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Extended to August 15, 2016

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning , and ending

Name of foundation

Maine Health Access Foundation, Inc.

A Employer identification number

01-0535144

Number and street (or P O box number if mail is not delivered to street address)

150 Capitol Street

Room/suite

4

B Telephone number

(207) 620-8266

City or town, state or province, country, and ZIP or foreign postal code

Augusta, ME 04330

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

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

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

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

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 112,406,335.

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

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

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

		(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	43,750.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	7,500.	7,500.		
	4 Dividends and interest from securities	1,648,362.	1,602,829.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	8,091,812.			
	b Gross sales price for all assets on line 6a 8,091,812.				
	7 Capital gain net income (from Part IV, line 2)		8,091,812.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	18,443.	2,009,842.		Statement 1
	12 Total. Add lines 1 through 11	9,809,867.	11,711,983.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	228,040.	8,000.		220,040.
	14 Other employee salaries and wages	581,573.	0.		581,573.
	15 Pension plans, employee benefits	111,966.	0.		111,966.
	16a Legal fees Stmt 2	7,108.	0.		7,108.
	b Accounting fees Stmt 3	36,189.	2,000.		34,189.
	c Other professional fees				
	17 Interest				
	18 Taxes Stmt 4	-21,604.	0.		55,719.
	19 Depreciation and depletion	20,045.	0.		
	20 Occupancy	97,763.	0.		97,763.
	21 Travel, conferences, and meetings	67,101.	0.		67,101.
	22 Printing and publications	20,993.	0.		20,993.
	23 Other expenses Stmt 5	1,561,368.	271,177.		1,546,186.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,710,542.	281,177.		2,742,638.
	25 Contributions, gifts, grants paid	3,446,458.			3,897,305.
	26 Total expenses and disbursements. Add lines 24 and 25	6,157,000.	281,177.		6,639,943.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	3,652,867.			
	b Net investment income (if negative, enter -0-)		11,430,806.		
	c Adjusted net income (if negative, enter -0-)			N/A	

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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	22,005.	340,300.	340,300.
	2 Savings and temporary cash investments	6,004,071.	2,326,883.	2,326,883.
	3 Accounts receivable ▶ 3,996.			
	Less: allowance for doubtful accounts ▶		3,996.	3,996.
	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	37,587.	229,551.	229,551.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other Stmt 6	116,809,341.	98,959,523.	98,959,523.
	14 Land, buildings, and equipment: basis ▶ 312,810.			
	Less accumulated depreciation ▶ 273,549.	42,331.	39,261.	39,261.
	15 Other assets (describe ▶ Statement 7)	805,000.	10,506,821.	10,506,821.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	123,720,335.	112,406,335.	112,406,335.
Liabilities	17 Accounts payable and accrued expenses	110,004.	45,973.	
	18 Grants payable	1,893,066.	1,442,219.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ Statement 8)	514,000.	312,000.	
	23 **Total liabilities** (add lines 17 through 22)	2,517,070.	1,800,192.	
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	121,203,265.	110,606,143.	
	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**	121,203,265.	110,606,143.	
	31 **Total liabilities and net assets/fund balances**	123,720,335.	112,406,335.	

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	121,203,265.
2	Enter amount from Part I, line 27a	2	3,652,867.
3	Other increases not included in line 2 (itemize) ▶ Refunded grants	3	161,359.
4	Add lines 1, 2, and 3	4	125,017,491.
5	Decreases not included in line 2 (itemize) ▶ Net unrealized loss on investments	5	14,411,348.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	110,606,143.

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	Net Gains from Pooled Investments	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	8,091,812.			8,091,812.
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				8,091,812.
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	8,091,812.
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 the 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))
2014	5,454,155.	122,201,113.	.044633
2013	5,477,994.	117,522,363.	.046612
2012	5,479,772.	108,352,220.	.050574
2011	4,789,226.	107,821,685.	.044418
2010	5,012,253.	101,666,088.	.049301

2	**Total** of line 1, column (d)	2	.235538
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	.047108
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	117,681,817.
5	Multiply line 4 by line 3	5	5,543,755.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	114,308.
7	Add lines 5 and 6	7	5,658,063.
8	Enter qualifying distributions from Part XII, line 4	8	6,639,943.

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 ▶ ☒ and enter 1% of Part I, line 27b	1	114,308.
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	114,308.
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	114,308.
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 158,296.		
b	Exempt foreign organizations - tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	158,296.
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	43,988.
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ▶ 43,988. **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 the definition)? *If the answer is "Yes" to* ***1a*** *or* ***1b****, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*	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?	4b	X	
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 2015 or the taxable year beginning in 2015 (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)*

			Yes	No
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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		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 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	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 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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ 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 2015 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 2015.)* 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 2015?	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 4945(d)(4)(A)? (see instructions)	☒ Yes ☐ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	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 9		206,000.	22,040.	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	128,310.	16,814.	0.
Becky Hayes Boober 150 Capitol Street, Augusta, ME 04330	Sr. Program Officer 40.00	86,386.	8,576.	0.
Catherine Luce 150 Capitol Street, Augusta, ME 04330	Grant Manager 37.50	66,538.	16,583.	0.
Charles Dwyer 150 Capitol Street, Augusta, ME 04330	Program Officer 40.00	67,751.	13,062.	0.
Morgan Hynd 150 Capitol Street, Augusta, ME 04330	Program Officer 40.00	60,308.	12,313.	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	93,815.
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 14.	2,754,634.
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.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities		1a	119,349,307.
b	Average of monthly cash balances		1b	124,619.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	119,473,926.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	119,473,926.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,792,109.
5	**Net value of noncharitable-use assets** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	117,681,817.
6	**Minimum investment return.** Enter 5% of line 5		6	5,884,091.

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	5,884,091.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	114,308.		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	5,730.		
c	Add lines 2a and 2b			2c	120,038.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	5,764,053.
4	Recoveries of amounts treated as qualifying distributions			4	561,359.
5	Add lines 3 and 4			5	6,325,412.
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	6,325,412.

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	6,639,943.
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	6,639,943.
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	114,308.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	6,525,635.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				6,325,412.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			5,867,524.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ $ 6,639,943.				
a Applied to 2014, but not more than line 2a			5,867,524.	
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 2015 distributable amount				772,419.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				5,552,993.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

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 2015, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
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					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 **Information Regarding Foundation Managers:**

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

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 or e-mail address 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 14	N/A	See Statement 14	Promote access to quality health care	3,897,305.
Total			▶ **3a**	3,897,305.
b *Approved for future payment*				
See statement 14	N/A	See Statement 14	Promote access to quality health care	1,442,216.
Total			▶ **3b**	1,442,216.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	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	7,500.	
4 Dividends and interest from securities	900099	45,533.	14	1,602,829.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	8,091,812.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a See Statement 10				18,443.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		45,533.		9,720,584.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	9,766,117.

(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 14.

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

Signature of officer or trustee | Date: 8/12/2016 | Title: PRESIDENT & CEO

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
E. Drew Cheney	E. Drew Cheney	08/11/16		P00182972

Firm's name ▶ Baker Newman & Noyes — Firm's EIN ▶ 01-0494526

Firm's address ▶ Box 507, Portland, ME 04112 — Phone no. (207) 879-2100

Form **990-PF** (2015)

523622
11-24-15

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No 1545-0047

2015

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

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Northeast Delta Dental Foundation P.O. Box 2002 Concord, NH 03302-2002	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
2	Tufts Medical Center 800 Washington Street Boston, MA 02111-1533	$ 38,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

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

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

Use duplicate copies of Part III if additional space is needed

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

(e) Transfer of gift

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

(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 Investment Income	(c) Adjusted Net Income
Expense reimbursements	2,722.	0.	
Net adjustment for investment income on schedules K-1	2,009,842.	2,009,842.	
(not recorded on books)	-2,009,842.	0.	
Accounting services	15,645.	0.	
Other income	76.	0.	
Total to Form 990-PF, Part I, line 11	18,443.	2,009,842.	

Form 990-PF Legal Fees Statement 2

Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal	7,108.	0.		7,108.
To Fm 990-PF, Pg 1, ln 16a	7,108.	0.		7,108.

Form 990-PF Accounting Fees Statement 3

Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting	36,189.	2,000.		34,189.
To Form 990-PF, Pg 1, ln 16b	36,189.	2,000.		34,189.

Form 990-PF Taxes Statement 4

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Excise taxes	-77,323.	0.		0.
Payroll taxes	55,719.	0.		55,719.
To Form 990-PF, Pg 1, ln 18	-21,604.	0.		55,719.

Form 990-PF Other Expenses Statement 5

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Office supplies & expenses	35,571.	0.		35,571.
Website	5,296.	0.		5,296.
Insurance	15,912.	0.		15,912.
Telecommunications	10,968.	0.		10,968.
Investment fees	271,177.	271,177.		0.
Program related expenses: other contracts	211,987.	0.		211,987.
Program related expenses: consultants	67,293.	0.		67,293.
Program related expenses: conferences	3,780.	0.		3,780.
Program related expenses: grant management	25,264.	0.		25,264.
Program related expenses: communications	546,407.	0.		546,407.
Program related expenses: technical assistance	97,523.	0.		97,523.
Program related expenses: special projects	26,879.	0.		26,879.
Program related expenses: miscellaneous	30,276.	0.		30,276.
Program related expenses: evaluation	45,000.	0.		45,000.
Program related expenses: needs assessment	166,984.	0.		166,984.
Retirement Plan Administration	1,051.	0.		1,051.
Accrual to cash conversion	0.	0.		255,995.
To Form 990-PF, Pg 1, ln 23	1,561,368.	271,177.		1,546,186.

Form 990-PF Other Investments Statement 6

Description	Valuation Method	Book Value	Fair Market Value
Vanguard Inflation Protected	FMV	3,426,884.	3,426,884.
Vanguard Long Term Treasury	FMV	4,160,962.	4,160,962.
Vanguard Total Stock Market Index	FMV	13,337,296.	13,337,296.
Vanguard MSCI Emerging Market	FMV	3,768,127.	3,768,127.
Adage Capital Partners	FMV	14,562,384.	14,562,384.
Artisan Midcap Growth Fund	FMV	1,855,652.	1,855,652.
Colchester Global LP	FMV	5,378,416.	5,378,416.
Silchester International Tobacco Free	FMV	15,471,806.	15,471,806.
Adamas Opportunities, L.P.	FMV	9,931,808.	9,931,808.
FPA Crescent Fund	FMV	1,819,125.	1,819,125.
Vanguard Total International	FMV	6,728,225.	6,728,225.
Wellington CTF Commodities	FMV	2,648,836.	2,648,836.
RS Global Natural Resources Fund	FMV	2,030,353.	2,030,353.
Voya Global Real Estate Fund 2	FMV	4,662,629.	4,662,629.
Parametric Emerging Markets 2	FMV	2,697,161.	2,697,161.
Metropolitan West Total Return	FMV	1,479,859.	1,479,859.
Nyes Ledge Capital Offshore Fund	FMV	5,000,000.	5,000,000.
Total to Form 990-PF, Part II, line 13		98,959,523.	98,959,523.

Form 990-PF Other Assets Statement 7

Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Program-related investment	750,000.	350,000.	350,000.
Refundable income taxes	55,000.	55,000.	55,000.
Funds due from broker	0.	10,101,821.	10,101,821.
To Form 990-PF, Part II, line 15	805,000.	10,506,821.	10,506,821.

Form 990-PF Other Liabilities Statement 8

Description	BOY Amount	EOY Amount
Deferred tax liability	514,000.	312,000.
Total to Form 990-PF, Part II, line 22	514,000.	312,000.

Form 990-PF Part VIII - List of Officers, Directors Trustees and Foundation Managers Statement 9

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
Wendy J. Wolf, MD, MPH 150 Capitol Street, Suite 4 Augusta, ME 04330	President & CEO 40.00	206,000.	22,040.	0.
Frank Johnson 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Nancy Fritz 150 Capitol Street, Suite 4 Augusta, ME 04330	Secretary 3.00	0.	0.	0.
Lisa Sockabasin, BSN 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 1.00	0.	0.	0.
Shirley Weaver, PhD 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Jeff Wahlstrom 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.
Constance Sandstrom, MPA 150 Capitol Street, Suite 4 Augusta, ME 04330	Chair 4.00	0.	0.	0.
Constance Adler, MD, FAAFP 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0.	0.
Roy Hitchings, Jr., FACHE 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0.	0.
Anthony Marple, MBA 150 Capitol Street, Suite 4 Augusta, ME 04330	Treasurer 3.00	0.	0.	0.

