greater access to high quality care
- Facilitated a professional network of small rural hospitals to develop enhanced patient safety practices
- Expanded oral health services for low-income people

- Provided philanthropic leadership with new standards for transparency and accountability

In 2010, MeHAF provided $3,636,654 in new and continuing grants and contracts to organizations across Maine to advance our three strategic priorities:

- Advancing Health Reform
- Promoting Patient and Family-Centered Care
- Strengthening Maine's Safety Net

Over the years, we have supported some initiatives that have proven truly transformative, whereas some of our other programs, such as addressing the oral health needs of low income people, seem stubbornly intractable despite substantial investments of time, resources and new strategies.

Through it all, MeHAF's work has been guided by many: visionary Trustees, a committed Community Advisory Committee, a talented staff, and input from our nonprofit partners. Yet our collective efforts have been primarily guided by the input, advice and needs of Maine people from all sectors, spanning geographic and political boundaries. Our touchstone of truth, their voices ensure our work has been grounded in the reality of everyday challenges and reflect the priorities they feel need to be tackled.

Looking to the next decade ahead, MeHAF will continue to build on this foundation of transformative work to serve Maine people.

Since 2010 represents the Foundation's first decade of operation, this report of charitable activities presents a more comprehensive view of the MeHAF's first decade of grantmaking and operations.

The following represents the voices and perspectives of key leaders who have guided and shaped MeHAF's work over our first decade.

Setting the stage for a solid start

Imagine walking into a meeting with fifteen strangers where a prominent public official hands you a check for $82 million and tells you to use the funds wisely to address one of Maine's most vexing issues. Warren Kessler, retired CEO of MaineGeneral, vividly remembers that day ten years ago when Maine's Attorney General called the first meeting of the Maine Health Access Foundation's Board of Trustees. "There were fifteen brilliant leaders, and it was my job to get them into a cohesive group," Kessler, who served as the founding Board Chair, recalls.

He was mindful that while $82 million is a lot of money, it represented only one-tenth of 1% of all health care spending in Maine. Kessler understood the importance of using the endowment responsibly, "so we had to agree on priorities." The Trustees agreed it was imperative to make wise investments as opposed to plugging holes.

In the first year, Kessler recalled, the Board started out addressing obvious needs. "One was dental health care, which has shown up again and again as one of MeHAF's priorities." The Foundation also supported greater access to primary care through Maine's network of community health centers.

Kessler cites more groundbreaking contributions such as investing in structured, systematic free care programs for low-income, uninsured Maine people. One program, CarePartners, has repeatedly demonstrated that providing guidance and answers to those who need help navigating a complex system will eventually reduce costs and emergency room use. As a founder of CarePartners, Kessler had to recuse himself from funding decisions but notes, "That population now uses services a lot like privately insured people do, whereas previously they had higher use of medical care and resources."

HealthInfoNet is another far reaching investment that Kessler values. "The health data system has made a significant difference and has the potential for changing the face of medicine in Maine. We are recognized as a leader in the nation in health information technology right now."

From the start, the Board encouraged the Foundation to also be a leader in its approach to philanthropy. "MeHAF has required grantees to work with other organizations... That has caused a change in behavior over time. For example, the three major health systems in the state have formed an organization to work together, and that had never happened before."

Kessler is quick to point out that all of MeHAF's grant dollars are generated from the investment earnings of that original $82 million. Even during challenging economic times, he's proud that careful stewardship enabled the Foundation to keep its commitments steady.

MeHAF's ability to set priorities to guide the best minds in health care is what it takes to "work on quality issues, and deal with the cost of health care." Warren Kessler is confident these strengths will give MeHAF what it needs to guide Maine through health care reform in the next decade.

Listening to Maine people

For a decade, MeHAF has been governed by a visionary statewide Board of Trustees. But even before creating the Board, Maine's Attorney General tapped another group of leaders to guide MeHAF's very first steps. "I was there from the beginning," recalls Luc Nya. "Before MeHAF was created, I was part of the original Community Advisory Committee."

The experiences, expertise and diverse perspectives of people on the Community Advisory Committee (CAC) have lent greater breadth and depth to the Foundation's efforts. Ensuring that MeHAF's work is informed and shaped by the diverse voices and perspectives of Maine people is something Nya knows a lot about. As the former multicultural Services Coordinator in the Office of Multicultural and Immigrant Services, Nya had considerable experience in listening to the needs of vulnerable people and building alliances and partnerships around common goals to meet them.

"When MeHAF first started out there were lots of questions and confusion about what the Foundation would be. Would it be an arm of government? A policy organization? Would it fund traditional programs, or think about doing something different with funding?" Determining the right answers to these challenging questions was critical to getting the Foundation started on the right path.

So the Board and CAC turned to Maine people for advice. "MeHAF started out with community forums to communicate who they are and what they do, and get feedback from people about which issues to cover." Nya was proud that this process brought forward advice "from the grassroots." With this approach, MeHAF gained buy-in and support to start addressing important issues.

Over the years, Nya notes, "MeHAF has remained true to working on the topics that have come directly from the citizens of Maine." By staying engaged with the public, the Foundation keeps fresh ideas and innovation flowing, and makes sure new programs and interventions are meeting the needs of everyday people. Nya feels that "MeHAF has pushed people to look at people and things differently than they had in the past." For example, "as a result of MeHAF's work, the issue of integrating psychiatric care into the primary care setting is at the forefront in Maine. Not long after MeHAF began looking seriously at the benefits of this approach, SAMHSA [the federal Substance Abuse and Mental Health Services Administration] did something similar. This shows that MeHAF is being innovative and doing needed projects even before there is a national trend to look at them."

True to its original role, the CAC continues to keep MeHAF's ear tuned to the needs of Maine people. Nya is confident that the Foundation can continue to meet the challenge of finding ways to help all people achieve optimal health and well being. "MeHAF is out there in the community, making sure that everyone's voice is included."

Rewarding innovation

When the Legislature established MeHAF ten years ago, Kevin Gildart was watching closely. Although he thought it was a good idea at the time, he now realizes how prescient and wise it was. "The Maine State Legislature was the force behind pushing to set aside the money for MeHAF after the sale of [nonprofit] Blue Cross and Blue Shield to Anthem. I don't think they knew how smart they were. It was a decision that was wise beyond its years. MeHAF, in its short life, has gone way beyond what people may have anticipated when the Legislature originally pushed for this."

Gildart had several reasons for keeping tabs on health care. As Vice President for Human Resources at Bath Iron Works, he knew the growing expense of offering care to employees strained BIW's bottom line. "It was more and more of a struggle because of rising costs, which forced us to learn more about outcome-based health care. I had to learn a lot about our medical system in this country and Maine specifically, and find ways to help my company without just taking coverage away. There are things you can do to control costs, but we're dealing with a system that's not really a system. It's a culture that's very set in its ways, and it's compensated in ways that don't reward innovation."

When he became a MeHAF Trustee, Gildart shared how Maine's business community was struggling to maintain employee health coverage at reasonable costs. He advocated for MeHAF to go beyond grantmaking to push real innovation – to challenge traditional health care models and call upon organizations that were just staying afloat in the old system to become leaders in a new one.

Gildart cites MeHAF's leadership for developing a statewide health information technology system as the single most important investment the Foundation has made. "The ability for providers to share information and have a library of accessible information in real time is priceless. I don't think it would have happened if MeHAF hadn't been willing to give resources and been forceful in driving the project. The implications of this are still underestimated, in my opinion."

He also challenged MeHAF to bring people together to address tough issues. "The change I observed over time was an understanding of what an influential role [MeHAF] could play in changing the health care landscape in Maine. There was not a common ground for talking about health care. I wanted to convince MeHAF that they could be the convener to bring people to a neutral place, not to spend time arguing about their differences, but looking at where there was agreement or a willingness to have agreement."

Thinking back to the Legislature's action Gildart says, "It was a wise decision then, but has become something more beneficial than anything that was expected. [It] has paid great benefits, and will pay those benefits for many years to come."

Impact in communities and beyond

When Catherine Ryder talks about Tri-County Mental Health Services' work to integrate behavioral health with primary care, her face lights up. Her excitement about the emerging work to treat "the whole patient" and Tri-County's accomplishments on this front is clear – and infectious. Through contractual arrangements, Tri-County behavioral health professionals are now working in primary care offices. They're on-hand to assist immediately when a doctor realizes a patient might benefit from counseling about lifestyle changes. They can offer depression counseling or connect patients with other mental health services. People are getting healthier as a result.

"We are seeing people come forward to receive needed services earlier, allowing us to resolve mental health issues in far less time," observes Ryder. "This change in patterns and outcomes is nothing short of miraculous." In addition, clinicians are responding favorably and revenues have exceeded expectations, leading Ryder to believe they may have "cracked the nut" with this model of care integration.

