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G R A N T M A K E R S I N H E A L T H

The world of health philanthropy is a richly textured tapestry, woven by diverse people and philosophies, embroidered with different abilities, assets, and aspirations. New foundations are fashioned out of the continuing changes to America's health system, even as corporate mergers or the vagaries of the stock market leave some grantmaking programs frayed at the edges. An emerging generation of donors adds new dollars and a new twist to the mix, molding their philanthropy after their entrepreneurial approach to business. Still others are stretching the boundaries of grantmaking: entering into joint ventures with business and government, experimenting with bold concepts and new ideas.

What binds us together – despite dramatic differences in size, scope, and strategy – is a shared desire to improve the nation's health.

Today, perhaps as never before, that is no small challenge. Health foundations and corporate giving programs operate in a dazzling, yet dizzying, environment. Exponential rates of discoveries in science and medicine ... persistent public health problems ... the ongoing evolution in the organization and delivery of health services ... changing demographics ... How can grantmakers stay current, anticipate new developments, evaluate their effect upon communities, and respond with effective, efficient, and accountable philanthropic decisions?

Grantmakers In Health (GIH) weaves the many threads of health and philanthropy into a pattern that foundations can use to discover solutions that work for them. A national education organization, we tailor our services to assure that grantmakers have access to substantive, in-depth information on today's key health issues. We promote partnerships and collaborations among grantmakers and others to maximize the impact of limited dollars against growing needs. Through programs, publications, and professional counsel, GIH helps the nation's health grantmakers find the right fit, and fulfill their missions.

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It is my privilege to write this year's message on behalf of our Chair, Marni Vliet, President and CEO of the Kansas Health Foundation, who has recently been on leave. It gives me the opportunity to remind colleagues of the continuous challenge we all face: targeting our efforts to ensure that they meet the complex needs of our society. This undertaking is made more manageable because of the many services provided to us by Grantmakers In Health. By fostering communication and collaboration among grantmakers, tracking developments in health philanthropy, and sharing information about health issues and effective grantmaking strategies, GIH better equips all of us to see the forest *and* the trees.

As I conclude my term as a GIH board member, I ask you to seriously consider several public policy issues that I believe need our collective efforts. The first such issue is that of the medically uninsured, a group that now numbers about 43 million people. This issue went virtually unnoticed during last year's political campaigns, and there appears to be no immediate prospect of changing the nation's approach to this staggering void. At best, our national and state public policies attempt to deal with demands by the uninsured for health services through a series of fragmented government pro-

grams. The result, not surprisingly, is that the uninsured do not receive adequate or even sufficient health care.

I implore my colleagues in health philanthropy to continue to evaluate and to improve the present situation affecting the medically uninsured, as well as the racial and ethnic disparities in health care. And, while these two complex issues are probably more than enough for now, I believe it is imperative that we not ignore the place of public health in providing for our nation's well-being and its importance in health promotion and disease prevention.

These voids present us with a unique opportunity to come together and collectively act as agents for change. Together, we can better serve the needs of the medically underserved and minority populations. Together, we can work to ensure that public health is once again viewed as a vital issue.

Let me express my thanks to Marni for the strong leadership she has provided to this organization over the past two years. We also are fortunate to have the continuing leadership of Lauren LeRoy, the efforts of her bright and energetic staff, and a dedicated board. Their combined efforts ensure that Grantmakers In Health will continue to serve as a tremendous resource to the many foundations across the country that seek to advance the field of health.



JOHN R. MORAN, JR.
Vice Chair, Grantmakers In Health
President, The Colorado Trust



MESSAGE FROM THE PRESIDENT

Throughout the past year, Grantmakers In Health has worked to weave together a series of programs and products to enhance the effectiveness of health grantmakers. The success of our work begins with understanding who our constituency is and determining the best ways to serve it. We refer to the field of health philanthropy, but what do we mean by a field? What are the common threads that create an affinity among the organizations we serve?

It doesn't come from a single tax status or the origins of foundations' assets. Rather, shared values, respect for diversity, a desire to learn about and exchange information on common issues and practices, increasingly high expectations for professionalism and accountability, and an overriding commitment to improving people's health are the qualities that mark our constituency.