Ted Sussman, MD, MACP 150 Capitol Street, Suite 4 Augusta, ME 04330	Vice Chair 4.00	0.	0.	0.
Bruce Nickerson, CPA 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Dennis King, FACHE 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Deborah Deatrick, MPH 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Catherine Ryder, LCPC ACS 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Totals included on 990-PF, Page 6, Part VIII		206,000.	22,040.	0.

Form 990-PF Other Revenue Statement 10

Description	Bus Code	Unrelated Business Inc	Excl Code	Excluded Amount	Related or Exempt Function Income
Expense reimbursements			01	2,722.	
Net adjustment for investment income on schedules K-1				2,009,842.	
(not recorded on books)				-2,009,842.	
Accounting services			01	15,645.	
Other income			01	76.	
Total to Form 990-PF, Pg 12, ln 11				18,443.	

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MAINE HEALTH ACCESS FOUNDATION 01-0535144
FORM 990-PF: SUPPLEMENTAL STATEMENT 13 12/31/2015

PART I, LINE 19 & PART II, LINE 14

	COST	DEPREC.	A/D
FURNITURE & EQUIPMENT	312,810	20,045	273,549

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 14
Year Ended December 31, 2015 01-0535144

Part IX-A: Summary of Direct Charitable Activities

The Maine Health Access Foundation (MeHAF) is the state's largest private 501(c)(3) nonprofit health care foundation. Our mission is to *promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine.* The foundation is governed by a 15-member statewide Board of Trustees and the Board benefits from the input of a twenty member statewide Community Advisory Committee.

MeHAF is non-partisan, does not have members, and has a self-sustaining funding source through its invested endowment. We do not receive public funding for our activities.

BUILDING BRIDGES FROM OUR VALUES TO OUR WORK

The foundation has changed significantly since its formation in April, 2000, yet our commitment to be a mission-driven organization that uses its human and financial resources to ensure that people have access to high quality, affordable health care to preserve or achieve better health remains steadfast.

Although our mission serves as the touchstone for the foundation's goals and aspirations, it is our core values that provide the context of *how* we approach our work with our grantees and other partners. Over the course of 2015, the Board and Community Advisory Committee worked together to redefine MeHAF's values in a way that clearly describes what differentiates the foundation from other organizations:

1. *It takes more than grantmaking to achieve our mission.* Through the strategic use of all our human and financial resources, MeHAF promotes innovation, cultivates bold ideas and brings people together for the common purpose of expanding access, improving health and transforming the health care system in Maine.

2. *Every aspect of our work should be guided by the voices of the people we're dedicated to serve.* Our work is informed and shaped by the advice, insights and life experiences of people across Maine, particularly those who are uninsured and underserved, so we can promote health equity across the state.

3. *We value diverse perspectives that challenge our assumptions and strengthen our work.* As a mission-driven, nonpartisan foundation, we understand the value of soliciting a broad range of ideas and opinions to critique and improve our work.

4. *Building trust and cultivating deep, collaborative relationships is essential to our success.* We need diverse partners from all sectors to accomplish our mission, so

we must approach our work with humility, honesty and an openness that builds trust for lasting relationships.

5. *As stewards of the foundation's resources, we must be accountable, transparent and wise in determining their best use.* In the pursuit of our mission, we are committed to using our resources with the highest level of honesty, integrity and transparency so we can be fully accountable for our actions and decisions

These statements serve as the new bridge that links our mission to MeHAF's relationships, programs and our day-to-day operations as we strive to continue serving Maine people through programs that focus on:

- ***Access for All***: Everyone in Maine deserves access to a basic level of quality health care services. MeHAF promotes options for affordable coverage, particularly for lower-income Mainers.

- ***Better Care***: MeHAF works with public and private payers to support health care delivery reforms aimed at improving quality and controlling the rising cost of care.

- ***Improved Health:*** Through our Healthy Community grant program, MeHAF supports a broad consortium of communities that are working across sectors to build a community-based culture of health.

Since 2002, MeHAF has awarded over $62 million in grants and program support so that organizations across Maine can advance transformative change. In this summary of the foundation's 2015 activities, we highlight the impact of our work with nonprofit and governmental partners. The following represent examples of projects funded by our grant and program support in 2015.

BETTER CARE: Bucksport Fosters Thriving in Place (TiP)

Just as people's lives are dramatically changed by accidents or chronic illnesses, communities can also suffer from traumatic events. In October 2014, Bucksport learned that the town's large paper mill would be closing permanently. By the end of 2015, the mill had been sold and was being demolished.

Although it lost its largest employer and taxpayer, Bucksport never lost its sense of community and dedication to helping neighbors. The community strengths that are helping Bucksport survive the mill closure energized the robust engagement that shaped the planning and underlies the work of the *Thriving in Place* (TiP) initiative serving Bucksport, Verona Island, Orland and Prospect.

TiP helps Maine people with chronic physical or behavioral health issues stay safely and well in their homes and communities. Bucksport is one of 10 TiP grantees supported by MeHAF. TiP is an important element in statewide efforts to address the needs of Maine's aging population. MeHAF is also a supporter of the TriState Learning Community on Aging (http://agefriendly.community/).

In Bucksport, the first step was to hear from the community by surveying 3,427 households. The average age of the respondents was 70, with 40% living alone. Most said they were "healthy," but the data showed that 83% coped with at least one chronic illness. Social isolation was a major concern.

In response to these needs, fifteen health and service organizations and a network of volunteers created a comprehensive continuum of care for lifelong health and wellness education. The Bucksport TiP initiative has created a web of supports and services to keep people with chronic health conditions in their homes as long as possible.

Each TiP participant receives an assessment and connections to needed services such as transportation, daily phone check-ins, social and fitness activities, health care, home repairs, heat, snow shoveling and legal assistance. To publicize the new TiP network, project leadership even went to voting poll sites on Election Day to sign up participants and volunteers.

Most people surveyed didn't want to accept help they felt someone else might need more. Respecting this concern, the group established the "TiP Participant" concept where everyone can contribute something to help someone else in the TiP community. Even a person who is homebound can volunteer to call others each morning to check on them. As contributing participants, people are more apt to ask for assistance when they need it. This structure helps maintain their dignity, gives a sense of purpose, and reduces social isolation. "It's been a lifeline; I'm not sure what I would do without this reliable resource," noted Connie Cassette, a local participant who relies on the volunteer transportation component of the program.

IMPROVED HEALTH: New Solutions Spring from the Community

Jackman sits in northwestern Somerset County on the Maine-Quebec border. Its population of just over 800 depends economically on visitors who come year-round to hunt, fish, snowmobile, and enjoy the abundant natural beauty. In this remote location, local residents have long relied on one another for help. But that hasn't necessarily meant that residents know what their neighbors and friends need to be healthy.

The MeHAF-funded *Healthy Community* project in Jackman, funded through Redington-Fairview General Hospital and coordinated by Somerset Public Health (SPH), a local Healthy Maine Partnership, has been at work since 2013 to make this possible.

The *Healthy Community* grants program is a multi-year initiative with the goal of bringing together people with many different experiences to transform communities into more supportive environments that help everyone live healthier lives.

Jackman's project received a significant boost from its alignment with the longstanding local School/Community Leadership Team, made up of organizations from diverse sectors of Jackman's community. A Healthy Community steering committee made up of community members and leaders led an effort to identify key health issues and develop a plan to address them. As they began their work, it became clear that meeting the needs of Jackman's growing population of senior citizens was the top priority.

One hundred and forty-three Jackman senior citizens were interviewed by teams made up of an adult volunteer and a junior high or high school student. The information gathered revealed two priorities for Jackman's senior population: health care and transportation. "People are really listening to what we have to say," remarked one participant.

The *Healthy Community* grant benefits from strong connections within the community. Existing monthly community gatherings now include a specific focus on addressing health care and transportation barriers and provide an opportunity to strategize how to leverage community assets for solutions. Community members meet with agencies to brainstorm ways to address service gaps. Penobscot Community Health Center initiated local x-ray, dental health and prescription drug services in Jackman, significantly reducing the need for elderly patients to travel out of town.

Jackman's isolated location requires creative approaches to meet the community's needs. Community members are stepping up as volunteer drivers to help neighbors get to health care appointments. The community has a local transportation pilot project in the works.

And for the Healthy Community project, the best new solutions come from the people who live in Jackman themselves. As Project Director Bill Primmerman noted, "We began with community members, we continue to be driven by community members and when community members step up, we make progress."

ACCESS FOR ALL: A New Neighborhood that Welcomes Everyone

In Portland, people with long-term chronic diseases including mental illness, substance use, homelessness, or all of these combined, would often search for a place where they could belong and be cared for. For many people, the Emergency Department (ED) at Mercy Hospital became that place. It was safe and warm, staffed by caring people who would make sure that those who were hungry were given a meal. But the ED isn't a long-term home, and a visit there doesn't typically serve as a doorway to a long-term, supportive community.

MeHAF's *Access to Quality Care* initiative funds projects that advance the creation of a sustainable system of care that delivers comprehensive high-quality health services for uninsured, low income individuals and reduces the time they spend in expensive, episodic, and poorly coordinated care.

Melissa Skahan, Vice President for Mission at Mercy Hospital, has helped lead an effort to create a new kind of neighborhood that helps people find stability and better health when they do enter the ED doorway. "Watching people who have been chronically homeless and frequent users of the emergency department regain their sobriety, move into safe housing, and re-engage with the primary care system is powerful. We have brought every organization that touches the lives of vulnerable people in the city to a common table – our Medical Neighborhood."

Ben Skillings, Amistad's Director of Peer Services notes that "the medical neighborhood allows us to communicate regularly and build relationships with each other so that we can put the best parts of the health care system to use for our community's most vulnerable people. Instead of a completely fragmented, payment-driven set of roles, we can truly rally around what the patient needs. Our structure also gives us power within the system that we would not normally have and allows us to advocate strongly for patient's rights to housing, fair treatment and access to care."

MeHAF funded the Medical Neighborhood through its *Payment Reform* and *Access to Quality Care* initiatives. Key to the success of the Neighborhood are peers from Amistad, street outreach and community health outreach workers from the City of Portland, and members of the Milestone Foundation's homeless outreach "Home Team." They form trusting relationships with people who have become disconnected and build bridges back to the local support system.

Likewise, they teach the Neighborhood's providers to work differently, so that the formal infrastructure is more receptive and responsive to those most in need. Underlying the individual work of peers and outreach workers is a new organizational partnership that allows information sharing so that nobody falls through the cracks.

ACCESS FOR ALL: Advocacy Grantees Give Regular Mainers a Seat at the Table

MeHAF has always supported advocacy that seeks to give vulnerable Mainers a voice in the decision-making processes that affect their health and health care. Since 2011, we have worked with a dedicated group of health advocacy organizations on the successful implementation of the Affordable Care Act in Maine. This work has ranged from administrative rulemaking to the high-profile debate over the restoration of MaineCare.

Along the way, our grantees have learned that the personal stories of real Mainers are often the most compelling tool to demonstrate the true impacts of broad policy issues. Bringing these stories to the forefront takes time and effort. Organizations must meet people where they are, build trust, and provide support to those who have a story to share. When done well, this kind of work develops new community leaders who can make an impact on today's issues as well as issues to come.

The Maine People's Resource Center (MPRC) exemplifies many of these central lessons. They 'meet people where they are' by literally knocking on their doors in more than 100 towns and cities across Maine. MPRC's door-to-door canvassers conduct outreach, direct people to important services, and identify people with compelling personal stories to share. MPRC staff builds trust by working one-on-one with volunteers and provides extra support and training to those willing to share their experiences in a public setting.

This potent combination of relationship-building and skill-building has resulted in a growing core of talented storytellers who can shed light on complicated health policy issues. "Before connecting with MPRC, I felt alone in my struggles with access to affordable health care, housing, and education," said MPRC storyteller Tanya Lima. "In my work with MPRC, I met other people who were dealing with similar struggles and learned that our difficulties stemmed from larger societal problems and that together, by lifting up our voices and sharing our experiences, we could make a difference."

One trainee shared that "MPRC lit a fire in me that won't go out. I'm happy to continue to share my story to help a larger movement of giving people affordable health care, access to services and food, and support in their higher education goals."

ACCESS FOR ALL: Weaving a Stronger Safety Net

When MeHAF first offered the opportunity for nonprofit dental clinics to work with Safety Net Solutions (SNS), a national oral health consulting group that helps safety net clinics develop more sustainable practice models, we were unsure if sites would be willing to open up their practices to the thorough financial and operational analysis for which SNS is known.