"The work we do and the models Tri-County has created have an impact beyond my community," Ryder notes. Her organization's partnership with MeHAF and other grantees working on the integration of care has expanded interest and advocacy for the many advantages achieved by this approach.

"One of the things I love about working with MeHAF is they're so hands on and positive. They provide us with resources, they are available as needed and when needed and have a

huge resource library for technical assistance." She notes that MeHAF has helped her through some difficult times and puzzling problems by drawing on its vast and carefully-tended network.

"Inclusive" is the word Ryder uses to describe this partnership. "MeHAF leaves no stone unturned. In efforts to share what works or to seek expert input, the Foundation goes beyond an individual, beyond a community, beyond a state, to what can be done in a country. MeHAF is expansive in both their awareness and their goals." She explains that removing the stigma of behavioral health care through an integrated approach is complex, demanding strategic thinking and the ability to think analytically about policy and delivery systems. Ryder says that many foundations, including MeHAF, do that part well. She adds that MeHAF also has something many foundations don't - namely roots in the ground.

"Grant funders often sit in an 'ivory tower' but they don't understand what happens at the service delivery level. MeHAF gets it," says Ryder. To successfully shift systems and infrastructure to a new model takes both a high-level analysis and a close connection to tactics. It's a challenging balance, but one that Ryder sees coming to life through the partnerships she's made. "My work with MeHAF showed me that 'impossible' change really is possible with the right players."

Communities defining their own needs

Strategic priorities. RFPs. Applications. Reporting requirements. There is a lot about philanthropy that is standard, predictable – and sometimes fixed and inflexible. Foundations are used to doing things their way. Yet that approach doesn't always get people engaged, or lead to the best results.

Patricia Knox-Nicola has made a thirty-year career of finding the resources needed to offer quality health services to the Penobscot Nation. Over the course of her career, she's been no stranger to rigid federal and state grant requirements. Meeting funding request deadlines and reporting requirements kept her busy with little time to learn how to work with other funders. But in 2002 when MeHAF offered its first grant funding, Knox-Nicola did something new and applied for a grant. "We were able to expand our dental services as a direct outcome of that grant."

Because of her work as a tribal health director, Knox-Nicola was later invited to serve as a member of MeHAF's Community Advisory Committee. This statewide group helps connect the Foundation with people of diverse perspectives and experiences. "This was the first time I had worked with a foundation," Knox-Nicola recalls. As she developed a relationship with MeHAF as a prospective grantee and advisory committee member, both the Foundation staff and Pat realized they could learn a lot from each other.

"Many years ago, MeHAF reached out and said, 'Here's what we have to offer. Tell us how we can help you.' MeHAF staff has come to personally sit down and meet with those of us providing health care for the native population, to find out what the needs are." Over time, MeHAF has provided funding for a health education fair on Indian Island and equipment for a dental clinic serving Native Americans.

Knox-Nicola knows that tribal communities have a lot of different needs, making it hard to know where to most effectively direct the health centers' limited resources. With MeHAF's support, the four Maine tribes in five tribal communities came together to work on a unique survey that would assess the health needs of the people in their communities. Knox-Nicola is coordinating this work. MeHAF has learned that to successfully meet the needs of all cultures and communities, it is important to determine how best to work with the people to be served. What are their expectations? Traditions? Cultural experiences and perspectives? Productive relationships need nurturing. MeHAF understands that improved health results among the Maine tribes can be better achieved by a community-driven process where the people manage the process and data; in this case an assessment that was "developed by native people, created for native people, and implemented by native people."

Knox-Nicola has learned that some funders can listen and adapt their funding approaches to meet the needs of specific cultures. "They have shown me that there are different avenues for finding funds and support."

The importance of the patient voice

When Peter Driscoll received word that MeHAF planned to fund Amistad's peer support program for people with mental illness who are in crisis, he was shocked. In his experience "peer programs are not usually funded and taken seriously." But this time was different.

As Amistad's Executive Director, Driscoll knew that many of his organization's members who needed crisis services were often critical of those very services for a variety of reasons. Crisis calls often got local police involved. Many times a call for help resulted in long, unpleasant hours in emergency departments waiting for a consultation from a psychiatrist or other mental health professional. "We knew we could make it easier and less scary for people by having a program where peers would stay with the person in the ER," notes Driscoll. Amistad applied for a grant to improve that experience through peer support. He was pleasantly surprised MeHAF not only approved the program but funded it completely.

Over the years MeHAF has funded several projects developed by Amistad. The organization currently participates in the Foundation's work to integrate behavioral and primary care health services to serve the whole person. It's an idea that makes sense in theory, but as Driscoll notes, there are significant challenges to connecting professional communities that have not traditionally worked together. Amistad's approach offered an excellent avenue to learn about and help mitigate these professional challenges.

Like other behavioral health professionals, Driscoll didn't consider himself a part of the health care world. Amistad worked with different systems and care models than those grounded in physical health. But to treat the whole person, it was necessary to step into his or her world and better understand it, "to connect the head back to the body." Driscoll believes MeHAF's value to Amistad is much greater than the funding it provides. "MeHAF gave us funding, but they've also given us 'weight' – our organization is more recognized and respected in the state."

The Foundation's commitment to bring these sectors together gave primary care providers and specialists a chance to understand Driscoll's world too. He has spoken at MeHAF's learning collaboratives and partnered with people he wouldn't have worked with in the past. The process of connecting behavioral health and health care organizations is not easy, but Driscoll feels this initiative "has pushed the envelope," particularly in ways that bring patients and their families into the conversation. "MeHAF truly understands the importance of patient voice, and they don't just give it lip service, they make it happen."

Because this work requires close partnerships, Amistad has had the chance to enter rooms whose doors were previously closed. "MeHAF dragged us, not always willingly, into the health care world and hasn't let us stay in our silo. There's more work to do, but now it's happening."

Building networks

Imagine you are responsible for the emergency department and all outpatient services of a small rural hospital; one that serves the largest county east of the Mississippi River. Although it's the sole source of care for many people who live there, your small hospital doesn't have a lot of resources – money to spend, buildings to use, technology to move ahead or colleagues for collaboration. Welcome to Barbara Bossie's world.

As the Director of Outpatient Services and Regulatory Compliance for Houlton Regional Hospital, Bossie faces the daily challenges associated with delivering quality health care in a rural area. Her job provides an insider's view of the comprehensive health care needs of her community, and she knows first-hand how hard it can be to meet those needs.

Over the years, MeHAF has been a key partner for Bossie in building resources for Houlton Regional Hospital as it plans how to best address uniquely rural issues. In 2002, the hospital received a grant to provide three new services: hand therapy, a continence program for women and equipment needed for children with autism, brain injury and developmental disorders to help them communicate. These are minor changes on the surface, but for those who no longer have to drive over two hours each way for hand therapy, it is nothing short of life-changing.

The Foundation's investment in Houlton Regional Hospital and other rural hospitals has also strengthened Bossie's professional network. In 2008, her hospital participated in a statewide Safety Collaborative for Critical Access Hospitals in Maine. Together with the Office of Rural Health, the University of Southern Maine's Muskie Institute, and the Maine Quality Forum, MeHAF provided support for Bossie and counterparts from across Maine to take on the common denominators important to enhancing patient safety.

Bossie and her peers learned best practices and shared their experiences and expertise in a facilitated, open process that focused on common challenges and framed potential policy and practice solutions. "We were able to network, share ideas and knowledge, and provide support to each other as we worked to implement programs at our hospitals to promote medication safety," says Bossie. "As a result, we became a very cohesive group and continue to work closely together today."

The project helped Houlton Regional Hospital implement a new Computerized Physician Order Entry system, jumpstarting their use of electronic medical records. Used initially by physicians in the emergency room to manage medication, the system reduces variability in care, prevents drug interactions and ensures correct dosages. "It supports our hospital's mission to provide safe, high quality, compassionate care to the communities we serve."

Bossie still faces the day-to-day challenges of rural health care delivery, but her work with other small hospitals has made her feel better connected to the resources and support needed to address them.

Solution driven

For over 25 years, the Maine Primary Care Association (MPCA) has helped its community health center members improve health care access, quality and service in underserved, rural areas across the state. Serving more than 160,000 people annually, these centers provide a whole range of services including primary care, behavioral health and even oral health care. Keeping health centers on the cutting edge of delivery system improvements and policy change is a tough job, but CEO Kevin Lewis feels up to the task.

Lewis knows the issues facing Maine in the coming decade are challenging. He points out that Maine will have to address how health care delivery will meet the needs of a rural and aging state, and figure out how quality services can be offered without exceeding the state's ability to pay for them. Yet, with MeHAF's help, he's optimistic Maine can continue being a national thought leader in transforming care approaches.