Such defining characteristics are just pieces of a pattern, however, until they are stitched together. And relationships are the bindings that create a dynamic, yet cohesive, field. As the issues we face become more complex and we rely increasingly on technology to speed communications, access information, and solve problems, we shouldn't lose sight of the importance of these relationships to successful grantmaking.

Relationships lead to sharing of information, learning, discovery, and sometimes joint action. They provide access to specialized expertise, diverse views, relevant experience, and additional resources. They create a community whose impact can exceed what any organization could have achieved individually. And they provide welcomed partners in the risky business of effecting social change.

As the field evolves, welcomes new grantmakers, and matures, we see growing interest in transforming collegial relationships into more formal partnerships. This is not surprising, given that foundations cannot accomplish their missions

alone. They have traditionally worked through others, particularly their grantees. They are now looking for partners who share their goals in philanthropy, government, and the private sector. Collaboration is not for the fainthearted, but clear expectations and commitment can produce significant benefits that justify the effort.

There are a number of ways that GIH supports the loosely knit group of organizations that make up health philanthropy. The background information we develop on issues and programs provides a common body of knowledge. The GIH Resource Center and its products keep grantmakers in touch with the programs their colleagues are designing and implementing. Our Support Center is a focal point for group learning and individual technical assistance on operational issues, drawing on lessons learned throughout the field. GIH meetings create forums for exchanging information and developing relationships with colleagues. And our ongoing efforts to link grantmakers, government, and private organizations open doors to better understanding and collaboration on shared interests.

In the spirit of constructing a vibrant community, GIH Funding Partners contribute not just for the services they receive, but for the benefit of the entire field. GIH is an inclusive organization that works with and welcomes all funders. And it is offering increasing opportunities for grantmakers to help shape its programs, and to create relationships with others in the grantmaking community.

Through its resources and participation by grantmakers, GIH helps strengthen the field of health philanthropy, and helps grantmakers advance improvements in health.



Lauren LeRoy
LAUREN LEROY, PH.D.
President and CEO

Increasingly, health funders must make informed decisions on issues that can seem overwhelming. Preventing medical errors ... improving access to care ... pursuing cures for AIDS, cancer, and other devastating diseases are just a few of the critical health concerns facing our nation today, and competing for support.

In this era of information overload and often conflicting communications, Grantmakers In Health helps funders unravel the issues to get at the core of what's important to them, their communities, and their missions. Staff members with backgrounds and experience in both health and philanthropy give GIH the depth of specialized knowledge and practical expertise needed to place complex health issues in an operational context.

A prime example is our popular series of Issue Dialogues – day-long, informational forums that focus on a single health topic in an intimate setting. At these meetings, invited experts from research, practice, public policy, and philanthropy examine different dimensions of a health problem and explore approaches to tackle the tough issues. Participants learn what other funders have done and how to collaborate with government and the private sector. Discussions about successful or promising program models, potential strategies, and gaps in knowledge or practice that could be filled by foundation initiatives assure that participants leave the meeting armed with real ideas, not just theory. Our objective? To show how foundations at any level can get involved in the issue, and to inspire partnerships and programs that can improve health.

In advance of each Issue Dialogue, GIH researches the topic, and writes and distributes a background paper to prepare participants for the meeting. The paper puts the

topic in context, lays out recent data and research findings, and highlights public and private sector activities, with specific emphasis on the work of foundations. This preliminary work forms the basis for an *Issue Focus* – a two-page overview of the topic, complete with references and sources, that appears as a supplement in GIH's *Bulletin*, distributed to nearly 2,000 grantmakers, policymakers, academics, and the media. At the conclusion of the Issue Dialogue, a formal report is published, incorporating the background paper with the forum's proceedings.

The resulting publications, *Issue Briefs*, have become a signature piece of GIH. The reports are detailed and substantial, and extend the reach of the Issue Dialogue to a broader audience. *Issue Briefs* also serve as a lasting resource on both the particular health issue and the potential roles for health funders in advancing related work.