Providing quality dental services at a price that's affordable to their patients is an ongoing challenge for Maine's safety net dental clinics. Many patients don't have dental insurance and have to pay out of pocket, often on a sliding scale based on their income. MaineCare coverage is limited and the program's reimbursement rates are low relative to the cost of services.

Given these financial realities, nonprofit clinics often seek the support of foundations to help make ends meet. Usually, support would come in the form of a grant, but the SNS

approach asked clinics to share far more of their financial picture than a typical MeHAF grant would have required.
Despite this dynamic, seven clinics agreed to participate in the first year of the SNS program, working independently with SNS to review all of their operations from scheduling to patient flow and payer mix to net revenue. As it turned out, many in this first group went on to become ambassadors for the program. We now rely on their experience to help recruit other clinics to participate in the program.

MeHAF has since supported the participation of 13 additional oral health safety net clinics in the SNS program. This work has been transformative for several clinics and in at least one case, allowed a practice to keep its doors open so it can continue serving a community with few other options for those in need.

Maine's essential oral health safety net ensures children and adults have access to the dental care they need to stay healthy, catching those who fall through the cracks of what is often an unaffordable system of care. While the safety net is fragile, and not all the need can be met, Maine's safety net clinics are finding new ways to be sustainable so they can continue to provide high quality dental care in communities across the state.

These projects represent examples of how MeHAF deploys an array of strategies to advance our work. In 2015, we used single and multi-year grants, consultant engagement to advance targeted work and technical assistance on various initiatives, and conducted research and analysis to advance our priorities and our mission.

The following is a complete list of the grant and contract payments provided in fiscal year 2015.

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
Access for All - ACA Outreach, Education and Enrollment					
Community Concepts, Inc 240 Bates Street Lewiston, ME 04240	$135,000 00	$75,000 00	$0 00	PC	Community Concepts, in partnership with the Lewiston/Auburn Neighborhood Network and the Horn of Africa and Rehabilitation Action Network respectfully seek to increase awareness and education about the Affordable Care Act throughout Androscoggin, Oxford & Franklin Counties Our focus populations include the immigrant community, those of all heritages in nontraditional secondary education, part-time workers, unemployed workers, self-employed and small business owners Community Concepts will make its Lewiston and Auburn offices open for weekly educational sessions, and people can attend regularly scheduled listening sessions at our 14 Early Learning Centers throughout Oxford and Franklin Counties LAAN & HARAAN meet with hundreds of their constituents Together, we have the ability to reach thousands of individuals and families who may benefit from the ACA, and our goal is to reach out, inform with factual information, and encourage them to enroll during open enrollment periods
Consumers for Affordable Health Care Foundation 12 Church Street PO Box 2490 Augusta, ME 04338-2490	$175,000 00	$87,500 00	$0 00	PC	Consumers for Affordable Health Care's goal for this project is to support a robust ACA outreach and enrollment system in Maine, thus allowing us to enroll as many uninsured and underinsured Mainers in coverage as possible, both during the Marketplace Open Enrollment Period (OEP) and through Special Enrollment Periods (SEPs) Ultimately, this will help more Mainers access quality coverage and thus improve their overall health We will focus on three primary strategies to achieve this goal (1) provide ongoing resources and support to Maine's navigators, certified application counselors, MeHAF grantees, and other health professionals, thus expanding their capacity and allowing them to enroll more consumers, (2) help consumers understand and navigate health coverage, primarily through our Consumer Assistance HelpLine, (3) provide outreach to priority communities and populations not targeted by other assisters, including young adults and small business owners Through these strategies, we will directly assist 7,500 consumers, navigators and assisters through our HelpLine, educate 6,000 people through presentations and other outreach events, and distribute 45,000 educational materials
Division of Public Health, HHS Dept , City of Portland 389 Congress Street Portland, ME 04101	$134,998 00	$74,999 00	$0 00	GOV	City of Portland Minority Health Program (MHP) will assist community members through the process of outreach, education and enrollment into the ACA/Marketplace while working with our partners We anticipate that 7% (1,500) of total uninsured population in Cumberland County (21,701) would need/use our Community Health Outreach Worker (CHOW) Navigator services within this project Our primary priority populations for outreach, education and enrollment are Somali, Spanish, French, Sudanese, and Arabic-speaking communities living in Cumberland County Portland has experienced rapid growth over last several decades in refugees, both primary and secondary, with a majority coming from African nations but also increasing numbers of Iraqi refugees Portland has the largest population of every race/ethnicity – almost 10,000 non-white residents and approximately 15% of the city's population
Hand in Hand / Mano en Mano, Inc PO Box 573 Milbridge, ME 04658	$33,500 00	$17,500 00	$0 00	PC	Our objectives with REinFORMA 2014 are to raise awareness about the new Health Insurance Marketplace and to continue raising awareness about the Affordable Care Act so that our target populations have the tools and knowledge needed to access quality health care We will target low-income and underinsured or uninsured Mainers with a special focus on immigrants, migrant workers, and non-English speakers Our work will cover all of Washington County and include migrant communities in Turner, Lewiston, West Paris, and Aroostook County We plan to provide outreach and counseling to over 325 individuals across the state Our efforts will be based on a deep understanding of the communities that we serve and a respect for their time, experience, and values We will offer both group-level and direct one-on-one outreach along with a drop-in resource center at our offices in Milbridge We will also engage in a strong marketing campaign including social media, partner organizations, and local Newspaper Our staff and partners will speak the language of our target audience, meaning that information can be passed directly and more effectively
Healthy Community Coalition of Greater Franklin County 105 Mt Blue Circle, Suite #1 Farmington, ME 04938	$135,000 00	$75,000 00	$0 00	PC	Through the Franklin's Focus on Advancing Health Care Reform Initiative HCC staff, volunteers, and partners will offer education about the Affordable Care Act and opportunities to enroll in the Health Insurance Marketplace HCC will focus on bringing these services throughout Franklin County and the surrounding towns Approximately 25,000 community members will be reached through a variety of methods including HCC Mobile Health Unit venues, community educational sessions, door-to-door and other 1 1 outreach at local banks, schools, libraries, churches, food pantries, groceries and worksites Outreach methods will consist of community outreach, a social marketing campaign, and health system integration, as well as a multi-faceted social media campaign which will include radio talk shows, PSAs, messaging on billboards, bulletin boards, local newspapers and through a new digital magazine HCC staff and volunteers will become trained Navigators in collaboration with Western Maine Community Action Navigator Consortium Additionally, HCC will mirror this community education within Franklin Community Health Network

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
Maine Access Immigrant Network (MAIN) 237 Oxford Street - Suite 25-A Portland, ME 04101	$135,000 00	$75,000 00	$0 00	PC	The Somali Culture and Development Association of Maine (SCDA) proposed project is collaboration between the African/ Middle Eastern refugee communities living Portland, Maine, under the organizational lead of the SCDA We will address refugee health literacy, health care enrollment, and education about health care benefits, non-clinical care and understanding available resources We will partner with New Mainer Public Health Initiative in Auburn to expand services in the L/A area while building organization capacity for NMPHI The outreach, education and enrollment work plan involves working collaboratively with multiple groups and embraces a community health outreach worker model to provide culturally and linguistically appropriate services by trusted community leaders
Maine Association of Area Agencies on Aging PO Box 5415 Augusta, ME 04332	$135,000 00	$75,000 00	$0 00	SO I	The Maine Association of Area Agencies on Aging (M4A), with its implementing partners, Maine's five Area Agencies on Aging, which are all also federally designated Aging and Disability Resource Centers (ADRCs), will use our existing extensive communications network to provide clear, unbiased Marketplace information to uninsured older adults age 50 to 64, disabled adults and family caregivers In addition, ADRC staff and volunteers will be trained to provide basic information to those who seek Marketplace help from the ADRC The ADRCs will work collaboratively with the Navigators to ensure an effective process of referral to those with complex questions or in need of enrollment The ADRCs will increase enrollment opportunities for older adults directly at ADRC locations by providing Navigators space and collaborating to schedule group enrollments Finally, we will provide adults over 65 with information on the impact of the Marketplace on Medicare and on how to avoid scams These efforts are aimed at reducing confusion and increasing knowledge of the Marketplace by the target population and reducing strain on an underfunded Navigation system by ensuring ADRC staff and volunteers have the capacity to answer simple questions that do not need to be fielded by a Navigator or CAC
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	$69,592 00	$38,996 00	$0 00	PC	MEJP will focus its outreach and education activities under this initiative on Maine's immigrant and refugee communities We will work with community groups and leaders representing immigrant populations in Maine, including Maine's migrant populations We will provide them with information and resources about opportunities for coverage through the ACA, MaineCare, and other public assistance resources We will also work directly with providers and certified assisters that serve immigrants and refugees to ensure that they understand the changes in coverage and options available to people, and can convey that information to their clients/patients While MEJP's materials and resources will be utilized statewide, targeted outreach efforts will focus primarily in the greater Portland area as well as Lewiston, those regions of the state where the vast majority of immigrants have settled
Maine Medical Education Trust 30 Association Drive PO Box 190 Manchester, ME 04351	$96,790 00	$53,895 00	$0 00	PC	The Maine Medical Education Trust (MMET) seeks to increase health care provider and patient understanding of coverage opportunities created by the Affordable Care Act, primarily opportunities to enroll in the Health Insurance Marketplace MMET proposes to contract with the Maine Medical Association (MMA) to carry out project activities centered around creating and distributing patient materials to, and offering training opportunities for, health care professionals and health systems which can then disseminate this information to reach low income, uninsured and underinsured Mainers and enhance their overall understanding of coverage opportunities and enrollment in Marketplace plans MMA will expand its work to larger practices and hospital systems throughout Maine while maintaining relationships with primary care practices Success will be measured by how well we mobilize physician practices and health systems to assist patients in enrolling in Marketplace plans and increase health coverage in Maine
Maine People's Resource Center 565 Congress St #200 Portland, ME 04101	$135,000 00	$75,000 00	$0 00	PC	Maine People's Resource Center (MPRC) will engage thousands of Mainers about the new Health Insurance Marketplace and the importance of enrolling in health coverage starting in 2014, through (a) door-to-door canvassing in communities surrounding navigator sites, (b) training local volunteers from low/moderate-income communities to share information within their own networks, (c) leveraging our existing relationships with immigrant-owned small businesses to reach members of Maine's immigrant & refugee populations, and (d) conducting outreach to the 32,000 members of the Maine People's Alliance and the 3,600 members of the Maine Small Business Coalition
Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	$25,000 00	$25,000 00	$0 00	PC	The Maine Primary Care Association (MPCA) serves the same populations that MeHAF identifies as its priority populations--both the uninsured and the underserved Overall, our member community health centers (CHCs) serve a disproportionate share of individuals with low income, multiple chronic conditions, and other socio-economic challenges The purpose of our project is to leverage the resources of our member health centers to ensure that all Mainers are given the chance to find health insurance coverage