"MeHAF asks everyone to be solution-driven rather than problem-driven." When it comes to some of the most pressing issues in health care, such as health disparities, integration of services and payment reform, MeHAF has acted as an unofficial "think tank" driving change to new levels and then spreading the learning broadly through the state. This approach helped MPCA's health centers improve diabetes care, expand oral health care services and promote better integration of primary care with behavioral health.

Lewis insists that it's more than funding that positions Maine as a thought leader. "One way that our connection to MeHAF has furthered our progress in meeting our mission is simply networking." He feels the Foundation "has energized the field, and seeded efforts with money" so groups can move the dial on important issues.

He also credits the "virtual common green," created by MeHAF, with generating the big ideas for solving some of the most intractable problems. "MeHAF holds meetings and convenes agencies doing good work on behalf of Maine people, which breaks down some of the boundaries that can otherwise impede communication. It is a creative and welcoming space to examine and test our own assumptions and work across settings of care."

When those assumptions are tested, interesting things begin to happen. New ideas to shape a better health care landscape are encouraged, piloted, critiqued and improved. This rapid-cycle learning quickly moves organizations beyond the question of "what should we do?" to "how can we do it?" Lewis cites this generative process as the reason that Maine's progress is watched carefully by the rest of the nation.

Looking down the road, Lewis remains upbeat, knowing that MeHAF will continue to cultivate the "virtual common green," where new ideas can help inform and guide his members' work to provide better care in the challenging years ahead.

Taking risk for higher reward

Computers. Smartphones. Tablets. Information is now shared instantly through Facebook, Twitter, YouTube and a universe of internet links. The electronic revolution has touched our lives and changed the way business is conducted around the world. Yet the health care sector, while on the leading edge of technical prowess for diagnostics and surgery, is still mired in the 20th century when it comes to sharing electronic information.

Enter Dev Culver, founding CEO of HealthInfoNet, an independent nonprofit, whose sole focus is to provide health care professionals with electronic medical records enabling more targeted and appropriate care to patients.

With MeHAF's support, Culver has led visionary health care leaders in Maine to tap into 21st century information storage, access and sharing to improve the quality and efficiency of care around the state from the largest hospitals to the most rural clinics and pharmacies.

Early efforts to computerize records were glacially slow, costly and the individual systems could not be linked to share records. For patient care to become more cohesive, efficient and inexpensive, providers needed a way to receive and share up-to-date information at the touch of a computer screen. This vision prompted MeHAF to embark on a high-stakes process to support the development of a first-in-the-nation health information exchange. Eight years later, "Maine is one of only four or five states in the country operating a statewide health information exchange," says Culver. He credits MeHAF's sustained leadership in advocating for the expansion of electronic patient records with positioning Maine squarely as a national leader in moving health care into the electronic age.

"Back in 2006-07, I was able to negotiate an agreement among the four [major hospital] delivery networks to support information exchange." This degree of cooperation was pretty powerful, noted Culver, who persuaded early adopters that in the field of information sharing, cooperation was more strategic than competition. HealthInfoNet now connects 15 hospitals, one large primary care organization, and about 50 percent of all clinical care activity in Maine. More hospitals and provider offices continue to come on board.

Collaboration on this scale is hard to achieve. When Dr. David Blumenthal, the National Coordinator for Health Information Technology, visited Maine, he observed that Boston hospitals across the street from each other weren't yet able to share information, while HealthInfoNet was already linking sites across a large rural state.

MeHAF's early funding positioned HealthInfoNet to compete for new federal dollars that are now supporting the wide-spread adoption of health information technology. Culver attributes this success to MeHAF's clear sense of purpose. "[They] know how to articulate that purpose effectively, and most important, deliver on that mission." With statewide expertise in shepherding health system changes in Maine, and HealthInfoNet's capabilities, Culver

believes Maine is well positioned to stay in the lead over the next ten years, ensuring that the power and promise of better health information is a reality.

Catalyzing meaningful change

"It would be easier for me to stay healthier if I had access to better, low cost, preventive dental health, such as a professional cleaning, dental x-rays, and cost-controlled fillings."

"It would be good to have other dental benefits besides having tooth extractions."

These unprompted responses from participants in a MeHAF-funded 2009 collaborative survey entitled, *Improving the Health of Maine People: Getting Down to Basics*, are stark reminders that access to oral health care remains as much a challenge for many people across the state today as it was ten years ago.

From its inception, MeHAF has persistently worked to remind practitioners and policy makers that the mouth must stay connected to the rest of the body. Supporting programs that address unmet health care needs aren't providing the true care people need if they don't include oral health. This is a message that rings true to Kneka Smith, Associate Dean of Planning at the University of New England College of Dental Medicine, which is slated to open in 2012.

"UNE is an established organization with a long history," says Smith. "MeHAF has connected us to the broader health care field and to what's going on in the state in new ways." She believes that UNE's partnership with MeHAF has given the school a renewed connection to the challenges and opportunities Maine faces by acting as a catalyst and convening the right people to address entrenched problems.

MeHAF has also partnered with UNE on meeting more immediate needs. A recognized shortage of oral health providers prompted the Foundation to support UNE's efforts to recruit Maine people to become future dentists. MeHAF also offered UNE resources to build relationships with dental clinics across Maine – so students may gain the clinical experience they need in places that need to attract new dentists.

Smith is gratified to join an array of advocates, including dentists, hygienists, other health care providers, business leaders, consumers and policymakers who are working together to identify and address important, unmet health care needs in Maine. Only by working side-by-side on both the clinical level and at a broader policy level, will MeHAF, UNE and others be successful at tackling the oral health workforce and access issues once and for all.

Smith values MeHAF's efforts to keep oral health in the forefront of its focus on better and more integrated care. "Even when they're co-located, health care professionals don't always work together. At UNE we are looking at how we can educate people in the different health disciplines in a new way so they can learn more about one another's disciplines and work together better to affect health care outcomes."

Funding MeHAF's Grants and Program through Our Investments

MeHAF's grants, program funding and operating expenses are derived from the revenue generated by the wise investment of the Foundation's endowment. MeHAF's Finance Committee has been consistently conscientious, disciplined and transparent in framing and executing the Board-approved investment strategy, designed to achieve long-term investment returns above spending requirements (5%) plus inflation.

To achieve this goal the investment program remains equity-oriented, with asset class diversification employed to control risk. The Committee strives to be strategic in nature, and avoid tactical bets or "market timing." Over the last decade, the investment policy has de-emphasized domestic equities and fixed income in favor of greater global exposure, along with increased commitment to flexible capital and inflation-hedging assets. Through exemplary stewardship, the members of MeHAF's Finance Committee, working in consultation with our investment advisors, Prime Buchholz and Associates, made it possible for the Foundation to award over $40 million in grants over the last decade, while preserving the value of MeHAF's assets over the long term.

MeHAF's Board of Trustees

MeHAF is fortunate to have been guided by exceptionally visionary, experienced leaders from across the state with recognized expertise in health policy and advocacy, health care delivery, public health, business, finance and philanthropy. Since the appointment of the founding Board by the Attorney General in 2001, the Trustees have consistently ensured the Board includes at least three individuals who represent the interests of the uninsured and underserved, as specified in the Foundation's by-laws.

Over the last decade, our statewide Board has consistently strived to represent the professional, philosophical and demographic diversity of Maine. In guiding MeHAF's work to meet our mission, the Trustees have solicited ideas, strategies and solutions from every sector, transcending politics and partisanship. The work of the Board is enriched and deepened by the input and advice of the Foundation's statewide Community Advisory Committee. It is a testament to their collaborative working relationship that the majority of current Board members have previously served on the Community Advisory Committee.

MeHAF's Community Advisory Committee

Even before the appointment of the first Board of Trustees, the Foundation's formation was guided by a statewide Community Advisory Committee (CAC). This broadly representative group solicited nominations for the founding Board, and worked hand-in-hand with the Attorney General to ensure the Foundation's first steps were on the right path. CAC members represent many sectors and geographic areas across Maine. Over the last decade, they have provided wise guidance to MeHAF's operations shaped by their deep professional expertise. MeHAF's by-laws stipulate that two-thirds of the CAC membership be reserved for individuals who represent the interests of the medically underserved and uninsured populations. At least one-third of the members must have established expertise in health care with respect to access for medically underserved and

uninsured persons. Many individuals serving on the CAC have eventually stepped forward to subsequently serve as Board members.

Over the last ten years, MeHAF has been fortunate to have the advice and counsel of the many leaders listed who have generously volunteered to support our quest to meet our mission and serve those who are most vulnerable.

MeHAF Staff

There's no doubt that grant funding can help make good things happen. But great things are possible when you add the knowledge and expertise of a highly talented, visionary staff to grantmaking. From the start, the MeHAF staff has been consistently committed to excellence, transparency, and true partnership in all aspects of our work with the Board, Community Advisory Committee, our nonprofit grantees and, most importantly, the people of Maine.