Through such activities, GIH promotes the active exploration of contemporary health issues, encourages collaboration and exchange, and helps foundations find their way to mend and improve America's health.

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■ **Spanning the Generations: Putting Health Grantmaking in an Intergenerational Context**

ANNUAL MEETING, MARCH 1-3
(MIAMI, FL)

■ **Community Development as a Strategy for Improving Health**

PRECONFERENCE SESSION TO THE
COUNCIL ON FOUNDATIONS
ANNUAL MEETING, APRIL 30
(LOS ANGELES, CA)

■ **Strategies for Reducing Racial and Ethnic Disparities in Health**

ISSUE DIALOGUE, MAY 18
(WASHINGTON, DC)

■ **Long-Term Care Quality: Facing the Challenges of an Aging Population**

ISSUE DIALOGUE, JUNE 15
(WASHINGTON, DC)

■ **Progress & Peril: Examining Antibiotic Resistance and Systemic Contaminants**

ISSUE DIALOGUE, OCTOBER 3
(WASHINGTON, DC)

■ **Early Childhood Development: Putting Knowledge into Action**

ISSUE DIALOGUE, NOVEMBER 1
(WASHINGTON, DC)



STRIVING FOR A SEAMLESS CONSTRUCTION

Contemporary health issues are often entangled with external factors. Economics, policy, social welfare, demographics, and culture influence the health status of different populations, and contribute to the complexity of resolving some of the nation's most persistent health problems.

Racial and ethnic disparities in health, the challenges facing the young and the old, and environmental health are major problems that demand attention. They are also among the topics that wind continuously throughout GIH's programming, from year to year.

During 2000, GIH convened four Issue Dialogues exploring these areas, with each program built upon previous GIH endeavors. *Strategies for Reducing Racial and Ethnic Disparities in Health*, for example, grew out of our initial involvement, in 1998, with the U.S. Department of Health and Human Services (HHS) when GIH cosponsored a national leadership conference on the issue. In advance of the conference, GIH prepared a chartbook, *Eliminating Racial and Ethnic Disparities in Health*, and subsequently published the conference proceedings in conjunction with HHS. That experience laid the foundation for 1999's annual meeting, *Social Inequalities in Health*, which – through the prism of disparities – examined access to care, medical research, the environment, community development, and other factors influencing health.

Two other Issue Dialogues in 2000 – *Long-Term Care Quality: Facing the Challenges of an Aging Population* and *Early Childhood*

Development: Putting Knowledge Into Action – had their roots in GIH's 2000 annual meeting. Through plenary and breakout sessions, *Spanning the Generations* provided a forum to explore issues everyone will face at one time or another, either professionally or personally: Why do children in 23 other industrialized nations have a better opportunity for health care and education than in the wealthiest and strongest nation in the world? How will we, individually and as a society, deal with the challenges of aging? Which myths and misperceptions are so entrenched among the public, policymakers, and even health professionals that appropriate care is often compromised? And, perhaps most importantly, what are the common threads that tie all health concerns together, whether we are young, middle-aged, or elderly?

On complex issues where there are no clear answers, GIH's continuing work helps stimulate new thinking and innovative ideas to enhance the health of America's changing and diverse population.



■ Childhood Immunization: Protecting Individuals and Communities

ISSUE FOCUS, MARCH 27

■ Strategies for Reducing Racial and Ethnic Disparities in Health

ISSUE FOCUS, MAY 29

■ Long-Term Care Quality: Facing the Challenges of an Aging Population

ISSUE FOCUS, JUNE 26

■ Spanning the Generations: Putting Health Grantmaking in an Intergenerational Context

MAJOR SPEECHES FROM THE ANNUAL MEETING, SUMMER

■ Death of the Magic Bullet: Examining Antibiotic Resistance

ISSUE FOCUS, OCTOBER 23

■ How Foundations Can Help Fill the Gap in Oral Health

BY LAUREN LEROY AND MALCOLM WILLIAMS

THE JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS, FALL

■ Victims of Our Own Success: Will Immunization Remain the Paradigm of Effective Prevention?