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
MaineHealth 241 Oxford Street Portland, ME 04101	$134,732 00	$74,820 00	$0 00	SO III FI	MaineHealth will conduct outreach and education about the ACA Marketplace to the following priority populations in our 11-county catchment area (Androscoggin, Cumberland, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo, York, Somerset and Franklin) (1) 17,709 current and past enrollees in MaineHealth's four Access to Care Programs Care Partners (9,700), MedAccess (7,427), Maine Colorectal Cancer Screening Programs (457), and Smile Partners (125), (2) 1,583 current patients of three free clinics with whom our Access to Care Programs routinely collaborate Biddeford Free Clinic (500), Leavitt's Mills (550), and the Portland Free Clinic (533), and (3) MaineHealth member and affiliate hospitals, including Southern Maine Medical Center, Goodall Hospital, Maine Medical Center, Mercy Hospital, St Mary's Hospital, Spring Harbor Hospital, Stevens Memorial Hospital, Mid Coast Hospital, Miles Memorial Hospital, St Andrews Hospital, MaineGeneral Hospital, PenBay Hospital and Waldo County General Hospital Combined, these hospital partners have contact information for 54,387 adults who are currently enrolled in their self-pay or free care programs, and can reach more uninsured people though hospital-owned primary care and specialty practices
Planned Parenthood of Northern New England 784 Hercules Drive, Suite 110 Colchester, VT 05446	$135,000 00	$75,000 00	$0 00	PC	PPNNE's Marketplace Outreach & Education Program aims to reach and educate uninsured people about enrolling in public and private health insurance through the Marketplace With a focus on reaching women and other vulnerable populations primarily in the Biddeford and Sanford areas, we intend to serve both patients and non-patients in our two lowest income and most underserved health center communities in the state Over 70% of our York County patients are living at or below 150% of the federal poverty level and over 1,000 individuals (about 40%) are uninsured Strategies will include conversation-canvassing, talking with uninsured patients one-on-one in the health centers, and collaborating with community organizations to reach vulnerable populations
Preble Street 38 Preble Street Portland, ME 04101	$135,000 00	$75,000 00	$0 00	PC	Preble Street will target low and moderate income veterans and their families throughout Maine using the framework of our successful outreach through the Preble Street Veterans Housing Services that targets veterans' households who are homeless or at risk of homelessness Through outreach at shelters, General Assistance offices, health and mental health organizations, Veterans Administration programs, food pantries, veteran targeted fairs and workshops, Federally Qualified Health Centers, Community Action Programs, Pine Tree Legal Assistance, organizations such as the Regional Maine Military & Community Network (MMCN) and the Statewide Maine Military & Community Network, the VFW and the American Legion, as well as Regional Homeless Councils, the Statewide Homeless Council, both HUD Continuums of Care, VA Homeless Summits and Strategic Planning, and regional meetings such as the Portland Emergency Shelter and Assessment Committee and the Lewiston-Auburn Alliance for Services for the Homeless, we anticipate reaching between 800 and 1,000 households, including 1,200 to 1,500 family members, and providing information and training at Veterans service organizations with an additional 500 across the state
Western Maine Community Action P O Box 200 East Wilton, ME 04234	$90,000 00	$90,000 00	$0 00	PC	The WMCA Community Action Navigator Consortium project creates a statewide network of over 70 certified navigators who will serve as a gateway to in-person health marketplace assistance available to Maine's un- and under-insured population The consortium is comprised of nine community action agencies serving all 16 Maine counties Navigators will provide public education, outreach and enrollment assistance throughout the state to ensure health insurance is available and accessible to every uninsured and under-insured individual in Maine, including Maine's most vulnerable populations its low-income and immigrant communities Navigators will also work intensively to coordinate with the broader network of in-person assisters statewide, making connections with Federally Qualified Health Centers (FQHC's), Certified Application Counselor (CAC) organizations, and hospitals to support all outreach and enrollment efforts The consortium anticipates reaching a minimum of 22,000 Mainers
Manatt, Phelps & Phillips, LLP *7 Times Square* *New York, NY 10036*	*$121,759 98*	*$121,759 98*	*$0 00*	*NC*	*Manatt will develop a data brief that estimates the economic implications of expansion for Maine so that Maine stakeholders are well-positioned to reevaluate the fiscal impact of expansion for the state*
Burgess Advertising & Marketing 1290 Congress Street Portland, ME 04102	$729,884 77	$729,884 77	$0 00	NC	Burgess Advertising and Marketing will develop and guide the implementation of a strategic public education and marketing campaign designed to educate and engage Maine people about the new Health Insurance Marketplace
Dirigo Design & Development *57 Exchange Street, Suite 302* *PO Box 756* *Portland, ME 04104*	*$26,917 61*	*$26,917 61*	*$0 00*	*NC*	*Enroll207 Website*

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
Access for All - Access to Quality Care (A2QC)					
Franklin Memorial Hospital 111 Franklin Health Commons Farmington, ME 04938	$223,476 00	$89,749 00	$133,727 00	PC	A sustainable collaborative community-based system of care will be implemented to meet healthcare needs of the most vulnerable population, especially those with depression, dental and chronic disease who have been identified as most in need of care coordination Franklin Memorial Hospital will create a Community Resource Coordinator (CRC) position to coordinate transitions of care for this population The CRC will conduct individual initial and follow-up encounters, make partnering agency referrals and connect individuals to a PCP A universal referral/ financial assistance form will be developed, with help of Health InfoNet, to provide improved inter-agency communication to deliver better care
Islands Community Medical Services Inc 15 Medical Center Loop Vinalhaven, ME 04863	$80,000 00	$30,000 00	$0 00	PC	Islands Community Medical Services, Inc will partner with Penobscot Bay Medical Center (PenBay), The Island Institute, Ivan Calderwood Eldercare Services, North Haven Medical Center and Islesboro Rural Health Center to identify barriers in quality care and to improve a patient's experience during transitions of care for low-income and uninsured island residents We will conduct a baseline assessment on health care services for the uninsured and low-income population, which will inform our service area planning and goal-setting Our results will profile the low-income and uninsured population in our service area, the volume of uninsured who accessed primary care in our service area, additional indicator of primary care wait times, specialty care wait times and emergency department use Then we will determine the best use of limited local resources to increase access to quality health care to its most vulnerable residents
MaineHealth 241 Oxford Street Portland, ME 04101	$297,854 00	$99,048 00	$0 00	SO III FI	MaineHealth and its partners propose to expand CarePartners to York County, one of Maine's most populated regions The program will primarily target adults with incomes less than 138% of the poverty level Census data from 2011 shows that 11% (8,121) of York County residents are uninsured and 8 7% (6,423) live below poverty The 2010 OneMaine Health Needs Assessment found that 12% of York adults lacked a medical home CarePartners is a highly collaborative, sustainable model that has been implemented in four Maine counties Services are delivered through a voluntary network of local hospitals, physicians, mental health providers, and others who donate care for a low $10 per visit co-payment The program will be locally administered at an office site provided by Southern Maine Medical Center/Goodall Hospital, and MaineHealth will provide centralized services to include marketing and information systems
MaineHealth 241 Oxford Street Portland, ME 04101	$224,411 00	$89,900 00	$134,511 00	SO III FI	The proposed project will implement the CarePartners program in Knox County, increase capacity in - and improve referral and care management processes among - three behavioral healthcare agencies, and expand evidence-based, collaborative training for future practitioners The project will at least double current behavioral health capacity in Knox County, and if successful, can be replicated in Waldo and Lincoln Counties, and potentially other CarePartners locations statewide
Mercy Hospital 144 State Street Portland, ME 04021	$300,000 00	$100,000 00	$100,000 00	PC	Mercy's Medical Neighborhood seeks funding to provide access to quality healthcare for all uninsured patients in the Greater Portland community through the expansion of our flexible care delivery system Experts from Amistad's Peer Support Program, Milestone's Homeless Outreach & Mobile Engagement (HOME) Team, outreach workers from Preble Street Resource Center and the Oxford Street Shelter, and Community Health Outreach Workers (CHOWs) from Portland's Health Equity Department respond to the unique needs of the vulnerable patients that we serve and provide the necessary consumer insight to actively guide the response of the healthcare delivery system The Patient Centered Medical homes at Portland Community Health Center (PCHC) and Mercy's Portland Internal Medicine (PIM) have integrated social interventions into their care models Case management provided by staff from The Opportunity Alliance helps uninsured patients connect with community mental health services, resources, and providers, who are willing to provide ongoing care for uninsured patients Mercy's Coverage Counselors and staff from Preble Street offer marketplace enrollment services and advocate for governmental resources such as Medicaid Disability and Social Security benefits for all neighborhood patients Mercy's Emergency Department Care Managers connect with uninsured patients in the acute setting and engage the necessary neighborhood resources such as peers, street outreach, or CHOWs to foster the transition to a medical home Patients access Mercy's medical neighborhood services through any partner agency Open access scheduling, real time peer support and navigation, warm hand offs, and two-way communication via the patient portal foster effective communication and patient engagement
Mid-Coast Health Net Inc 22 White Street Rockland, ME 04841	$80,000 00	$30,000 00	$0 00	PC	Mid Coast Health Net is the parent organization of the Knox County Health Clinic, which provides free or low-cost medical, dental, behavioral health, and prescription assistance to the medically uninsured and underinsured with incomes of less than 200% of Federal Poverty Level Funds are requested for a community planning process to improve the delivery of medical, dental and behavioral health services to individuals who are low-income and medically uninsured/underinsured in Knox County The process will build on, and integrate with, other related community planning

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
Penobscot Community Health Center 103 Maine Avenue Bangor, ME 04401	$79,997 00	$30,000 00	$0 00	PC	Penobscot Community Health Center, in conjunction with Penquis CAP, will lead a coalition of 26 organizations in greater Bangor representing healthcare and social service providers, local governments, businesses, and low-income consumers, in a comprehensive planning process designed to assure a sustainable health care safety net for people who will remain uninsured, even after the full implementation of the Affordable Care Act in Maine The Planning Committee will strengthen and inform this effort to combine knowledge and service assets to develop implementable strategies for identifying and providing high-quality care to uninsured individuals We intend to model these efforts on the Accountable Care Communities design and will review successful models that address the needs of the uninsured and determine which elements can be adapted to the Bangor area
Penobscot Community Health Center 103 Maine Avenue Bangor, ME 04401	$225,000 00	$90,000 00	$135,000 00	PC	This project will help health care providers better manage care for uninsured/low-income individuals that suffer from chronic pain/opiate addiction issues that present in area EDs and walk-in clinics via a pain management toolkit, alternative therapies, and revised prescribing protocols, as well as warm hand-offs to primary care providers and collaborative care management teams This initiative builds on extensive, prior planning by health care leaders in Bangor (Community Health Leadership Board) which identified substance abuse/opioid addiction as the highest health priority in our region, particularly within the stated target population Ultimately the project will enhance pain management practices, improve clinical outcomes, and reduce expensive and inappropriate ED usage
Portland Community Health Center 180 Park Avenue Portland, ME 04106	$80,000 00	$30,000 00	$0 00	PC	Portland Community Health Center (Portland CHC), in partnership with the Greater Portland Refugee Immigrant Healthcare Collaborative (GPRIHC) and its member organizations, will create a plan that offers a Coordinated System of Care of care for low income immigrants, including asylum seekers, living in Cumberland County who will remain uninsured after the implementation of the Affordable Care Act (ACA) This will be accomplished through two day-long meetings, quarterly meetings of the GPRIHC, research of existing models of care in the New England region, community and stakeholder focus groups, as well as interviews with key healthcare organizations This planning project will culminate in a final report with a recommended community care model, with a payment structure and associated implementation timeline
Nonprofit Finance Fund *70 W 36th Street, 11th Floor* *New York, NY 10018*	*$79,285 18*	*$60,885 18*	*$0 00*	*PC*	*Nonprofit Finance Fund will provide analytical and advisory support directly to Portland Community Health Center's leadership which will serve as part of a larger community conversation about sustainable health services for targeted populations in Portland, Maine*
Access for All - Health Reform Advocacy					
Consumers for Affordable Health Care Foundation 12 Church Street PO Box 2490 Augusta, ME 04338-2490	$225,000 00	$75,000 00	$0 00	PC	Consumers for Affordable Health Care (CAHC) will work to ensure that as many low and moderate income uninsured and underinsured Mainers gain newly available ACA coverage, keep their MaineCare coverage, or find alternative sources of coverage like hospital free care Key decisions about eligibility will be made in administrative rules or hearings in 2014 CAHC wants to ensure that MeHAF's priority populations have a strong voice in administrative forums that will impact the affordability, accessibility, and comprehensiveness of their health benefits and coverage
Maine Center for Economic Policy 66 Winthrop Street PO Box 437 Augusta, ME 04330	$205,000 00	$70,000 00	$0 00	PC	MECEP will advocate to ensure that Maine accepts federal health care funds to provide affordable access to critical health services In pursuit of this goal, MECEP will lay the foundation for more effective advocacy and civic engagement focused on improving access to affordable health care for all Maine people Emphasizing the economic benefits from expanding Medicaid, MECEP will analyze the impacts of failure to expand health care on Maine people, communities, and hospitals, and will quantify the loss of jobs and revenues by county
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	$224,042 00	$75,000 00	$0 00	PC	Maine Equal Justice Partners will conduct advocacy to ensure successful implementation and administration of ACA Medicaid and Marketplace components that affect people with low incomes
Maine Medical Education Trust 30 Association Drive PO Box 190 Manchester, ME 04351	$200,962 50	$66,987 50	$0 00	PC	The MMET will ensure that the needs and perspectives of individuals with low incomes, who are uninsured or who have behavioral health conditions are addressed in policy and regulatory decisions related to implementation of the Affordable Care Act MMET will combine proven advocacy approaches with acquiring meaningful input from patients, providers and appropriate organizations to enhance the quality of advocacy related to implementing health reform