MeHAF deploys an array of strategies to advance our work We award single and multi-year grants, engage consultants for targeted work on various initiatives, and underwrite research and analysis.

The following is a list of the grant and contract payments that MeHAF provided in fiscal year 2010.

MAINE HEALTH ACCESS FOUNDATION

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Year Ended December 31, 2010

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Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
Advancing Health Reform - Public Education/Consensus Building									
2010B-0004	Consumers for Affordable Health Care Foundation 12 Church Street P O Box 2490 Augusta, ME 04330	$40,000 00	$40,000 00	$0 00	X				Consumers for Affordable Health Care (CAHC) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA) CAHC will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements CAHC will specifically focus on the following populations: young adults (to age 26) and their parents, people with Medicare, and people with low incomes
2010B-0005	Eastern Area Agency on Aging 450 Essex Street Bangor, ME 04401	$40,000 00	$40,000 00	$0 00	X				Eastern Area Agency on Aging (EAAA) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA) EAAA will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers. Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements EAAA will specifically focus on the following populations people with Medicare, and people with low incomes
2010B-0006	Healthy Community Coalition 105 Mt Blue Circle, Suite #1 Farmington, ME 04938	$37,152 00	$37,152.00	$0 00	X				Healthy Communities Coalition (HCC) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA). HCC will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements. HCC will specifically focus on the following population young adults (to age 26) and their parents
2010B-0008	Legal Services for the Elderly 5 Wabon Street Augusta, ME 04330	$40,000 00	$40,000 00	$0 00	X				Legal Services for the Elderly (LSE) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA) LSE will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements LSE will specifically focus on the following population· people with Medicare.

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2010B-0009	Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	$32,062.00	$32,062 00	$0 00	X				Maine Equal Justice Partners (MEJP) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA). MEJP will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements. MEJP will specifically focus on the following populations young adults (to age 26) and their parents, people with Medicare, people without insurance, and people with low incomes
2010B-0010	Maine Medical Education Trust 30 Association Drive P O Box 190 Manchester, ME 04351	$39.853.00	$39,853 00	$0.00	X				Maine Medical Education Trust (MMET) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA) MMET will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements. MMET will specifically focus on the following populations· people with Medicare, people without insurance, and people with low incomes
2010B-0011	Maine People's Resource Center 565 Congress St. #200 Portland, ME 04101	$40,000 00	$40,000.00	$0 00	X				Maine People's Resource Center (MPRC) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA) MPRC will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements MPRC will specifically focus on the following populations young adults (to age 26) and their parents, people with Medicare, and people with low incomes
2010B-0012	Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	$35,650 00	$35,650.00	$0 00	X				Maine Primary Care Association (MPCA) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA). MPCA will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements MPCA will specifically focus on the following populations young adults (to age 26) and their parents, people with Medicare, people without insurance, and people with low incomes

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2010B-0014	MaineHealth 241 Oxford St Portland, ME 04101	$39,775 00	$39,775.00	$0 00	X				MaineHealth will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA) MaineHealth will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements MaineHealth will specifically focus on the following populations young adults (to age 26) and their parents, people with Medicare, and people without insurance
2010B-0017	Western Maine Community Action 20A Church Street P O Box 200 East Wilton, ME 04234	$40,000.00	$40,000.00	$0 00	X				Western Maine Community Action (WMCA) will work with MeHAF staff, other grantees, a group facilitator, and messaging experts to create a coordinated outreach plan and to design common, plain language messages and materials to support outreach and education regarding the federal Affordable Care Act (ACA) WMCA will work with partners and other grantees to distribute information to a variety of population groups through trusted local community and social service organizations and health providers. Information will be disseminated through brochures, direct conversations, through key partner organizations, and via radio, newspaper and television advertisements WMCA will specifically focus on the following populations· people without insurance, and people with low incomes
2010FI-0003	Maine Development Foundation 295 Water Street, Suite 5 Augusta, ME 04330	$37,000 00	$37,000 00	$0 00	X				This project creates a consortium of business stakeholders for the purpose of providing Maine businesses answers to their questions about federal health reform and the ability to deliver feedback to policy makers The consortium will provide information on health reform, outreach to Maine businesses, and deliver feedback to policy makers
2010CON-0012	*FrameWorks Institute* *1776 I (Eye) Street, NW* *9th Floor* *Washington, DC 20006*	*$20,000 00*	*$10,000 00*	*$10,000 00*				*X*	*FrameWorks Institute will provide technical assistance to support MeHAF's Health Reform I grantees inform the public about the new provisions of the health care reform law Specifically, FrameWorks will provide two half-day workshops, technical assistance to the group facilitator and application tools*

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Advancing Health Reform - Policy & Leadership Development									
2010FI-0004	Center for Health Policy Development National Academy for State Health Policy 10 Free Street Portland, ME 04101	$11,175 45	$11,175 45	$0 00	X				MeHAF funds will be used to sponsor health policy leaders from Maine to attend NASHP's State Health Policy Conference
2009FI-0002	Daniel Hanley Center for Health Leadership P O Box 15275 Portland, ME 04112-5275	$52,000 00	$17,000.00	$15,000 00	X				The 'MeHAF Scholars' program will assure that individuals from health-related organizations that serve MeHAF's priority populations can fully participate in the statewide Hanley-Institute for Civic Leadership (ICL) Health Leadership Development (HLD) course. Increased enrollment from this sector will build leadership capacity, contribute to the diversity of each HLD class and build understanding and awareness about issues relating to access, health disparities and the needs of underserved populations in Maine. It will also stimulate greater collaboration among health and health care leaders as they address these issues in the months and years ahead.
2010FI-0006	Grantmakers In Health 1100 Connecticut Ave , NW, Suite 1200 Washington, DC 20036	$75,000 00	$25,000.00	$50,000 00	X				GIH will support the philanthropic field in defining its role in the implementation of health reform and considering the implications for future grantmaking GIH's goal is to provide sound, strategic, and actionable information and advice to funders, as they (1) raise the visibility of emerging issues, promising approaches, and critical roles that foundations can play, (2) frame the policy context that can impede or further efforts to bring change, (3) institutionalize opportunities for funders to candidly exchange information and learn from each other's experience; and (4) facilitate communication between funders and federal policymakers
2006FI-0003	Maine Development Foundation 295 Water Street, Suite 5 Augusta, ME 04330	$123,949.00	$24,950.00	$0.00	X				This project will integrate and link health care and health care costs to the economic viability of our state By bringing that perspective to the program, current and future leaders will gain additional needed information for their decision making processes in shaping Maine's future.
Subtotal, Advancing Health Reform Grant (13) & Contract (1) Payments = $507,617.45									

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Promoting Patient & Family-centered Care - Integration Initiative									
2007A-0023	Acadia Hospital 268 Stillwater Ave. P O. Box 422 Bangor, ME 04402-0422	$325,000.00	$89,926.00	$0 00	X				This project provides an integrated, team-based model of care in which physical behavioral and specialty care are provided to more people through co-location. The key goal is to reduce the growing number of opiate abusers through integration, while providing greater access to all patients
2008C-0033	Acadia Hospital 268 Stillwater Ave. P.O Box 422 Bangor, ME 04402-0422	$300,000 00	$100,000.00	$100,000.00	X				Acadia Hospital will aim to improve patient-centered integrated care in its nine county service area by providing primary medical care services in an existing behavioral health/addiction treatment specialty care setting. It seeks to improve interagency collaboration around persons with the highest health and behavioral health risk status through regular meetings of an advisory board made up of key personnel form large providers of health and behavioral health care in the Bangor region. It seeks to incorporate principles of the Patient Centered Primary Care Collaborative 'Medical Home' into the development of services at Acadia Hospital, and if indicated, suggest enhancement to the medical home concept when the medical home exists in behavioral health/addiction specialty setting Finally, it seeks to enhance our understanding of the characteristics of patients that are most effectively served through a medical home located in a behavioral health/addiction specialty setting.
2007A-0010	Amistad , Inc. P O. Box 992 Portland, ME 04104-0992	$324,577.00	$109,986 00	$0 00	X				The Peer Patient Navigator project will use the potent techniques of mental health recovery and peer support to help integrate primary care, specialty care, and behavioral health care for individuals with severe and persistent mental illness and co-occurring chronic illness - individuals at high risk for drastically shortened life spans
2007A-0006	Aroostook Mental Health Services, Inc. (dba AMHC) 43 Hatch Drive P.O. Box 1018 Caribou, ME 04736-1018	$325,000.00	$100,000.00	$0.00	X				AMHC will collaborate with three physical health care providers whom it currently works with, Pines, Fish River Rural Health and the Houlton Regional Hospital's pediatric practice, Houlton Pediatrics, to implement evidence-based, integrated health care that reflects the Institute of Medicine's six health care aims· that it be patient-centered, safe, timely, effective, efficient and equitable.
2007A-0034	Community Counseling Center 343 Forest Avenue Portland, ME 04101	$317,110.00	$121,431.00	$0.00	X				Community Counseling Center's proposal builds on co-location within Portland's Student Health Centers to better integrate primary care, behavioral health, and oral health services to high school students in Portland The proposal provides care coordination, culturally-accessible case management, enhanced oral health capacity, flexible scheduling for mental health services, and student advocacy
2007A-0027	Community Dental 276 Canco Rd Portland, ME 04103	$325,000.00	$22,400 00	$0.00	X				The Western Maine Health Access and Integration Coalition proposes to increase access to health care services and to integrate primary/acute care, behavioral health care and dental (specialty) care for underserved residents of all ages living in Oxford County and the surrounding Western Maine communities.
2007A-0021	DFD Russell Medical Center 180 Church Hill Road Leeds, ME 04263	$286,926.00	$56,580 00	$0.00	X				DFD Russell Medical Center proposes to create the Mental Health Access at the Center of Health (MATCH) project which will match community needs with access and advance patient-centered care in our communities through integration of behavioral health and primary care for a rural and underserved population.