MEETING REPORT, FALL

■ Early Childhood Development: Opportunities for Improving the Field

ISSUE FOCUS, NOVEMBER 20

■ The Bulletin

GIH'S NEWSLETTER. 22 ISSUES THROUGHOUT THE YEAR



STRENGTHENING THE FABRIC OF PHILANTHROPY

Health grantmakers often need information – quickly and accurately – about the activities and experiences of others in the field. Who else of similar size is working in biomedical research or substance abuse? How can we enhance our board’s effectiveness or design an RFP? What other foundations, nationwide, are responding to such emerging issues as environmental health or needle exchange?

Through the Support Center for Health Foundations and the Resource Center on Health Philanthropy, GIH monitors the field, identifies and promotes best practices, and allows health grantmakers to learn from the successes – and mistakes – of others. Jointly, the operations function as GIH’s service arm, providing advice and technical assistance to help health funders weave information into knowledge.

Launched late in 1998, the Resource Center tracks the priorities, grants, and initiatives of health grantmakers. A key component of this service is GIH’s regularly updated database which now features information on the activities of more than 175 health funders. Information is synthesized, condensed, and cross-referenced to be searchable by a number of variables, including programming area, population, and type of support. Since its founding, the Center has earned a reputation as a dependable source of information on what others in the field are doing, and how.

This knowledge also forms the basis for one of GIH’s newer offerings – *Findings from the GIH Resource Center*, a compilation of information, organized by health or operational topic. Originally created as part of the briefing book that accompanies each of GIH’s

two major meetings – the Annual Meeting on Health Philanthropy and the Washington Briefing – *Findings* contains listings of relevant organizations, grants, and initiatives of others involved in the issue. During the meetings, it functions as a background resource for each breakout session; afterwards, the material can stand alone as a reference guide for future initiatives. To make *Findings* available to a broader audience, the information is also posted on GIH’s Web site.

What the Resource Center is to health programming, the Support Center is to operational concerns. Established in 1997, the Support Center was initially devised to provide technical assistance and advice to new foundations created from the conversions of hospitals, health systems, and health plans. Since then, the Support Center has broadened its reach, and is now called upon by a range of foundations at all stages of development, including those in the earliest planning stages. Our information and advice on operational and organizational issues helps all foundations – emerging or established – operate effectively and accountably. Two of the Support Center’s activities in 2000 – The Art & Science of Health Grantmaking, and the Peer Assessment Pilot Project – illustrate our efforts to raise the levels of expertise and professionalism in the field.

Now completing its third year, The Art & Science of Health Grantmaking is a hands-on workshop, designed for both staff and trustees. This year’s program, *Enhancing Organizational Effectiveness*, concentrated on five major operational functions – grantmaking, board development, communications, finance and administration, and evaluation – and was offered in two tracks to accommodate new as well as established grantmakers.

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■ **Board-to-Board Dialogue on Self Assessment**

PRECONFERENCE SESSION TO GIH’S ANNUAL MEETING, MARCH 1 (MIAMI, FL)

■ **What About the Philanthropy in Health Philanthropy?**

PRECONFERENCE SESSION TO GIH’S ANNUAL MEETING, MARCH 1 (MIAMI, FL)

■ **The Art & Science of Health Grantmaking III: Enhancing Organizational Effectiveness**

OCTOBER 28-29 (DALLAS, TX)

Participants were encouraged to mix and match between basic and advanced sessions, allowing them the flexibility to select the more appropriate level. A briefing book – complete with background information, articles, samples, and other reference tools – serves as a long-lasting reference document to help participants put into practice what they had learned.

A growing concern – accountability – has captured the attention of health philanthropy, as foundations and corporate giving programs increasingly find themselves in the public eye. For the last few years, GIH has actively monitored this trend, and intertwined the issue with other operational concerns. Our work began with a conceptual piece, *Raising the Value of Philanthropy: A Synthesis of Informal Interviews with Foundation Executives and Observers of Philanthropy* (January 1999), followed by the design and testing of a more practical application through the Peer Assessment Pilot Project.