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
Maine People's Resource Center 565 Congress St #200 Portland, ME 04101	$150,000 00	$50,000 00	$0 00	PC	Maine People's Resource Center (MPRC) will work to identify hundreds of Mainers affected by ACA-related policy decisions (such as accepting federal funds to expand MaineCare), to develop their skills and confidence in sharing their personal stories with decision-makers and the press, and to bring their voices to the coalition advocacy efforts advanced by Health Care for Maine and Cover Maine Now
Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	$48,875 00	$48,875 00	$0 00	PC	The Maine Primary Care Association will educate and inform business leaders, community members and legislators located in Community Health Center (CHC) service areas on the impact of the state's decision not to expand Medicaid Our focus is to educate these stakeholders on how the lack of Medicaid expansion hinders the CHCs' ability to serve their patients and communities, the economic impact of not expanding Medicaid on their local community, and the individual impact that not expanding Medicaid has on access to health care and overall health status We will work with the CEOs of the CHCs to coordinate meetings with business and legislative leadership We will also be working closely with the Cover Maine Now coalition and other MeHAF Advocacy grantees to ensure our efforts are coordinated and complimentary to the statewide strategy
Access for All - Health Reform Other					
Grantmakers In Health 1100 Connecticut Ave , NW, Suite 1200 Washington, DC 20036	$10,000 00	$10,000 00	$0 00	PC	The purpose of the Health Reform Resource Center Fund is to create opportunities for learning and connection among grantmakers interested in health reform, to better inform and connect funders sponsoring work related to health reform implementation, and to provide sound, strategic, and actionable information to funders in a timely fashion Publications and webinars communicate information to grantmakers, in-person meetings create opportunities for dialogue between foundations, and an e-forum increases real-time communication among grantmakers
Access for All - Oral Health					
Bucksport Regional Health Center 110 Broadway Bucksport, ME 04416	$5,000 00	$2,500 00	$2,500 00	PC	Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
Community Dental 366 US Route 1 Falmouth, ME 04105	$5,000 00	$2,500 00	$2,500 00	PC	Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
Community Dental 366 US Route 1 Falmouth, ME 04105	$5,000 00	$2,500 00	$2,500 00	PC	Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
DentaQuest Institute, Inc 2400 Computer Drive Westborough, MA 01581	$52,500 00	$52,500 00	$0 00	SO I	Safety Net Solutions will work with seven oral health providers to provide data-driven practice analysis, development of a performance improvement plan, and improvement plan implementation support
MCH Corp dba Maine Coast Healthcare Corporation 50 Union Street Ellsworth, ME 04605	$5,000 00	$2,500 00	$2,500 00	PC	Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved

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Maine Community Foundation, Inc 1 Monument Way, Suite 200 Portland, ME 04101	$101,000 00	$101,000 00	$0 00	PC	The Maine Oral Health Funders (MOHF) has established the Maine Oral Health Fund to receive and administer funds on behalf of the funding partners that include MeHAF, the Bingham Program, the Betterment Fund, and the Sam L Cohen Foundation The MOHF has initiated a series of grants to support community-based prevention efforts in six communities that build on existing local assets and address gaps to promote good oral health in early childhood and beyond, particularly in communities serving rural and/or low-income populations
Sebasticook Family Doctors 118 Moosehead Trail #5 Newport, ME 04953	$5,000 00	$2,500 00	$2,500 00	PC	Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
Waldo County General Hospital 118 Northport Avenue PO Box 287 Belfast, ME 04915	$5,000 00	$2,500 00	$2,500 00	PC	Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
Alison Jones-Webb *2 Liberty Way* *Portland, ME 04103*	*$47,429 13*	*$47,429 13*	*$0 00*	*NC*	*Consultant will provide organizational support to the Maine Oral Health Funders*
Access for All - Rural Health					
USM/Edmund S Muskie School of Public Service, Cutler Institute for Health & Social Policy *34 Bedford Street* *P O Box 9300* *Portland, ME 04104-9300*	*$38,929 00*	*$29,196 75*	*$9,732 25*	*PC*	*USM/Muskie School of Public Service, Cutler Institute for Health & Social Policy will develop a baseline profile of rural health in Maine USM/Muskie will finalize the design and plan for the county-level profiles, the analysis of the rural/rural health economy in Maine, and the final "products", collect and analyze secondary data to populate the county-level profiles, and prepare a report providing easy and usable access to the data and analysis*
Access for All - Policy/Data and Survey Research					
GfK Custom Research, LLC *Attn AR Dept* *120 Eagle Rock Avenue, Suite 200* *East Hanover, NJ 07936-3590*	*$69,150 00*	*$34,800 00*	*$17,750 00*	*NC*	*To support the inclusion of an oversample of Maine residents in the Urban Institute's Health Reform Monitoring Survey (HRMS)*
USM/Edmund S Muskie School of Public Service, Cutler Institute for Health & Social Policy *34 Bedford Street* *P O Box 9300* *Portland, ME 04104-9300*	*$10,000 00*	*$10,000 00*	*$0 00*	*PC*	*To perform analysis of the Maine Health Reform Monitoring Survey and Maine Behavioral Risk Factor Surveillance Survey to monitor health insurance coverage and access to care in Maine and among select population groups*
Subtotal, Access for All Grant (39) & Contract (8) Payments = $3,201,642.92					

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
Better Care -Thriving in Place					
Aroostook Area Agency on Aging, Inc 1 Edgemont Drive, Suite B PO Box 1288 Presque Isle, ME 04769	$252,250 00	$83,047 00	$69,251 00	PC	TiPCC-Aroostook targets adults with chronic health conditions, especially the elderly and frail, by working with at-risk individuals through enhanced screening and care plan development Referrals to county-wide coordinated community supports emphasize screening, self-management education and check-in services Individual care coordination is aligned with policy-related education to impact severe transportation, home and respite/day care challenges Extensive volunteer network and resource development will also build these services Decision-making will be shared among a stakeholder partnership, a consumer/family/caregiver steering committee and coordination with Aroostook's district public health council
Bucksport Bay Healthy Communities Coalition PO Drawer X 66 Bridge Street Bucksport, ME 04915	$220,143 73	$68,802 73	$57,627 11	PC	The Bucksport Bay TiP program will dramatically improve the health, safety and quality of life for Bucksport, Orland, Verona Island and Prospect residents living with chronic illness, aging or disability(ies) To accomplish this goal, TiP will connect participants with a coordinated interdisciplinary team of 15 local and regional health and service organizations and a system of volunteers creating a localized continuum of care and a plan for lifelong, comprehensive health and wellness education This innovative model can be replicated in other rural communities across the state
Charlotte White Center 572 Bangor Road Dover-Foxcroft, ME 04426	$300,000 00	$100,000 00	$100,000 00	PC	The Piscataquis TiP Collaborative (PTC) will create a sustainable and comprehensive resource/referral network that helps people with chronic health conditions avoid out-of-home care With a diverse and robust volunteer and professional workforce, the network will respond quickly to all referrals with a person-centered approach, assisting individuals and caregivers with assessment, planning, and referrals Through a collective impact process, the PTC will increase the integration and coordination of existing resources and build capacity in the following areas health-related transportation, volunteerism, home-based services, caregiver support, and community engagement
Eastern Area Agency on Aging 450 Essex Street Bangor, ME 04401	$299,820 00	$99,862 00	$199,958 00	PC	The towns of Milford, Old Town, Orono and Veazie (MOOV) have formed the MOOV Penobscot TiP Collaborative to address the needs of older adults, caregivers and adults living with chronic conditions by helping them navigate the landscape and keep them healthy and active in their communities The collaborative will link community residents to primary care and community-based resources and work to lessen isolation by facilitating opportunities for neighbor-to-neighbor connections The plan will address several key gaps identified, including but not limited to falls prevention education, understanding entitlement programs, managing chronic conditions and establishing linkages to community based services and opportunities
Katahdin Shared Services Inc 200 Somerset Street Millinocket, ME 04462	$40,000 00	$40,000 00	$0 00	PC	Millinocket Regional Hospital engaged eighteen other Partners including two other Healthcare systems in the Katahdin and Lincoln Lakes Region to establish a Thriving in Place (TiP) Collaborative to develop a local level plan aimed at meeting the needs of community members with chronic health conditions Katahdin Area TiP plan will be informed through a data driven process engaging consumers, caregivers and providers to accurately reflect local culture Well established and locally established networks of care will explore new solutions to meet the health and health care needs of adults with chronic health conditions in order to thrive in place *Katahdin Shared Services is a 501(e) Cooperative Hospital Service Organization and is treated as an organization described in section 501(c)(3), exempt from taxation under section 501(a), and referred to in section 170(b)(1)(A) (iii) (relating to percentage limitations on charitable contributions)*
Maine Association of Area Agencies on Aging PO Box 5415 Augusta, ME 04332	$38,693 00	$17,564 00	$21,129 00	SO I	The Tri-State Learning Collaborative on Aging (TSLC) will support, strengthen and grow current community-based initiatives and systems best practices that help older adults thrive in their homes and communities and encourage the growth of new initiatives and practices by building new connections and partnerships across sectors, communities and states
SeniorsPlus 8 Falcon Rd Lewiston, ME 04240	$273,153 00	$96,271 00	$176,882 00	PC	SeniorsPlus will lead the implementation project "Franklin County Elders in Action " The project will focus on Rangeley and nearby Farmington to launch the project's vision for an age-friendly, falls-safe, dementia-friendly TiP community Strong volunteer-led Elders in Action teams will assess, plan and develop resources as aging needs change Their partners will be community agencies that have developed strong cross-organizational trust, and are committed to making systems change to facilitate a consumer-friendly system for health and resource access, putting the TiP consumer at the center of their work

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Washington Hancock Community Agency 248 Bucksport Rd Ellsworth, ME 04605	$300,000 00	$100,000 00	$100,000 00	PC	Healthy Peninsula's TIP planning grant to serve nine towns on the Blue Hill Peninsula "Gap analyses" revealed a major gap between primary health care services and community-based services, which support patients in their homes Community organizations were largely "siloed," and somewhat isolated from each other The three-year implementation project will address these gaps in order to create major systemic, sustainable improvements Community Care Teams will work with Volunteer Health Advocates in four towns to provide care coordination and "warm hand offs" to community and social services They will also embark on a marketing plan to increase awareness of community resources
Washington Hancock Community Agency 248 Bucksport Rd Ellsworth, ME 04605	$40,000 00	$40,000 00	$0 00	PC	The Washington County Tip Initiative is bringing county, state and tribal partners in health, social services, and elder care together to create a comprehensive, responsive plan to improve outcomes for elders and others with chronic health issues Community members will be key partners, understanding that their lived experiences are the best instructors for creating effective change TIP will implement a strategic assessment process to identify gaps and to map existing services Through collaboration, the partners will develop a plan that identifies and designs programs for implementation that reflect the specific needs and hopes of Washington County
York County Community Action Corporation 6 Spruce Street P O Box 72 Sanford, ME 04073	$299,084 00	$99,950 00	$199,134 00	PC	York County Community Action Corporation's TIP program meets the needs identified by the consumers/caregivers that are unmet by current local infrastructure We successfully assembled a team of partners to implement a greater degree of coordination among the social, clinical, and educational components of this TIP project
S E Foster Associates *8 Longfellow Road* *Lexington, MA 02420*	*$118,543 92*	*$58,543 92*	*$0 00*	*NC*	*Development of a Learning and Evaluation Approach to MeHAF's Access to Quality Care, Thriving in Place, and Healthy Community Grants Programs*
Better Care - Integrated Care/Behavioral Health Homes					
MaineGeneral Community Care/HealthReach Network 10 Water St Suite 302 Waterville, ME 04901	$125,000 00	$50,000 00	$0 00	PC	MaineGeneral Community Care, on behalf of Mid Maine Behavioral Health will coordinate the implementation of two models of behavioral health homes in the Kennebec/Somerset region Working with Kennebec Regional Health Alliance, Redington Fairview Healthcare, a network of primary care practices, and consumers, MMBH will focus on the coordination of care, consumer education, protocol development, system support and connection with other providers This full coordination of care will maximize existing resources and enhance health outcomes
Tri-County Mental Health Services PO Box 2008 Lewiston, ME 04241-2008	$125,000 00	$50,000 00	$0 00	PC	Tri-County Mental Health Services will provide higher quality, better coordinated, and more cost-effective care for people with Serious Mental Illness (SMI) through creation of a Behavioral Health Home (BHH) in Lewiston, Maine The BHH will use a team-based approach to coordinate care and community supports, to integrate behavioral health and primary care services, and to promote a whole-health and wellness approach to care while achieving the Triple Aim of improving the patient's experience of care, improving clinical outcomes, and reducing cost per unit of service
The Opportunity Alliance 50 Monument Square, 6th Floor Portland, ME 04103	$124,658 00	$49,880 00	$0 00	PC	The Opportunity Alliance will implement system and practice re-design and infrastructure changes in its Behavioral Health Home (BHH) project Categories of services include comprehensive care management, care coordination through individualized treatment plans, health promotion, transitional care, individual and family support, referral to community and social support services, nurse education, primary care, and a full continuum of behavioral health services (Access, Community Integration, Crisis, Peer and Family Navigation, Psychiatry)
Maine Behavioral Healthcare *78 Atlantic Place* *South Portland, ME 04106*	*$28,750 00*	*$13,750 00*	*$5,000 00*	*PC*	*Spring Harbor Community Services will provide up to 2 days each month of the time and expertise of Mary Jean Mork to assist the Foundation with issues related to reimbursement and sustainability of integrated behavioral health and primary care services and of Behavioral Health Homes statewide Additionally, Spring Harbor Community Services will work with Mary Jean Mork to share internal expertise that supports this work*