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2008C-0005	Downeast Health Services, Inc 52 Christian Ridge Road Ellsworth, ME 04605	$300,000 00	$100,000 00	$100,000 00	X				Downeast Health Services is partnering with the Community Caring Collaborative, Washington County Children's Program and Family First to offer early intervention services for high risk infants and young children and their families through embedding trained Infant and Family Support Specialists in two rural health centers and one treatment center to integrate services for this high risk underserved population using EBP wraparound process to create a single shared care plan that is culturally competent and family driven and strengths based in an expanded public health model.
2008C-0003	Franklin Memorial Hospital 111 Franklin Health Commons Farmington, ME 04938	$299,047 00	$100,000 00	$99,047 00	X				Franklin Memorial Hospital's integration program will implement a comprehensive medical model of care utilizing the 'medical home,' the primary care provider, as the gatekeeper for services focused on children in the community--currently numbered at 240--with pervasive developmental disorders The program will include specialized training concerning pre-screening by pediatricians for developmental issues in children and have a direct link through team case reviews and coordinated case records with specialized providers--psychiatrist and developmental/behavioral pediatricians--for follow-up treatment. Parents of children with these chronic issues will develop treatment plans together with specialists and primary care providers focused on the unique needs of their child
2007A-0029	Hitchcock Foundation One Medical Center Drive Lebanon, NH 03756	$324,958.00	$105,540.00	$0 00	X				This project provides the opportunity for collaboration between the Veteran's Administration health system and community-based providers to provide integrated care Specific attention is paid to those veterans who have sustained concussive injuries.
2007A-0004	Maine Children's Alliance 303 State St. Augusta, ME 04330	$179,955 00	$59,994.00	$0.00	X				This project will work with Maine's child-serving departments to establish the routine collection and reporting of consistent, valid, and coordinated children's mental health care data These data will be published in reports that will be used to assist in evaluating the children's mental health care system in Maine.
2007A-0031	Maine-Dartmouth Family Medicine Residency 15 East Chestnut Drive Augusta, ME 04330	$232,777 00	$50,264.00	$0.00	X				An existing collaboration between Maine-Dartmouth Family Medicine Residency and Bread of Life Ministries (BOLM) provides coordinated health and social services for young families in BOLM transitional housing with support from a Bingham grant. The MeHAF project will add evidence-based behavioral paraprofessionals supervised by Crisis and Counseling Centers. The project will provide a model of integrated care within a family practice training setting
2007A-0033	Northeast Health Foundation/Pen Bay Healthcare Foundation 22 White Street Rockland, ME 04841	$325,000 00	$100,000 00	$0 00	X				This project addresses mental health issues of youth and adults in the mid-coast area of Maine Its goal is to solidify a mechanism of early detection, assessment and screening through an unprecedented level of integration of mental health with primary care and through collaboration with key local nonprofit agencies

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2007A-0022	Penobscot Community Health Center 103 Maine Ave Bangor, ME 04401	$325,000 00	$100,000 00	$0.00	X				Persons in transitional/permanent subsidized housing programs often have difficulty securing stable housing due to untreated medical and mental health issues Penobscot Community Health Center will increase access to integrated medical, dental, mental health and substance abuse services and partner with local housing and supportive services to help individuals secure and retain permanent housing.
2008C-0014	Quality Counts P O Box 190 Manchester, ME 04351	$299,362 00	$99,377 00	$99,985.00	X				The Maine Quality Forum, Quality Counts, and the Maine Health Management Coalition will lead a multi-stakeholder effort to develop, implement, and evaluate a Maine multi-payer pilot of the patient-centered medical home (PCMH) model as a means for transforming healthcare and improving integration of care across providers, and across settings of care. Implementation of the PCMH model requires both practice transformation and payment reform needed to achieve system transformation to improve care for all Maine people We are seeking funds specifically to convene and coordinate the pilot, including convening payers to implement a new payment methodology; to include patients and families in the implementation of the new model, to support pilot practices in practice transformation, and to ensure integration of behavioral and physical health needs in the PCMH model
2008C-0013	Rosscare Nursing Home, Inc. 885 Union St , Suite 221 P.O. Box 404 Bangor, ME 04402-0404	$297,426 00	$99,067 00	$98,583.00	X				Northeast Integrated Geriatrics Care will support primary care in long term care settings This program will integrate primary, behavioral, and mental health services for geriatric patients residing in four project partner nursing homes Ross Manor, Stillwater Healthcare, Colonial Healthcare, and Dexter Healthcare. The grant concept includes hiring a LCSW to function as a mental health transitional support expert working with elderly patients at EMMC and transitioning them to the nursing facility settings and further treatment plan collaboration with the primary care physician and nursing facility staff The LCSW will provide ongoing training and support Year two of the grant proposal adds on-site psychiatric nurse practitioner services and telemedicine linkage with Acadia Hospital to further strengthen primary care of these patients
2007A-0025	Sacopee Valley Health Center P O Box 777 Parsonsfield, ME 04047	$324,999.00	$119,747 00	$0 00	X				Sacopee Valley Health Center (SVHC) will expand its current Integrated Primary Care program by adding care management services, introducing the use of additional screening tools, offering a compendium of psychoeducational classes, establishing a Patient and Family Council, and strengthening the use of the 'Shadow Health Care' system to ensure access to care
2007A-0007	Spring Harbor Hospital 123 Andover Road Westbrook, ME 04092	$324,697 00	$91,970.00	$0 00	X				A 2005-2007 pilot test of a mental health integration model funded by MeHAF has proven to benefit patients by improving access to care and enhancing the quality of care provided in the primary care setting. In 2008-2010, we propose to sustain the model at the pilot sites and expand it to an additional 12-16 primary care practices and mental health organizations.

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2008C-0017	Spring Harbor Hospital 123 Andover Road Westbrook, ME 04092	$294,753 00	$99,948.00	$99,883.00	X				This project will complement, build on and advance the work of MaineHealth's Mental Health Integration Program by adapting and piloting the Massachusetts Child Psychiatry Access Project (CPAP) in two geographically disparate Maine counties. CPAP is a family and patient-centered collaborative care model that uses primary care as the point of entry to mental health care. A CPAP team consisting of a child psychiatrist, clinical care coordinator, and social worker assist primary care providers to diagnose and treat children and adolescents with mental health conditions, linking them with needed local resources The primary population to benefit from the proposed project is patients age 0-22 with mental health and substance abuse disorders, and their families. We estimate that a total of 19,767 child and adolescent patients and 18 primary care providers will benefit from the pilot project by the end of year three. Additionally, pediatricians from five targeted primary care practices will benefit by increasing their knowledge of how to provide evidence-based mental health care Data will be collected and shared in order to develop a plan to sustain and spread the model in Maine
2008C-0016	St Andrews Hospital & Healthcare Center 6 St Andrews Lane P O Box 417 Boothbay Harbor, ME 04538	$299,618.00	$99,807 00	$99,996 00	X				St Andrews will conduct a demonstration project that will examine the feasibility and impact of making comprehensive, integrated medical and behavioral health care available to low-income uninsured adults < age 65 in Lincoln County. Using the successful CarePartners model as our framework, we will systematically reach out to and engage virtually all low income adults (up to 500 individuals annually) who are at or below 200% of the Federal Poverty Level and are cared for by health and mental health providers in Lincoln County. We will provide them with access to comprehensive care, care management and medication assistance We believe that our comprehensive, systematic, and evidence-based approach to coordinating and integrating care among hospital, primary, specialty, and mental health providers will significantly improve health outcomes for patients and lower costs for providers and the health care system Claims and other data on health care utilization will be used to assess the impact of managing care for the target population and findings will be widely disseminated
2007A-0014	St Mary's Health System P O Box 7291 Lewiston, ME 04243	$325,000.00	$85,575 00	$0 00	X				This project will integrate four primary care settings providing care management and counseling in co-located space across health systems and in school-based health centers We will also implement strategic activities that bring behavioral health providers to look at issues of access and bring payers to the table to discuss reimbursement.
2008C-0027	State of Maine, DHHS, Office of Quality Improvement AMHI Complex, Marquardt Bldg, 2nd Floor 11 State House Station Augusta, ME 04330-0011	$299,985 00	$99,987.00	$100,000.00			X		Mortality reports have shown that persons with SMI die an average of 25 years earlier than their age mates in the general population, primarily of cardiovascular diseases, diabetes, and chronic respiratory disease This project seeks at the state provider and consumer level to develop systems to support linkage of persons with SMI to a welcoming medical home that provides preventive and high-quality planned care for chronic conditions to pilot systems for integrating health issues into existing competencies and workflow in the public mental health system, and to coordinate mental health/healthcare management services for a vulnerable population This approach will promote integration of health and mental health in infrastructure policy and planning for Maine's mental health system