The Peer Assessment Project was introduced this past spring as a way for health grantmakers to have a constructive dialogue about occupational hazards, and both individual and institutional growth and goals. Through



this pilot project, a team of grantmaking colleagues performs a confidential and candid review of a foundation's philanthropic performance.

The ultimate objective is to raise the overall level of professionalism throughout the field, by sharing best practices and enhancing public accountability. At the conclusion of the pilot phase, expected by the end of 2001, we will assess what we learned and evaluate the model's potential adaptability and utility to other health funders.

Through programs and services such as these, the Resource Center and the Support Center – like all of GIH – work to strengthen the fiber of health philanthropy by highlighting models that grantmakers can tailor to their own circumstances.



- **Strategic Initiatives: Finding Your Niche**
 ISSUE FOCUS, JANUARY 31
- **Don't Call Us Conversion Foundations ... Please**
 BY GARY L. YATES AND THOMAS G. DAVID
 ISSUE FOCUS/VIEWS FROM THE FIELD, FEBRUARY 28
- **Spanning the Generations**
 ANNUAL MEETING BRIEFING BOOK, MARCH
- **Philanthropy's Newest Members: Findings from the 1999 Survey of New Health Foundations**
 MARCH
- **A Closer Look: Profiling Foundations Created by Health Care Conversions**
 BY MALCOLM V. WILLIAMS AND SABA S. BRELVI
 HEALTH AFFAIRS, MARCH/APRIL
- **Health Philanthropy and Communities: Grantmakers Share Their Views**
 ISSUE FOCUS, APRIL 24
- **2000 Funding Partner Directory**
 JUNE
- **Peer Assessment: A Pilot Project for Health Philanthropy**
 ISSUE FOCUS, JULY 24
- **The Intersection of Health Policy & Philanthropy**
 WASHINGTON BRIEFING BOOK, NOVEMBER

A NEW PATTERN

Despite many mutual interests as well as long traditions of cooperation and exchange between some foundations and the public sector, grantmakers and policymakers have often been unclear about how they should relate or what they might learn from each other. Yet over the years, each sector has contributed to shaping the U.S. health care system: government by determining funding levels for health and other social programs, and regulating the market in which services are delivered; and foundations through their commitment to improving the health of populations, especially vulnerable groups, and their flexibility to act quickly and independently.

Grantmakers In Health works to reinforce the efforts of each. Through the annual Washington Briefing, for instance, GIH creates a venue for grantmakers to understand the realities of the policy process, and for policymakers to understand the potential for collaborating with health foundations. The 2000 meeting, *The Intersection of Health*



Policy & Philanthropy, underscored the reality that all health grantmaking occurs within a policy context. Participants gained practical advice on tools and tactics they could use at home to fund policy analysis, advocacy, and media campaigns, as well as insight into the benefits and risks involved with integrating public policy into a grantmaking strategy.

Practicing what we preach, last year GIH expanded its ongoing collaboration with the public sector through Partnerships in Maternal, Child, and Adolescent Health. A joint program between GIH and the Health Resources and Services Administration/Maternal and Child Health Bureau, the Partnerships program arose in 1993 out of the continuing efforts of both the public and private sectors to strengthen the health system for mothers, children, adolescents, and families. With government funding, the Partnerships program works to pair the resources and leadership of local, state, and national government with those of philanthropy, for their mutual benefit.

Key objectives of the effort are to exchange information and identify areas of shared interest; to leverage resources; to develop and expand opportunities for collaboration; and to play to each other's unique strengths. The ultimate goal is to construct and reinforce linkages among national and local grantmakers and the public sector, as a means to improve maternal, child, and adolescent health.

During 2000, GIH successfully integrated Partnerships and maternal and child health issues into its national programs and publications while continuing to hold special Partnership forums for grantmakers at the state and local level. Such efforts will continue and intensify in 2001, with the creation of a new GIH position dedicated to managing the Partnerships program.