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Program contracts are italicized and shaded					
Better Care - Payment Reform					
USM/Edmund S Muskie School of Public Service, Cutler Institute for Health & Social Policy 34 Bedford Street P O Box 9300 Portland, ME 04104-9300	*$293,087 00*	*$19,680 00*	*$0 00*	*PC*	*Evaluation of MeHAF's Advancing Cost Containment and Payment Reform Strategies in Support of the Affordable Care Act*
Subtotal, Better Care Grant (13) & Contract (3) Payments = $987,350.65					
Improved Health - Healthy Community Grants Program					
Aroostook Band of Micmacs 7 Northern Road Presque Isle, ME 04769	$28,500 00	$28,500 00	$0 00	GOV	The Aroostook Band of Micmacs conducted a comprehensive, Tribal-wide assessment in 2014 as part of Phase One of the Healthy Community Grants funded by Maine Health Access Foundation In addition, focus groups were held with Tribal youth, elders, Tribal Council, program directors, and Tribal members A meeting of the Tribal Council held recently resulted in the Tribal Council approving the issues of addiction as the health and wellness issue they would like this grant to address A multi-faceted approach will be developed by a Planning Committee consisting of a Project Director, Tribal members, and Tribal employees (most of whom are also Tribal members) The Committee will base their work on current research about the best approaches moving forward, keeping Tribal culture at the forefront of the planning
Aroostook County Action Program, Inc PO Box 1116 771 Main Street Presque Isle, ME 04769	$37,567 50	$37,567 50	$0 00	PC	Healthy Houlton will work on a plan that will reduce childhood obesity During its pre-planning phase, Healthy Houlton engaged local representatives from schools, health care, law enforcement, the faith community and many more sectors to determine how best to help their neighbors in poverty During the planning phase, Healthy Houlton partners and our vulnerable population will work together to develop a plan that, once implemented, will help reduce childhood obesity To develop a holistic plan, they will identify existing resources and conduct a gap analysis for missing resources Children in poverty likely face specific barriers to healthy eating and physical activity Healthy Houlton will do a comprehensive analysis of the physical, emotional and mental challenges that may contribute to childhood obesity At the end of the 18-month planning phase, Healthy Houlton will have a detailed, written plan ready for implementation
City of Bangor, Health & Community Services 103 Texas Avenue Bangor, ME 04401	$40,000 00	$40,000 00	$0 00	GOV	The health issue we selected for our Healthy Communities Planning Grant is Substance Abuse This issue was chosen because of its documented impact on our community's ability to be healthy It was selected through a collaborative effort that included a coalition of stakeholders such as decision makers from key area organizations, healthcare professionals, individuals involved in treatment and recovery, and individuals with lived experiences of many barriers to good health In order to address substance abuse in our community, we want to braid the efforts and resources of current and new stakeholder groups to collaboratively approach the issue in the best way possible, always remaining inclusive We will engage with and utilize preexisting, organically grown community groups already focusing on substance abuse Additionally, we will further engage the Community Health Leadership Board (CHLB) and the Bangor Community Working Group on Substance Abuse, both of which are dedicated to our chosen health issue The CHLB is comprised of both community members and leadership from key organizations, and the leadership in particular will be utilizing their connections to leverage health resources in the community to help us meet our goals
Healthy Communities of the Capital Area 36 Brunswick Avenue Gardiner, ME 04345	$39,903 00	$39,903 00	$0 00	PC	The TIME (Time to Increase Meaningful Engagement) Project will engage experts and community members in an 18 month planning process to improve health outcomes by reducing the impact of substance abuse in the eight communities along the Kennebec River between Augusta and Richmond which also include Chelsea, Randolph, Pittston, Gardiner, Farmingdale and Hallowell The TIME Leadership Team completed the pre-planning prioritization process with a community forum attended by over 40 people, leaders in organizations that serve others as well as community members The Leadership Team had identified three possible priorities for the group to consider, Food, Housing, and Substance Abuse The planning process will build on the prior Facilitative Leadership work and convene a Planning Team (PT) of experts and community members that will meet monthly over 12-14 months

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Maine Access Immigrant Network (MAIN) 237 Oxford Street - Suite 25-A Portland, ME 04101	$40,000 00	$40,000 00	$0 00	PC	MAIN has selected Diabetes and Adult Dental Care as the two target health issues Working collaboratively on short-term projects, host/ethnic community partnerships will achieve short, intermediate measurable outcomes to create an implementation road map for long-term impact on health issues MAIN has established working relationships with the Greater Portland Refugee and Immigrant Health Collaborative, which has a proven record of leveraging partnerships to address minority health issues Members include CarePartners/Maine Health, , Portland Community Health Center, Maine CDC, City of Portland, ethnic community organizations, and many others working in a Collective Impact Model Goals of the planning grant will include developing strategies that will ensure health improves, social networks increase, meaningful target community participation to address health disparities, civic engagement to support policy changes, and empowered individuals rise to leadership positions
Maine Sea Coast Mission 127 West St Bar Harbor, ME 04609	$40,000 00	$40,000 00	$0 00	PC	Isolation is often a major deterrent to the quality of life for island residents, and was identified as the focus of this project by the Maine Sea Coast Mission, in partnership with island residents, the Cranberry Isles Health Committee, and local health care providers Isolation frequently leads to major health issues, particularly among year-round residents, by contributing to substance abuse, depression and other mental health problems, and decreased access to preventive health care and good nutrition The goal of the planning stage of the project is to better understand the implications of isolation on five Maine islands -- Great Cranberry Island, Islesford, Frenchboro, Isle au Haut and Matinicus -- and investigate potential strategies to address isolation The planning efforts will include further formal and informal conversations between the Maine Sea Coast Mission, islanders and partner health providers and ideally will utilize technology to help bridge distances
MaineGeneral Health 35 Medical Center Parkway Augusta, ME 04330-8160	$40,000 00	$40,000 00	$0 00	PC	The South End of Waterville is a food desert, and that undermines the prosperity of the whole city By bringing together emerging community leaders from low-income neighborhoods with silo-busting partnerships among education, health, business, and social service sectors, we can transform local policies, systems and environments to give everyone a chance for a healthier life We are demonstrating in this proposal that we have a ready, willing and inclusive community of our Waterville population that has the strength and determination to go upstream and address poverty, to lead to better health outcomes for all
Medical Care Development 11 Parkwood Drive Augusta, ME 04330	$40,000 00	$40,000 00	$0 00	PC	Lincoln County Health Connections is an initiative led by a consortium of 6 leadership organizations Lincoln County Regional Planning Commission (LCRPC), Healthy Lincoln County (HLC)--a Healthy Maine Partnership, CEI, Inc (a community development financial institution), MidCoast Hunger Prevention Program (MCHPP), Lincoln County Healthcare/LincolnHealth (LCH) which is the local MaineHealth affiliate, and MidCoast Community Action Program (MCCAP) Phase I of the project focused on qualitative data collection among sub-groups of Lincoln County residents youth, elderly, people living in poverty, working poor, under- and un-insured This application describes our plan for the Phase II planning process Our high-level goals include 1) expanding a vibrant planning consortium, 2) engaging vulnerable populations in the planning process, 3) develop and communicate a written plan of action at each stage, 4) build social, economic and political community support for the proposed implementation plan, and 5) build broad community awareness and support for plan development and implementation
Penobscot Bay YMCA PO Box 840 Rockport, ME 04856	$40,000 00	$40,000 00	$0 00	PC	Knox County Community Health Coalition (KCCHC) has established a Community Leadership Team a network of 8 Community Consultants representing varying underserved populations within Knox County -- homeless, teen parents, low-income, GLBT and seniors The Leadership Team /Community Consultants and KCCHC completed surveys and focus groups to gather opinions from throughout the community After reviewing the data collected, the Community Leadership Team/Community Consultants selected substance abuse as the most critical health issue in Knox County Moving forward, KCCHC will leverage existing partnerships with key community stakeholders - health care providers, law enforcement, Emergency Management Agencies, Penobscot Bay YMCA (PBYMCA), and Eastern Area Agency on Aging to complete an inventory of existing resources, discuss challenges, identify gaps in services, and identify others that need to be brought into the planning process KCCHC will continue to facilitate discussions to collaboratively develop an implementation plan
Piscataquis Regional YMCA 48 Park St Dover-Foxcroft, ME 04426	$39,616 00	$39,616 00	$0 00	PC	The Piscataquis Regional YMCA's (PRYMCA) Healthy Community planning process will engage a cross-section of service-providers and food insecure residents to improve access to healthy foods throughout the region Twelve organizations that participated in pre-planning plus two new partners that have joined since we completed pre-planning have already committed to active roles in the planning phase A partner of particular importance is the Charlotte White Center (CWC), a Piscataquis County human services agency The potential for strategic collaboration led us to brand our combined efforts as "Feel Good Piscataquis!" (FGP) Under the FGP banner, the PRYMCA and CWC have conducted joint needs assessments, outreach events, and publicity

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Redington-Fairview General Hospital 46 Fairview Avenue PO Box 468 Skowhegan, ME 04976	$34,000 00	$34,000 00	$0 00	PC	Redington Fairview General Hospital, through Somerset Public Health, worked with the Jackman School and Community Leadership Team and a 501-C3 Jackman Area Primary Care Advisory Board (JAPCAB) to engage the entire community including local youth and outside agencies to assess quality of life needs of seniors (age 55+) in Jackman This population was selected based on a larger community health needs assessment , which found that in order to have a healthy community and a healthy quality of life for seniors, two barriers need to be addressed These are limited transportation to both health care and other services within the community, and the access and availability of certain health services locally such as end of life and home care services We will plan together for a healthier community where our seniors can successfully age in place
The Opportunity Alliance 50 Monument Square, 6th Floor Portland, ME 04103	$40,000 00	$40,000 00	$0 00	PC	Phase 2 of the "Community Engagement for Better Health" project that The Opportunity Alliance (TOA) is spearheading in the Parkside neighborhood will build upon the work done in Phase 1 TOA is implementing a place-based practice model which entails the establishment of neighborhood hubs to foster the conditions for measurable, sustainable and positive change in communities facing significant challenges The first phase of this initiative has been focused in the Parkside neighborhood of Portland, through the Parkside Neighborhood Center (PNC) For this project we conducted a community-wide needs assessment in collaboration with key partners, and formed a neighborhood advisory group, called the Parkside Action Team (PAT) Using the needs assessment data, the PAT identified two key issues to focus on for the betterment of the health of Parkside neighbors social connectedness and safety Over the next eighteen months, we plan to engage community partners such as the Portland Community Health Center, Reiche Community School, the Parkside Neighborhood Association and ConnectED to more comprehensively and fully address the health of Parkside individuals, through the lens of social connectedness
The Opportunity Alliance 50 Monument Square, 6th Floor Portland, ME 04103	$40,000 00	$40,000 00	$0 00	PC	The Healthy Youth-Healthy Lake Region (HYHLR) project is working to increase community support for health among young people ages 13-25 in the four-town community of Bridgton, Casco, Naples and Sebago This community-change initiative has a Leadership Team composed of key organizations and youth and backbone support from the Healthy Lakes Healthy Maine Partnership, a program of The Opportunity Alliance (TOA) Top themes for future action identified by the community input include stress, anxiety and depression, lack of social supports, and unhealthy lifestyle choices such as overuse of technology, physical inactivity, lack of constructive activities and tobacco, alcohol and drug use/abuse The Planning Phase will focus on building community capacity and developing a shared vision for youth health, employing five key strategies (1) Strengthening and expanding the HYHLR Coalition, (2) Setting quantifiable community-wide goals, (3) Determining a pathway to action, (4) Developing and adopting an Action and Sustainability Plan and securing commitment to the plan from key leaders and organizations, and (5) Build public support and secure funding
Washington Hancock Community Agency 248 Bucksport Rd Ellsworth, ME 04605	$40,000 00	$40,000 00	$0 00	PC	The Washington County Network for Health and Wellness (WCN) is a grass roots responsive community owned organization dedicated to decreasing disparity issues in Washington County by creating an organizational safety net to ensure that community members have access to a responsive system of care Following an extensive 18-month community engagement phase access to health care, specifically for cancer and diabetes, was identified as the top priority WCN will develop implementation strategies to address the access to care issues identified This process will include a review of existing services, identifying resources that are available to address the issue, identifying gaps in the current system, ways to enhance and maximize services and resources and will reflect the community members' preferences and major concerns
Western Maine Health Care Corporation 181 Main St Norway, ME 04268	$38,546 00	$38,546 00	$0 00	PC	By continuing a process of intentional social capital development, we will improve the effectiveness of the community to take part in sustainable long-term action toward addressing a priority issue bearing on health (to be identified at a county-wide gathering scheduled for March 19, 2015) As the project lead, the Oxford County Wellness Collaborative's diverse and far-reaching multi-sectoral partnership will facilitate coordination of inclusive planning Using a Community Based Participatory Research approach, we will reach deeper into the community for input on our implementation plan Aided by a powerful strategy management tool (called InsightVision) that enables effective collective impact work, and possessing an in-depth understanding of local health and social need priorities resulting from several county-wide discussions/assessments in recent years, our coalition is poised to produce a well-informed, community-directed plan with significant cross-sector commitment, and which can be monitored and managed to lead to enduring, systemic change, and healthier lives for the people of Oxford County