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2008C-0008	Tri-County Mental Health Services P O Box 2008 Lewiston, ME 04241-2008	$300,000 00	$100,000 00	$100,000 00	X				This project will integrate primary care with behavioral health care in Northern Oxford County through contractual relationships between Tri-County Mental Health Services and Rumford Community Family Health Center, DBA Swift River Health Care. The project will provide the services of two licensed clinicians to be located on site, real-time case consultation and medical rounds, streamlined referrals for other TCMHS services offered in the community, and will work closely with Swift River to move toward a fully integrated care experience It will expand access to care by removing barriers, increase treatment capacity, expand the knowledge base among diverse providers, and engage consumers in education and project development and feedback With the current budget we have allocated resources to provide 25 sessions per week for consumers
2007A-0016	York County Community Action Corporation 6 Spruce Street Sanford, ME 04073	$324,000 00	$100,000 00	$0 00	X				The project will build capacity by expanding YCCAC's currently successful integrated health model The goals of the project include· (1) the enhancement of coordination and collaboration among YCCHC providers, York County community resources and the clients, (2) further development and expansion of the use of care/case management at YCCHC; and (3) expansion of referral networks to incorporate underutilized community partners To accomplish these goals, the project will implement a Client-Centric Care Model, developed by the health center and based on Dunn's model of High Level Wellness and Wagner's Chronic Care model
2009EVAL-0002/CON	*John Snow, Inc (JSI)* *44 Farnsworth Street* *Boston, MA 02210-1211*	*$197,455 00*	*$37,455 00*	*$0 00*				*X*	*JSI will conduct an evaluation of MeHAF's Integration Initiative* *Task 1 Support for Numeric Data Collected by Grantees* *Task 2 Qualitative Assessment of Grantees' Implementation of Integrated Care* *Specific activities include 1) collect CDE and SSA data, (2) provide support for quarterly grantee meetings, (3) assess patient perceptions/satisfaction, and (4) conduct data analysis and develop case studies*
2010CON-0004	*John Snow, Inc (JSI)* *44 Farnsworth Street* *Boston, MA 02210-1211*	*$197,560 00*	*$150,000 00*	*$47,560 00*				*X*	*JSI will conduct an evaluation of MeHAF's Integration Initiative* *The majority of tasks in year 2 are continuations of the year 1 work, including plan for and conduct site visits, attend quarterly grantee meetings, conduct telephone interviews of sites not visited, provide technical assistance, conduct data analysis, and write year 2 report* *Other tasks for year 2 include the following· (1) collect CDE and SSA data, (2) develop project data manual, (3) provide support for quarterly grantee meetings, (4) assess patient perceptions/satisfaction, and (5) conduct data analysis and develop case studies*
Subtotal, Patient & Family-centered Care Grant (24) & Contract (2) Payments = $2,399,054.00									

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Strengthening Maine's Safety Net - Getting Down to Basics									
2010C-0004	City of Bangor Health & Community Services 103 Texas Avenue Bangor, ME 04401	$30,000.00	$30,000 00	$0.00			X		The Healthy Homes Asthma Project seeks to address the serious problem of asthma among Maine youth in the Penquis district. Bangor Health and Community Services (BH&CS) and Penquis CAP propose collaboration with consumers and community partners to bring a 'Healthy Homes' approach to addressing this issue. The focus of the HHAP is to enlist consumer participation to create a more holistic approach for in-home asthma services The overall project goal is a streamlined home visitation process that includes health and environmental assistance for children in the 12 towns served by Bangor Public Health and Wellness and to link this process to local health partners
2010C-0005	City of Calais 34 Blue Devil Hill Calais, ME 04619	$28,625.00	$28,625 00	$0.00			X		Working on Wellness (WOW!), a project of the school-based Blue Devil Health Center, is dedicated to improving health behaviors of adolescents, especially in the areas of nutrition and exercise Building on past work on youth engagement, risk and asset assessment, and motivational interviewing techniques, the project will assist and support 7-12 graders at Calais Middle/High School in identifying individual goals for health improvements The Working On Wellness project will be guided by the engagement of its target population, youth, through its collaboration with the Teen Advocacy Group
2010C-0006	Community Concepts, Inc 17-19 Market Square P O Box 278 South Paris, ME 04281	$30,000 00	$30,000 00	$0 00	X				The project seeks to discover how to get useful stress management information out, and how to make other health information available in convenient locations, (using substance use, depression and anxiety as examples) to the target audience of uninsured, underinsured and other lower income populations, and the general public Community Concepts will partner with Tri County Mental Health
2010C-0010	Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	$30,000.00	$30,000 00	$0 00	X				MPCA will build upon an existing network of outreach providers that operate in Eastern Maine. Our work will focus on improving systems and skills relating to patient navigation, improving skills and coordination for better health education, and addressing transportation issues in this service area. The goal is to spread all the learning to a statewide networking group that MPCA currently facilitates with all member health centers--as well as other grantees in this area In each of these areas, MPCA will work with our partners, Penquis CAP and Health Access Network, to develop a best practices guide that can be put into an outreach toolbox This toolbox will be made available to all of our member health centers and any organization that wishes to improve its ability to provide comprehensive and coordinated outreach and enabling services to its patients/clients Community members will provide critical input on the existing system and proposed improvements in these areas via one-on-one interviews and story banking, and an advisory council that reviews the guide and toolbox

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Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2010C-0013	Brunswick Community Center for Senior Citizens dba People Plus P O. Box 766 35 Union Street Brunswick, ME 04011	$30,000 00	$30,000 00	$0 00	X				Making Connections to Good Health seeks to increase access and use of healthcare services by removing the barriers created by lack of transportation or lack of good health information In partnership with CHANS Home Healthcare, the United Way of Midcoast Maine and the Midcoast Collaborative for Access to Transportation, People Plus will implement recommendations to strengthen and expand volunteer transportation and increase the efficiency of distribution and use of health care information.
2010C-0014	Sacopee Valley Health Center P O Box 777 Parsonsfield, ME 04047	$30,000 00	$30,000 00	$0 00	X				SVHC proposes to expand and enhance current work we are doing in our community to promote healthy eating, physical activity, stress management and sharing of accurate health information We will work with individuals in our community as well as our partnering organizations to create opportunities for our priority population to learn about and participate in healthy eating, cooking and grocery shopping sessions, exploring and participating in physical activity, learn about and participate in stress management activities and learn about and explore various health resources that are available in our community
2010C-0015	St. Mary's Health System P O Box 7291 Lewiston, ME 04243	$28,000.00	$28,000.00	$0 00	X				Local Food for Lewiston was initiated by the St Mary's Nutrition Center to create a multi-sector response to food and nutrition needs as a fundamental approach to preventative health The goal of the initiative is to cultivate a greater understanding of food security, and catalyze a community-based, comprehensive approach. The Nutrition Center is requesting funding from MEHAF to support the community planning process (Phase 2) of Local Food for Lewiston, which includes developing a sustainable Farmers' Market Association as a priority pilot implementation objective. This project focuses on healthy food access for communities of low-income people and New Americans in the Lewiston area.
2010C-0017	Western Maine Community Action 20A Church Street P O. Box 200 East Wilton, ME 04234	$29,972.00	$29,972 00	$0 00	X				WMCA Health Services and New Beginnings plan to work with at-risk youth and young adults in order to create and test new ways to reach these populations with reproductive health messages Working with youth, we want to test whether and how Facebook can be used to increase availability of reproductive health messages and the use of local family planning and reproductive health services. We expect to work directly with a core group of six to eight young people with a goal of reaching at least 500 youth and young adults through social media outlets If this is successful, we will to use Facebook in future years for other health-related topics and applications

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF. SUPPLEMENTAL STATEMENT 17
Year Ended December 31, 2010