Beyond these formal activities, GIH nurtures relationships with other health-related governmental agencies to examine important issues of mutual concern and promote collaboration, for the benefit of its constituency. In 2000 alone, GIH interacted with the Agency for Healthcare Research and Quality, the Health Resources and Services

Administration, the Health Care Financing Administration, and the Office of the Surgeon General, U.S. Department of Health and Human Services, through meetings, speaking engagements, and other collegial activities.

As we look to the future, GIH will expand and embellish its efforts to help thread the multiple strands of health and philanthropy into a decipherable pattern that works for both the public and private sectors.



■ **Into the Millennium**

PARTNERSHIPS MEETING, FEBRUARY 11
(NEW YORK, NY)

■ **Youth Violence: Prevention and Intervention**

PARTNERSHIPS MEETING, JUNE 9
(AUSTIN, TX)

■ **Disparities in Infant Mortality and Adverse Outcomes in Infancy and Early Childhood**

PARTNERSHIPS MEETING, JUNE 19
(NEW YORK, NY)

■ **New York City's Children and Youth: Urgent Health Problems, Prevention Strategies, and Program Initiatives**

PARTNERSHIPS MEETING, OCTOBER 18
(NEW YORK, NY)

■ **The Intersection of Health Policy & Philanthropy**

ANNUAL WASHINGTON BRIEFING,
NOVEMBER 2-3
(WASHINGTON, DC)

PUBLICATIONS:

■ **Strategies for Shaping Public Policy: A Guide for Health Funders**

MONOGRAPH, JANUARY

■ **Partnering with State Government: Lessons from a Local Funder**

BY ANNIE VAN DUSEN AND
PHIL NASH

ISSUE FOCUS/VIEWS FROM THE FIELD,
SEPTEMBER 25

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BOARD OF DIRECTORS
GRANTMAKERS IN HEALTH
WASHINGTON, DC

We have audited the accompanying statements of financial position of Grantmakers In Health as of December 31, 2000 and 1999, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Grantmakers In Health as of December 31, 2000 and 1999, and the results of its activities and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Our audits were made for the purpose of forming an opinion on the basic financial statements of Grantmakers In Health taken as a whole. The accompanying supplemental statement of functional expenses has been presented for purposes of additional analysis and is not a required part of the basic financial statements. The information in this statement has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is presented fairly in all material respects in relation to the basic financial statements taken as a whole.

Sarfino and Rhoades, LLP
North Bethesda, Maryland

January 12, 2001

**GRANTMAKERS IN HEALTH
STATEMENTS OF FINANCIAL POSITION**

ASSETS	DECEMBER 31, 2000	DECEMBER 31, 1999
CURRENT ASSETS		
Cash and cash equivalents (Notes 1 and 7)	\$ 499,921	\$ 417,238
Pledges receivable, current portion (Note 2)	362,800	573,000
Prepaid expenses and other	14,659	9,468
TOTAL CURRENT ASSETS	\$ 877,380	\$ 999,706
OTHER ASSETS		
Pledges receivable (Note 2)	\$ 356,653	\$ 515,420
Investments (Note 3)	2,099,268	2,445,453
Deposit	8,931	8,304
TOTAL OTHER ASSETS	\$ 2,464,852	\$ 2,969,177
PROPERTY AND EQUIPMENT (Notes 1 and 4)	\$ 42,847	\$ 46,952
TOTAL ASSETS	\$ 3,385,079	\$ 4,015,835
 LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 36,045	\$ 10,781
Deferred lease benefit (Note 5)	13,753	10,639
TOTAL CURRENT LIABILITIES	\$ 49,798	\$ 21,420
COMMITMENT (Note 5)		
NET ASSETS (Notes 1 and 6)		
Unrestricted:		
Undesignated	\$ 451,070	\$ 337,064
Board designated	2,129,758	2,413,931
Temporarily restricted	754,453	1,243,420
TOTAL NET ASSETS	\$ 3,335,281	\$ 3,994,415
TOTAL LIABILITIES AND NET ASSETS	\$ 3,385,079	\$ 4,015,835