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
York Hospital Location 18 Williams Street Mail 15 Hospital Drive York, ME 03909	$39,983 00	$39,983 00	$0 00	PC	Choose To Be Healthy, working together with active key partners, has nearly completed 18 months of pre-planning activities to identify an important health issue experienced by those with low literacy in our Southern Maine communities related to the concepts of poverty and the lack of financial and health literacy In our planning phase we will expand the composition of this Task Force to include additional key stakeholder organizations We will engage these organizations and individuals, including representatives of our target population, in a creative planning process to develop a unique response to this issue that aligns our current resources Our work will build upon and strengthen existing and new collaboration, to create a detailed, well designed plan of action that has the full support of our community
Subtotal, Improved Health Grant (16) Payments = $618,115.50					
Leadership Development & Capacity Building					
Blue Cross and Blue Shield of Massachusetts Foundation, Inc Landmark Center 401 Park Drive M/S 01/04 Boston, MA, ME 02215	$18,000 00	$18,000 00	$0 00	PF	The Blue Cross Blue Shield of Massachusetts Foundation Health Coverage Fellowship is designed to help print, radio, television, and online media do a better job covering critical health care issues The first of its kind in the country, the Fellowship aims to enhance the awareness and knowledge of both the public and policy makers regarding critical health issues, especially those affecting the low-income and the uninsured, by intensively training medical journalists The Fellowship curriculum features more than 75 top health officials, policy makers, and researchers as speakers It also brings the fellows out to watch first-hand how the system works, from walking the streets at night with mental health case workers to riding a Medflight helicopter
Maine Community Foundation, Inc 1 Monument Way, Suite 200 Portland, ME 04101	$50,000 00	$50,000 00	$0 00	PC	The Maine Community Foundation's People of Color Fund (POCF) requests funding to support its health related grant making in Maine's communities of color The grants will be awarded to support projects that address health disparities experienced in communities of color, by increasing access to and understanding of health care in Maine, as well as those projects designed to build the capacity of organizations engaged in this work
Maine Development Foundation 295 Water Street Suite 5 Augusta, ME 04330	$10,000 00	$10,000 00	$0 00	PC	Design, deliver, and facilitate the 2015 Policy Leaders Academy (PLA) bus tour and follow-up Forums The PLA program is designed to provide legislators access to experts and the opportunity to hear and learn firsthand from stakeholders, to foster relationship-building and create dialogue Informing legislators about the critical issues connected to health and wellness is critical as legislators will be expected to deal with issues related to health system reform, patient-centered care, and access to care The PLA helps builds respectful discourse and stronger personal relationships among legislators
Subtotal, Leadership Development & Capacity Building Grant (3) Payments = $78,000					
Discretionary Grants & Meeting Support					
Advocacy Initiative Network Of Maine PO Box 878 Bangor, ME 04402	$1,900 00	$1,900 00	$0 00	PC	This one day training has been developed for the National Center for Trauma Informed Care The training is open to all Peer Support Specialists in Maine working in the field, Peer Support Specialists that have graduated and have been certified, and Graduated Peer Support Specialists currently seeking certification
American Academy Of Pediatrics Maine Chapter Inc 30 Association Drive Manchester, ME 04364	$2,000 00	$2,000 00	$0 00	PC	The Academy of Pediatrics Annual Conference will bring together pediatricians, other health care providers, and community entities that work on children's issues or serve this population Three national leaders in pediatrics, child abuse and neglect and poverty, along with numerous other content experts will be featured
Amistad, Inc PO Box 992 Portland, ME 04104	$1,500 00	$1,500 00	$0 00	PC	A gathering of peer support specialists (PSS) from around the state to provide education about the PSS network, and will include expert speakers, peer support, and breakout sessions
Amistad, Inc PO Box 992 Portland, ME 04104	$10,000 00	$10,000 00	$0 00	PC	Prepare the organization and its new board to launch a board-led executive search, attract top-quality candidates, hire a new leader, and complete a successful transition process Within this endeavor, set strategic priorities and develop a year-one action plan Thoughtful engagement of the Amistad community is a top priority

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
Community Clinical Services 95 Campus Avenue, Suite 24 Lewiston, ME 04240-6055	$3,200 00	$3,200 00	$0 00	PC	Community Clinical Services is a federally qualified health center "look-a-like" providing primary, oral and behavioral health services to 14,000 central Maine patients A refurbished dental chair and portable x-ray will expand the pediatric dental program so more local children can have great oral health and a bright future
Community Dental 366 US Route 1 Falmouth, ME 04105	$8,095 00	$8,095 00	$0 00	PC	The funding requested will provide replacement of one aging and deteriorating Schick digital sensor with an upgraded Dexis sensor resulting in enhanced integration with our practice management and imaging software and improved patient comfort
Co-Occurring Collaborative Serving ME 94 Auburn Street, Suite 110 Portland, ME 04103	$1,000 00	$1,000 00	$0 00	PC	The conference will shed light on the business case for effectively addressing workplace mental health and substance abuse wellness and provide practical solutions/strategies that organizations can implement to make a difference The conference brings together nationally recognized experts and Maine-based resources It will be held at the Augusta Civic Center
Daniel Hanley Center for Health Leadership 217 Commercial Street, Suite 406 Portland, ME 04101	$2,000 00	$2,000 00	$0 00	PC	The goals of the summit are to (1) Assure strong alignment between Maine CDC and public health decision-makers, (2) Review progress of CDC's Workforce Development Plan , (3) Identify leadership competencies needed by senior public health leaders relating to systems transformation, (4) Develop strategy for building leadership skills among current and emerging leaders
Division of Public Health, HHS Dept , City of Portland 389 Congress Street Portland, ME 04101	$9,990 00	$9,990 00	$0 00	GOV	Children's Oral Health Program(COHP) ensures ALL children have access to quality oral healthcare COHP serves children ages 0-21 from low-income families unable to access oral healthcare COHP received funding to install x-ray equipment at three school-based dental-clinics COHP is transitioning to electronic-records and from film x-rays to digital Request Purchase of one-digital x-ray sensor
Down East AIDS Network 25A Pine St Ellsworth, ME 04605	$2,000 00	$2,000 00	$0 00	PC	The Maine LGBT Health Conference will enhance the capacity of Maine's health and public health providers to serve the LGBT patient population The conference is intended to increase cultural competency in working with, and knowledge of the LGBTQ community The conference will take place at Kaplan University in Augusta
Eastern Maine Healthcare Systems Eastern Maine Homecare 14 Access Highway Caribou, ME 04736	$7,284 00	$7,284 00	$0 00	PC	Hospice of Aroostook seeks to purchase three wireless video interactive tablet sized telehealth units for use by patients in remote areas of Aroostook County These tablets would be used to check vital signs daily, and enable face-to-face meetings with hospice team members as well as sessions with family and friends
Greater Eastport Ecumenical Churches Association 137 County Road P O Box 137 Eastport, ME 04631	$9,653 00	$9,653 00	$0 00	PC	Our primary purpose is to create an effective working partnership between the Labor of Love Nutrition Center and Eastport Health Center, that will incorporate community action groups and other agencies in a collaborative model to improve the nutritional health of the uninsured and underserved people in the Greater Eastport Area
Healthy Acadia 140 State Street, Suite 1 Ellsworth, ME 04605	$5,000 00	$5,000 00	$0 00	PC	This project will build collaborative efforts to expand access to quality substance treatment services in Downeast Maine We will work with partners through our new Downeast Substance Treatment Network to develop an innovative Treatment Hub to serve people struggling with opioid dependence, many of whom are uninsured or underserved
HomeHealth-Visiting Nurses of Southern Maine, Inc 15 Industrial Park Road Saco, ME 04072	$7,800 00	$7,800 00	$0 00	PC	To expand access to comprehensive pediatric palliative care services by augmenting home based services (nursing, physical, occupational, and speech therapies, social work and nutritional counseling, with advanced and customized Telehealth services Project funds will support customization and the leasing of 10 telehealth units and monitoring devices for project year
Kennebec Valley Family Dentistry 269 Water Street Augusta, ME 04330	$9,775 50	$9,775 50	$0 00	PC	KVFD will purchase a new digital x-ray sensor to ensure efficient care to the optimal number of patients each day
Maine Council On Aging Patti Marsh c/o SeniorsPlus 8 Falcon Road Lewiston, ME 04240	$2,000 00	$2,000 00	$0 00	PC	The meeting, held at the Governor Hill Mansion in Augusta, will convene Maine Aging Initiative work group participants to plan the second year of the Initiative The Initiative was launched a year ago, when five groups started work on specific issues that support the health and well-being of vulnerable older adults

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
Maine Council On Aging Patti Marsh c/o SeniorsPlus 8 Falcon Road Lewiston, ME 04240	$2,500 00	$2,500 00	$0 00	PC	This Summit will bring together hundreds of policy and community leaders to build a new vision for aging in Maine The Summit will highlight exciting efforts in Maine communities and businesses to support the health and well-being of seniors and offer tools to participants to help them advance this work
Maine Dental Health Out-Reach Inc PO Box 275 Winthrop, ME 04364	$3,995 00	$3,995 00	$0 00	PC	We are requesting funds for a portable x-ray unit that will enable MDHO to hire a dentist Without this diagnostic equipment we will not be able to provide restorative and emergent care by a dentist in our mobile dental van
Maine Health Management Coalition Foundation 11 Bowdoin Mill Island, Suite 260 Topsham, ME 04086	$2,000 00	$2,000 00	$0 00	PC	The conference will focus on actionable strategies that can be taken to improve health and lower costs Keynote speaker, Dan Heath will discuss how to motivate change amidst difficult circumstances, and breakout sessions will focus on how stakeholders around the country are making that happen
Maine Hospice Council 295 Water Street, Suite 303 PO Box 2239 Augusta, ME 04338-2239	$2,000 00	$2,000 00	$0 00	PC	"Rural Hospice - The Road Ahead" is an exciting convergence of national and local leaders of end-of-life care, meeting to discuss models of promising practice for rural hospice delivery
Maine Initiatives 14 Maine Street - Suite 216G P O Box 66 Brunswick, ME 04011	$3,000 00	$3,000 00	$0 00	PC	Most ethnic community-based organizations (ECBOs) are small and new Some are larger or older A Maine funders group, with ECBO leaders, developed this series of learning workshops which will focus on building strong, healthy organizations New Mainers will learn from each other and from Boston's Center to Support Immigrant Organizing
Maine Medical Education Trust 30 Association Drive PO Box 190 Manchester, ME 04351	$750 00	$750 00	$0 00	PC	This Portland conference will bring Maine's medical professionals together to discuss substance use, mental health, and recovery issues The sessions will be invaluable for those providing services to the estimated 13,000 Maine residents battling substance use illnesses and will instruct about appropriate, affordable and effective evaluation and treatment options
Maine Network of Healthy Communities c/o River Coalition, P O Box 229 Old Town, ME 04468	$8,600 00	$8,600 00	$0 00	PC	The Maine State Breastfeeding Coalition (MSBC) seeks a discretionary grant to support capacity building and leadership development The MSBC is focused on including a broad range of stakeholders, providing a network for collaboration, and ensuring that Maine employs a comprehensive approach to improving breastfeeding rates
Maine Public Health Association 11 Parkwood Drive Augusta, ME 04330	$2,000 00	$2,000 00	$0 00	PC	MPHA will host a workshop at the Maine Hospital Association in Augusta Participants will spend 4 hours focused on hands-on, practical experience with goals of gaining tools and skills for daily public health practice developing coalition building strategies and activating coalitions for advocacy and policy change
Maine Quality Counts 16 Association Drive PO Box 16 Manchester, ME 04351	$10,000 00	$10,000 00	$0 00	PC	Maine Quality Counts hosts the state's largest annual health care conference QC 2015 will highlight the differences between delivering health care and delivering health in our communities and examine what is needed to drive improvements not only in care, but more importantly, in the overall health of Maine people
Maine Quality Counts 16 Association Drive PO Box 16 Manchester, ME 04351	$2,000 00	$2,000 00	$0 00	PC	The From ACEs to Resiliency Promising Practices from Thriving Communities conference will explore current initiatives in Maine and share vision, ideas, experiences and opportunities designed to build thriving, resilient communities Breakout sessions will reflect a range of approaches to using data, stories, policy change, and collaborative action to drive change
Mercy Hospital 144 State Street Portland, ME 04021	$10,000 00	$10,000 00	$0 00	PC	Greater Portland will create a formal addiction collaborative to develop a comprehensive approach for opiate addiction Using skilled facilitation, we will characterize unmet need, develop a comprehensive , low-cost and payer agnostic model of addiction services, and determine the cost and a sustainable funding model
Morris Farm Trust 156 Gardiner Road PO Box 136 Wiscasset, ME 04578	$1,000 00	$1,000 00	$0 00	PC	The second annual forum will serve as a place to engage the public with the process of developing the Lincoln County Food Policy Council by getting feedback about what issues are most important in their communities, and the vision for a healthier food future