01-0535144

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2010C-0018	Western Maine Health Care Corporation 181 Main St Norway, ME 04268	$29,245 00	$29,245 00	$0.00	X				Healthy Oxford Hills' Project will have two major components (1) Vegetable Prescriptions coupled with garden-based nutrition education We will partner with Western Maine Pediatrics who will issue Vegetable Prescription These will include a $10 voucher for Farmers Markets, with another $10 voucher obtained at a healthy cooking class (2) Health Coaching through Head Start This will expand our current SNAP-Ed Head Start initiative, called 'I am moving, I am learning' to become a more comprehensive model of addressing more issues As a pilot, we will aim to have half the parents at two local Head Start centers complete Keep Me Well assessments Given the results, coaching and health literacy materials will be made available to help parents understand identified issues and to personalize a program to address these Coaching and follow up programs will be done in partnership with Head Start staff, who will receive a stipend to implement this work
Strengthening Maine's Safety Net - Oral Health									
2010CON-0008	*Cambridge Concord Associates 4 Brattle Street, Suite 301 Cambridge, MA 02138*	*$78,633 00*	*$63,429 67*	*$15,000 00*				*X*	*Cambridge Concord Associates will provide consulting services for the Oral Health Funders to work towards increasing access to quality oral health care in Maine*
2010E-0001	DentaQuest Institute, Inc 2400 Computer Drive Westborough, MA 01581	$60,000 00	$30,000 00	$30,000 00	X				Safety Net Solutions will work with eight oral health providers to provide data-driven practice analysis, development of a performance improvement plan, improvement plan implementation support, and on-going collaborative learning opportunities for twelve months on national and regional issues of interest
Strengthening Maine's Safety Net - MaineCare									
2010FI-0002	Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	$9,919 00	$9,919 00	$0 00	X				Maine Equal Justice Partners will assist the Department of Health and Human Services (DHHS) by facilitating connections with MaineCare members throughout the design of the managed care program
2010FI-0005	Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	$10,132.00	$10,132.00	$0 00	X				MEJP has been engaged by DHHS to follow up with attendees and organizations represented at the Managed Care Members Standing Committee (MSC) to assess their capacity to participate on the Stakeholders' Advisory Committee. MEJP will assist DHHS staff responsible for the committee with meeting agenda and process, such that members feel engaged and comfortable in expressing their views

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 17
Year Ended December 31, 2010

01-0535144

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2010FI-0001	State of Maine, Dept of Health and Human Services 11 State House Station Augusta, ME 04333	$186,899.00	$186,899.00	$0.00			X		Changing Maine's Medicaid Program to a risk-based managed care program is a complex undertaking that requires significant changes on many levels. Robust stakeholder engagement, particularly with MaineCare members and family members, beginning early in the planning phase is critical to the development of a successful program This project engages members using multiple strategies to assist in designing a program that addresses members' needs for well-coordinated, comprehensive services.
Subtotal, Strengthening Maine's Safety Net Grant (13) & Contract (1) Payments = $566,221.67									

Other Funding - Fund for the Future

2010A-0004	People's Regional Opportunity Program 510 Cumberland Avenue Portland, ME 04101	$50,000.00	$25,000.00	$25,000 00	X				This community-based, collaborative effort will engage organizations and community members--including youth--in working towards a healthier community We will take a multi-pronged approach to prevention by addressing access to substances, providing education and resources, and engaging youth in meaningful, positive activities. Specifically, we will employ evidence-based strategies to work with retailers and physicians to restrict the availability of substances in the environment; with police to increase visibility, enforcement, and positive relationships with the community; with schools in order to disseminate information; with residents and rental agencies to organize community events; with parents and youth on education and mentorship programs, and with partner organizations to improve the health of the community at large
2010A-0006	Town of Bucksport, Maine P O. Drawer X Bucksport, ME 04416	$50,000.00	$25,000 00	$25,000 00			X		The Community Wellness Guide Program will train community gatekeepers including teachers, ministers, day care providers, business owners, municipal personnel, and community organization volunteers in understanding their unique role in promoting wellness. The coalition views participation by these non-traditional partners as the most effective means to improving the cardiovascular health of local citizens A structured training program will be provided for wellness guides. This training program will provide an ongoing framework and requisite skills which will guide them in contributing time and resources to promoting health messages and programs for their respective contingencies.
Subtotal, Fund for the Future Grant Payments (2) = $50,000.00									

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
Other Funding - Discretionary Grants									
2010DIS-0005	Downeast Health Services 52 Christian Ridge Road Ellsworth, ME 04605	$4,200 00	$4,200.00	$0 00	X				In an effort to reduce occupancy costs and to provide better access to clients, Downeast Health Services is relocating Maine Coast Community Dental Clinic to join the other client service programs, including WIC and Family Planning at 52 Christian Ridge Road
2010DIS-0006	Eastern Maine Medical Center 489 State Street Bangor, ME 04401	$5,000 00	$5,000 00	$0.00	X				EMHS, as lead applicant, proposes a statewide survey of the readiness of Maine hospital EDs to treat pediatric patients, The assessment of training and equipment needs is a first step toward standardizing Pediatric Emergency Readiness in Maine EDs
2010DIS-0010	Maine Development Foundation 295 Water Street, Suite 5 Augusta, ME 04330	$10,000.00	$10,000 00	$0 00	X				Maine Development Foundation, the independent evaluation consultant for the 5-2-1-0 Goes to School childhood-obesity-prevention program, seeks funding to conduct 30 key informant interviews with administrators from the 250 participating schools across the state to learn more about their views on how to sustain the program at the school level
2010DIS-0027	Maine Health Management Coalition Foundation 245 Commercial Street - second floor Portland, ME 04101	$5,280 00	$5,280 00	$0.00	X				Research and create 3 tip sheets about what steps patients, residents or family members should take if they have a concern about quality in a hospital, nursing home or physician's office. The project will replicate work done in CA (See 'What's New' section at www informedpatientinstitute org)
2010DIS-0002	Maine People's Resource Center 565 Congress St. #200 Portland, ME 04101	$10,000 00	$10,000 00	$0 00	X				Maine People's Resource Center (MPRC) will identify Maine consumers with compelling personal stories about the impacts of poor health care quality in order to (1) develop story-tellers into future consumer leaders in the movement for health care quality improvement and (2) share a 'storybook' with key stakeholders and other consumers
2010DIS-0026	Maine Sea Coast Mission 127 West Street Bar Harbor, ME 04609	$2,000 00	$2,000.00	$0 00	X				The Island Elder Care Conference seeks to do the following create a working network to sustain elder care on islands, explore and initiate avenues for working together, share information to help island communities interested in developing an elder care facility, and lay a solid foundation for further collaboration.
2010DIS-0025	MaineGeneral Health And Affiliates Group Return 6 E. Chestnut St Augusta, ME 04330-5717	$5,000 00	$5,000 00	$0 00	X				Create audio segments that educate about stigma associated with opioid addiction and medication assisted treatment Targeted audiences include· people abusing opioids; community members with family or co-workers with opioid addictions; staff members of social service and first responder agencies that serve people with opioid addictions.

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 17
Year Ended December 31, 2010

01-0535144

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2010DIS-0012	Northeast Health Foundation/Pen Bay Healthcare Foundation 22 White Street Rockland, ME 04841	$3,000.00	$3,000 00	$0 00	X				This project establishes a task force to conduct a year of meetings and pilot projects aimed at identifying ways to improve access to health care for residents of Islesboro, Vinalhaven, North Haven, Matinicus and Monhegan Representatives from PBH, island care providers, emergency services providers, island residents and others will participate.
2010DIS-0018	Preble Street Resource Center PO Box 1459 Portland, ME 04104	$8,331 00	$8,331.00	$0 00	X				Evaluation of the effectiveness of a HOME team approach in reducing clinically inappropriate visits to emergency rooms and increasing access to appropriate care and support for people on the streets whose chronic health and substance abuse problems and lack of successful response creates stress on community resources
2010DIS-0021	Prescription Policy Choices P O Box 204 282 Water Street Hallowell, ME 04347	$1,000.00	$1,000.00	$0.00	X				In conjunction with the National Legislative Association (NLA) on Prescription Drug Prices summer meeting, PPC will convene its Board of Directors to learn about Health Care Reform Drug Policy Initiatives at NLA meeting and plan how to effectively prioritize and incorporate Reform into PPC's Best Practices work
2010DIS-0009	Quality Counts P O. Box 190 Manchester, ME 04351	$10,000 00	$10,000.00	$0 00	X				Conference will feature data sources to examine indices of health and healthcare in our communities, including county-level health rankings across and newly released data from the Robert Wood Johnson Foundation It will provide opportunities for stakeholders to identify ways to collaborate, overcome barriers and create transformative and sustainable change in Maine.
2010DIS-0013	York County Community Action Corporation 6 Spruce Street Sanford, ME 04073	$8,500.00	$8.500.00	$0.00	X				York County Community Health Care (YCCHC) requests a grant of $8,500 to partially underwrite consultant costs associated with our application to open a New Access Point Community Health Center (CHC) Creation of a CHC in York County will significantly increase access to healthcare for uninsured and medically underserved area residents