**GRANTMAKERS IN HEALTH
STATEMENTS OF ACTIVITIES**

FOR THE YEARS ENDED DECEMBER 31,

	2000			1999		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
SUPPORT AND REVENUES						
Grants and contributions (Notes 1 and 2)	\$ 768,980	\$ 565,921	\$ 1,334,901	\$ 470,527	\$ 1,035,918	\$ 1,506,445
Investment income	203,312	—	203,312	247,329	—	247,329
Unrealized gain (loss) on investments	(383,342)	—	(383,342)	236,341	—	236,341
Registration fees	151,740	—	151,740	111,085	—	111,085
Net assets released from restrictions	1,054,888	(1,054,888)	—	1,159,455	(1,159,455)	—
Total revenues	\$ 1,795,578	\$ (488,967)	\$ 1,306,611	\$ 2,224,737	\$ (123,537)	\$ 2,101,200
EXPENSES						
Programs	\$ 1,506,081	—	\$ 1,506,081	\$ 1,244,280	—	\$ 1,244,280
General and administrative	386,419	—	386,419	287,681	—	287,681
Fundraising	73,245	—	73,245	120,656	—	120,656
Total expenses	\$ 1,965,745	—	\$ 1,965,745	\$ 1,652,617	—	\$ 1,652,617
CHANGES IN NET ASSETS (Note 2)	(170,167)	(488,967)	(659,143)	572,120	(123,537)	448,583
NET ASSETS, BEGINNING OF YEAR	2,750,995	1,243,420	3,994,415	2,178,875	1,366,957	3,545,832
NET ASSETS, END OF YEAR	\$2,580,828	\$1,754,453	\$3,335,281	\$2,750,995	\$1,243,420	\$3,994,415

**GRANTMAKERS IN HEALTH
STATEMENTS OF CASH FLOWS**

	FOR THE YEARS ENDED DECEMBER 31,	
	2000	1999
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from contributors and registrants, unrestricted	\$ 892,986	\$ 845,354
Cash received from contributors, temporarily restricted	962,621	732,918
Cash paid to suppliers and employees	(1,921,927)	(1,658,678)
Interest and dividends received	177,187	214,542
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ 110,867	\$ 134,136
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from investments	\$ 104,143	\$ 92,500
Purchases of investments	(115,175)	(175,863)
Purchases of equipment	(16,525)	(14,376)
Payment of security deposit	(627)	—
NET CASH USED IN INVESTING ACTIVITIES	\$ (28,184)	\$ (97,739)
NET INCREASE IN CASH	\$ 82,683	\$ 36,397
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	417,238	380,841
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 499,921	\$ 417,238
RECONCILIATION OF INCREASE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (659,134)	\$ 448,583
Reconciliation adjustments:		
Depreciation and amortization	18,880	13,078
Loss on disposal of assets	1,750	—
Realized and unrealized (gains) losses on investments	357,217	(269,128)
Changes in assets and liabilities:		
Pledges receivable	368,967	(39,259)
Prepaid expenses and other	(5,191)	(9,468)
Accounts payable	25,264	(12,784)
Deferred lease benefit	3,114	3,114
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ 110,867	\$ 134,136

**GRANTMAKERS IN HEALTH
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2000 AND 1999**

These notes are an integral part of the financial statements.

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization Grantmakers In Health (the Organization) is a nonprofit organization formed in April 1982. The purpose of the Organization is to advance and develop by charitable, scientific, and educational activities, programs designed to better utilize health planning resources, and to provide for collaborative planning and funding for programs and projects in health philanthropy. The major sources of funding for the Organization are contributions from private foundations and corporations in the health care industry and federal awards for health care programs.

Basis of Presentation The financial statements of the Organization have been prepared on the accrual basis of accounting. Revenues and expenses are recognized and recorded when earned or incurred. The financial statements reflect unrestricted, temporarily restricted, and permanently restricted net assets and activities. Net assets of the two restricted classes are created only by donor-imposed restrictions on their use. All other net assets, including board-designated or appropriated amounts, are reported as part of the unrestricted class.

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Use of Estimates Preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investments Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair market value in the Statement of Financial Position. The unrealized gain or loss on investments is reflected in the Statements of Activities.