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
New Mainers Public Health Initiative 276 Lisbon Street Lewiston, ME 04240	$6,500 00	$6,500 00	$0 00	PC	New Mainers Public Health Initiative intends to undertake an Assessment of the potential for Community Health Workers to make a significant contribution to Triple Aim goals in the Lewiston-Auburn area by bringing together stakeholders to initiate, assess, and evaluate data from target populations, medical professionals, intermediaries, and policymakers
Somali Bantu Community Lewiston Of Maine 145 Lisbon Street, Suite 506 Lewiston, ME 04240	$2,000 00	$2,000 00	$0 00	PC	This is a project to send teams of health advisors into the homes of every member of our community, providing information on nutrition, exercise, blood sugar, how to acquire health insurance, and proper administration and disposal of prescription drugs
University of Maine System, Inc 5717 Corbett Hall University of Maine Orono, ME 04469-5717	$2,000 00	$2,000 00	$0 00	PC	Meeting participants will learn from experts in health care, housing, mental health, and the social services about the latest strategies for maintaining home environments for older adults that are safe, secure and promote access to a wide range of supports that will maximize capacity to thrive in later life
University of Maine System, Inc 5717 Corbett Hall University of Maine Orono, ME 04469-5717	$2,000 00	$2,000 00	$0 00	PC	Maine Policy Review is preparing publication of an expanded special issue on aging in late 2015 Expert contributors explore policy and planning implications from multiple perspectives, including the impact on health and long-term care, economics and labor force, housing, transportation, philanthropy, higher education, research and development, and community life
University of New England 11 Hills Beach Rd Biddeford, ME 04005	$1,000 00	$1,000 00	$0 00	PC	The Maine Geriatrics Conference features expert speakers providing evidence-based/best practices in older adult and caregiver health and health policy The audience includes health providers/practitioners, service providers, and others This two-day conference is the longest running geriatrics conference in Maine and attracts participants from Maine, New England, and beyond
Western Maine Community Action P O Box 200 East Wilton, ME 04234	$500 00	$500 00	$0 00	PC	The WMCA 50th Anniversary Celebration includes six Celebration Symposiums, luncheon with keynote speaker US Senator Angus King, a pictonal history of Community Action, and dinner with keynote speaker USDA Under Secretary Kevin Concannon The Symposiums will feature experts in the topic areas The event will draw a statewide audience
York Community Service Association PO Box 180 45 Woodbridge Road York, ME 03909	$500 00	$500 00	$0 00	PC	The Opportunity Community model is designed to create the type of community we all want to live in This can be achieved by increasing prosperity for people living in the crisis of poverty The session will explore a research-based model for assisting people to move out and stay out of poverty
Subtotal, Discretionary Grants (18) & Meeting Support (17) Payments = $145,542.50					
Charitable Gifts					
Augusta Food Bank 9 Summer Street Augusta, ME 04330	$5,000 00	$5,000 00	$0 00	PC	Chantable Gift for general operating support
Good Shepherd Food-Bank P O Box 1807 Auburn, ME 04211	$5,000 00	$5,000 00	$0 00	PC	Chantable Gift for general operating support
Maine Philanthropy Center USM Glickman Family Library P O Box 9301 Portland, ME 04104-9301	$7,500 00	$7,500 00	$0 00	PC	Gold Keynote Sponsorship for the 2016 Philanthropy Partners Conference
Penobscot Community Health Center 103 Maine Avenue Bangor, ME 04401	$2,000 00	$2,000 00	$0 00	PC	Chantable Gift to support official site visit of MeHAF Board of Trustees
Subtotal, Charitable Gift (4) Payments = $19,500.00					
Special Projects					

Organization	Total Amount	Amount paid in 2015	Balance	Organization Tax Status	Project Description
Program contracts are italicized and shaded					
The Center for Effective Philanthropy 675 Massachusetts Avenue, 7th Floor Cambridge, MA 01239	*$26,000 00*	*$13,000 00*	*$13,000 00*	*PC*	*The Center for Effective Philanthropy (CEP) will survey the 2013-2014 nonprofit grant recipients and declined applicants of the Foundation, launching the survey in September of 2015 using CEP's proprietary grantee and applicant survey instruments CEP will provide reports to the Foundation portraying grantee and applicant perceptions of the Foundation relative to CEP's proprietary data sets of grantee and applicant responses of other foundations*
Subtotal, Special Project Payments (1) = $13,000.00					

Total grants and other charitable gifts paid in 2015	**$3,897,304.23**
Total contracts paid in 2015	**$1,165,847.34**
Total payments in 2015	**$5,063,151.57**

The amount of contracts paid listed above is on the cash basis, and differs from the amounts listed in Statement 5, which are on the accrual basis.

Total New Grant Support (Allocated in 2015) = 79 =	**$3,446,457.50**
Grants payable at Year End	**$1,442,219.11**

Maine Health Access Foundation 01-0535144

Form 990-PF Statement 14: Grants Payable as of December 31, 2015

Organization Name	Address	Grants Payable Amount	Organization Tax Status
Aroostook Area Agency On Aging, Inc.	1 Edgemont Drive, Suite B Presque Isle, ME 04769-1288	$ 69,251.00	PC
Bucksport Bay Healthy Communities Coalition	PO Drawer X Bucksport, ME 04915	$ 57,627.11	PC
Bucksport Regional Health Center	110 Boardway Bucksport, ME 04915	$ 2,500.00	PC
Charlotte White Center	38 Penn Plaza Bangor, ME 04401	$ 100,000.00	PC
Community Dental	366 US Route One Falmouth, ME 04105	$ 5,000.00	PC
Eastern Area Agency on Aging	450 Essex Street Bangor, ME 04401	$ 199,958.00	PC
Franklin Memorial Hospital	111 Franklin Health Commons Farmington, ME 04938	$ 133,727.00	PC
Maine Assn Of Area Agencies On Aging	PO Box 5415 Augusta, ME 04332	$ 21,129.00	PC
Maine Coast Healthcare Corporation	50 Union Street Ellsworth, ME 04605	$ 2,500.00	PC
MaineHealth	110 Free Street Portland, ME 04101	$ 134,511.00	SO III FI
Mercy Hospital	565 Congress Street #200 Portland, ME 04101	$ 100,000.00	PC
Penobscot Community Health Center	103 Maine Avenue Bangor, ME 04401	$ 135,000.00	PC
Sebasticook Family Doctors	118 Moosehead Trail #5 Newport, ME 04953	$ 2,500.00	PC
SeniorsPlus	8 Falcon Road Lewiston, ME 04240	$ 176,882.00	PC
Waldo County General Hospital	PO Box 287 Belfast, ME 04915	$ 2,500.00	PC
Washington Hancock Community Agency	7 VIP Drive Machias, ME 04605	$ 100,000.00	PC
York County Community Action Corp	PO Box 72 Sanford, ME 04073	$ 199,134.00	PC
Total Grants Payable		**$ 1,442,219.11**	

MAINE HEALTH ACCESS FOUNDATION
FORM 990-PF: SUPPLEMENTAL STATEMENT 15
Year Ended December 31, 2015

01-0535144

Part XV, Line 2: Information Regarding Grant Programs

Line 2a: Grant applications are submitted via MeHAF's on-line grants management system, which can be accessed via the Grants Center on the MeHAF website: http://www.mehaf.org/grants-center/grantseekers/. Questions regarding grant submission can be directed to:

Catherine Luce, Director of Grants Management
email: cluce@mehaf.org
Phone: (207) 620-8266; ext 104

Questions about specific funding opportunities are typically directed to individual program staff supervising the grant program. The responsible staff person is listed in each request for proposals (RFP) which are posted on the MeHAF web site (www.mehaf.org).

Line 2b: Information regarding MeHAF's funding priorities and grant opportunities are available on the MeHAF website. All open competitive RFPs are publicized via MeHAF's e-mail newsletter, *AccessPoints*, and they are posted on the MeHAF website (www.mehaf.org). Each RFP provides explicit information on the submission requirements, application forms and other relevant project materials for major strategic programs and policy grants. All competitive grant rounds include one or more in-person or webinar-based applicant assistance meetings and/or technical assistance calls. All grant applications are submitted electronically through MeHAF's grants management system.

All grant funding is guided by the foundation's strategic plan, which was adopted by the MeHAF Board in April 2011. MeHAF's strategic priority areas for 2011 to 2016 are listed on the MeHAF website and below.

- *Access for All*
- *Better Care*
- *Improved Health*

In 2015 1 open competitive RFP and 4 invited RFPs were released. A total of 79 grants and 14 contracts were approved. There were a total of 110 grants and 25 contracts active during the year.

MeHAF convenes grantees for regular meetings to share information and for "learning communities" at which experts share relevant information and research. Feedback from grantees indicates that this is viewed as helpful to their work and staff views this as among the most important things that MeHAF can do to support grantee success. In addition, Program Officers maintain regular contact with the directors of the grants they oversee (both competitive and foundation-initiated), often through regularly scheduled progress update calls, and generally after reviewing interim and final grantee reports. Director of Grants Management Cathy Luce provides technical support to grantees on budgeting, reporting, and application processes through one-on-one assistance, webinars, and recorded trainings that are posted on the MeHAF website.

Line 2c: All submission deadlines are outlined in the foundation's requests for proposals available through the website: www.mehaf.org. In addition to RFP solicitations, MeHAF offers open funding

opportunities through the discretionary grants and meeting support program. MeHAF will also occasionally reach out to nonprofits to request that they submit foundation-initiated (invited) grants focused on specific topics defined by the foundation.

Line 2d: MeHAF is a mission-driven organization that provides funding to promote access, advance higher quality health care delivery, and help Maine people regain or preserve good health. The foundation generally limits its grant awards offered through competitive RFPs to 501(c)(3) tax-exempt charitable organizations, educational institutions, governmental entities, tribal organizations, or other public, non-profit entities. Private foundations, individuals, fiscal sponsorships and organizations with pending non-profit status are generally ineligible to receive funding through the competitive RFP process. MeHAF primarily funds Maine-based organizations; however, qualified organizations from outside the state may apply for funding if the project activities focus on Maine's health care system or Maine residents.

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 16

Year Ended December 31, 2015 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: 2/24/2014
Grant Amount: $18,000
Grant Period: 4/25/2014 – 5/31/2015

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):

Based on the final report received July 9, 2015, all grant funds ($18,000) were expended.

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 received narrative and financial reports from the grantee on July 9, 2015. 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 reviewed and approved the reports from Blue Cross and Blue Shield of Massachusetts Foundation, and found grant funds were used appropriately.

MAINE HEALTH ACCESS FOUNDATION

FORM 990-PF: SUPPLEMENTAL STATEMENT 16

Year Ended December 31, 2015 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
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Boston, MA 02215-3326

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