Other Funding - Meeting Support									
2010DIS-0030	Daniel Hanley Center for Health Leadership P O Box 15275 Portland, ME 04112-5275	$2,000 00	$2.000 00	$0 00	X				Author T R Reid ('The Healing of America .') will keynote a statewide meeting November 30 in Portland. Reid--whose book compares the US health care system with other industrialized democracies--will describe what Maine can learn from other countries as health reform is implemented. The event also will honor organizations/individuals that provide medical/humanitarian relief.
2010DIS-0004	Division of Public Health, HHS Dept , City of Portland 389 Congress St Portland, ME 04101	$2,000 00	$2,000 00	$0 00			X		'5th Multicultural Exercise for Health and Love, 2010' event will be held on May 22nd at Expo Center to address health concerns /well being of Portland's multicultural communities Anticipated attendees of 800-950 members will receive comprehensive health screenings, including cardiovascular/diabetes testing & counseling, prevention education, referrals, and socio-cultural integration activities

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 17
Year Ended December 31, 2010 01-0535144

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2010DIS-0024	Kennebec Valley Mental Health Center 67 Eustis Parkway Waterville, ME 04901	$2,000.00	$2,000 00	$0 00	X				To help policymakers and providers to learn about the value of evidence-based practices and outcomes, which KBH, APS Healthcare and DHHS believe is the path to cost-savings for consumers as well as organizational excellence We believe such a focus will strengthen healthcare organizations in a time of budget cuts/restraints
2010DIS-0023	Maine Association of Area Agencies on Aging One Weston Court P O Box 5415 Augusta, ME 04332	$1,500.00	$1,500 00	$0 00	X				The Conference will bring together key Maine stakeholders involved in implementing the recent federal Affordable Care Act's provisions affecting seniors, as well as the recommendations of Maine's Joint Select Committee on Healthcare Reform. Workshops on the Select Committee's report, CLASS Act, Medicare changes, Care Transitions Program, Collaborative Leadership, are planned
2010DIS-0011	Maine Coast Memorial Hospital 50 Union Street Ellsworth, ME 04605	$2,000 00	$2,000.00	$0.00	X				The proposed conference--a two-day event at downeast Maine's Acadia Partners--focuses on educating health and welfare service providers regarding federal and state programs available to clients The purpose of the conference is to ensure that providers have current information on programs and regulations and to facilitate provider networking
2010DIS-0016	Maine Medical Education Trust 30 Association Drive P O Box 190 Manchester, ME 04351	$2,000 00	$2,000 00	$0 00	X				Friday's program, being held at Jackson Laboratory, features topics including Genetic Resources, Research Tools· Imaging Sciences, Reproductive Sciences Cryopreservation, Resource Sharing JAX Mice & Services Breeding/Shipping Process, and Computational Biology· Using Data to Speed Up Research On Saturday, CME sessions are by Jackson Lab researchers matched with specialty area clinicians
2010DIS-0007	Maine Osteopathic Educational Foundation 693 Western Avenue, Suite 1 Manchester, ME 04351	$1,500 00	$1,500.00	$0.00	X				The Maine Osteopathic Association, Maine Medical Association and Maine Hospital Association are pleased to co-present the 3rd annual statewide Quality Symposium The meeting will be June 10 at the Samoset Resort and will focus on a number of strategies for Maine hospitals and physicians to decrease cost and improve quality
2010DIS-0022	Maine Public Health Association 11 Parkwood Avenue Augusta, ME 04330	$2,000 00	$2,000 00	$0.00	X				This conference will highlight strategies, outcomes, research and initiatives from Maine and across the Country Fifteen breakout sessions from field experts will showcase public health successes and lessons learned and keynote speaker Nicole Witherbee PhD, will emphasize how poverty, housing and food insecurity affect the foundation of public health
2010DIS-0001	Maine Transgender Network Inc 640 Brighton Ave Portland, ME 04101	$750 00	$750.00	$0 00	X				The purpose of the Transforming Health and Wellness conference is to raise awareness among physicians and mental health providers about health and wellness-related needs of the transgender community, and to address how the many areas of life that affect wellness may be influenced by gender non-conforming experiences

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 17
Year Ended December 31, 2010 01-0535144

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2010DIS-0008	MaineHealth 241 Oxford St Portland, ME 04101	$2,000.00	$2,000 00	$0.00	X				The conference will offer opportunities for primary care teams to learn evidence-based communication strategies and skills that can be applied to interactions with patients, improving the manner in which care is provided and positively impacting health outcomes, especially for patients with low health literacy levels Follow-up activities will reinforce learning
Subtotal, Other Funding - Discretionary Grant and Meeting Support Payments (22) = $90,061.00									

Charitable Gifts

2010CGF-0009	American National Red Cross - Mid Coast Chapter of the American Red Cross 16 Community Way Topsham, ME 04086	$1,000 00	$1,000.00	$0 00	X				General Support
2010CGF-0007	Husson University One College Circle Bangor, ME 04401	$900 00	$900 00	$0 00	X				General Support
2010CGF-0003	Maine Initiatives 295 Water Street, Suite 100 P O Box 2248 Augusta, ME 04338	$5,000 00	$5,000 00	$0 00	X				MeHAF sponsorship of the 2010 Watering Can Awards Dinner (lead sponsor)
2010CGF-0001	Maine Philanthropy Center USM Glickman Family Library P O Box 9301 Portland, ME 04104-9301	$5,000.00	$5,000 00	$0.00	X				Support for 2010 Philanthropy Partners Conference
2010CGF-0002	Maine Women's Fund 565A Congress Street, Suite 306 P.O Box 5135 Portland, ME 04101	$1,000 00	$1,000.00	$0.00	X				Sponsorship for 2010 Maine Women's Fund Leadership Luncheon - Women's Leadership· Creating Opportunity in Maine
2010CGF-0004	Muskie Fund for Legal Services P.O Box 547 Portland, ME 04112	$500 00	$500 00	$0 00	X				Charitable gift in honor of this year's Muskie Access to Justice Award Recipient, Dr Robert McAfee.

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 17
Year Ended December 31, 2010 01-0535144

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2010	Ending Balance 2010	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2010CGF-0008	Nasreen & Alam Sher Foundation c/o Robert Gray, Treasurer 288 Hallowell Road Chelsea, ME 04330	$800 00	$800 00	$0 00	X				General Support
2010CGF-0010	Northern Maine Medical Center 194 East Main St. Fort Kent, ME 04743	$1,600.00	$1,600 00	$0.00	X				General Support
2010CGF-0006	Susan G Komen Breast Cancer Foundation Maine Affiliate P O Box 1626 Bangor, ME 04402-1626	$900 00	$900 00	$0 00	X				General support
2010CGF-0005	The Center for Effective Philanthropy 675 Massachusetts Avenue. 7th Floor Cambridge, MA 01239	$5,000.00	$5,000 00	$0 00	X				General support
Subtotal, Charitable Gifts (10) (22) = $21,700.00									

Total Grants Paid in 2010 (76)	$3,354,069.45
Total Contracts Paid in 2010 (4)	$260,884.67
Total Charitable Gifts (10)	$21,700 00
Total Payments in 2010	$3,636,654.12

Total New Grant Awards (Newly allocated in 2010) = 48 grants = $2,360,625.00

MAINE HEALTH ACCESS FOUNDATION
FORM 990-PF SUPPLEMENTAL STATEMENT 18

01-0535144
12/31/2010

PART I, LINE 19 & PART II, LINE 14

	COST	DEPREC	A/D
FURNITURE & EQUIPMENT	224,870	15,723	190,590

STATEMENT 18

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
	MAINE HEALTH ACCESS FOUNDATION, INC.	01-0535144
File by the extended due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 150 CAPITOL STREET, No. 4	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, ME 04330	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... [0 4]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ WENDY J. WOLF 150 CAPITOL STREET, SUITE 4 - AUGUSTA, ME 04330

Telephone No. ▶ (207) 620-8266 FAX No. ▶ (207) 620-8269

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2011.

5 For calendar year 2010, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	176,644.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	176,644.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ E-Drew Cheney Title ▶ CPA Date ▶ 8/8/11

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions	MAINE HEALTH ACCESS FOUNDATION, INC.	01-0535144
	Number, street, and room or suite no. If a P.O. box, see instructions. 150 CAPITOL STREET, No. 4	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, ME 04330	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ WENDY J. WOLF 150 CAPITOL STREET, SUITE 4 - AUGUSTA, ME 04330
  Telephone No. ▶ (207) 620-8266 FAX No. ▶ (207) 620-8269
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 176,644.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 126,644.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 50,000.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2011)

023841
01-03-11