Cash and Cash Equivalents For purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Property and Equipment Property and equipment is recorded at cost. Depreciation is provided over estimated useful lives of five years using the straight-line method.

The cost and accumulated depreciation of property sold or retired is removed from the related asset and accumulated depreciation accounts, and any resulting gain or loss is recorded in the Statements of Activities. Maintenance and repairs are included as expenses when incurred.

Income Taxes The Organization is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. The Organization did not have any unrelated business income.

Expense Allocation The costs of providing various programs have been summarized on a functional basis in the Statements of Activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

NOTE 2.

Pledges Receivable Pledges receivable represent promises to give which have been made by donors but have not yet been received by the Organization. Pledges which will not be received in the subsequent year have been discounted using an estimated rate of return which could be earned if such contributions had been made in the current year. The Organization considers pledges receivable fully collectible; accordingly, no allowance for uncollectible pledges has been provided.

Due to the nature of these pledges, significant increases and decreases in net assets may occur. These significant fluctuations can arise as contributions are recognized as support in the fiscal period in which they are pledged, but the expenses incurred with such contributions occur in a different fiscal period. During 2000, the Organization collected \$512,467 of pledges which had been recognized as support in previous years, as follows:

Recognized as revenue in	1999	1998	Total
	\$211,200	\$301,267	\$512,467

In addition, \$143,500 of pledges recognized as support in 2000 are expected to be collected in future periods.

Total unconditional promises to give were as follows at December 31, 2000 and 1999:

	2000	1999
Receivable in less than one year	\$ 362,800	\$ 573,000
Receivable in one to five years:		
Total	\$ 400,000	\$ 600,000
Less, discount to net present value	43,347	84,580
Net long-term pledges receivable	\$ 356,653	\$ 515,420
TOTAL PLEDGES RECEIVABLE	\$ 719,453	\$ 1,088,420

In 1998, a \$1,000,000 pledge was recognized from The Robert Wood Johnson Foundation. At December 31, 2000, \$600,000 of this pledge was outstanding.

**GRANTMAKERS IN HEALTH
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2000 AND 1999**

NOTE 3.

Investments Investments consist of mutual funds, and are carried at fair market value. Cost and market values as of December 31, 2000 and 1999 are summarized as follows:

	2000	1999
MARKET VALUE:		
Dreyfus Premier Third Century Fund - Class Z	\$ 1,620,301	\$ 1,987,899
Dreyfus A Bonds Plus	242,042	233,503
Dreyfus U.S. Treasury Intermediate Term Fund	236,925	224,051
TOTAL	\$ 2,099,268	\$ 2,445,453
Aggregate cost	\$ 1,681,606	\$ 1,644,449

NOTE 4.

Property and Equipment Components of property and equipment include the following as of December 31, 2000 and 1999:

	2000	1999
Furniture and equipment	\$ 93,272	\$ 129,677
Leasehold improvements	8,315	—
Total Property and equipment	\$ 101,587	\$ 129,677
Less, Accumulated depreciation	58,740	82,725
Net Property and equipment	\$ 42,847	\$ 46,952

Depreciation expense for the years ended December 31, 2000 and 1999 amounted to \$18,880 and \$13,078, respectively.

NOTE 5.

Commitment The Organization entered into an eight-year lease for office space in March 1997. As part of the agreement, the Organization received an abatement of rent of one month per year over the first five years of the rental agreement. The total rent abatement of \$41,518 is being amortized over the life of the rental agreement in the amount of \$432 per month. Total rent expense under the office lease for the years ended December 31, 2000 and 1999 was \$97,641 and \$95,047, respectively.

The Organization also leases office equipment under operating leases.

The future minimum rental payments under the Organization's leases are as follows:

Year ended December 31,	Office Lease	Equipment	Total
2001	\$107,177	\$12,117	\$119,294
2002	107,177	4,718	111,895
2003	107,177	4,178	111,355
2004	26,794	4,178	30,972
2005	—	3,932	3,932
TOTAL	\$348,325	\$29,123	\$377,448

NOTE 6.

Net Assets Temporarily restricted net assets were as follows at December 31, 2000 and 1999:

	2000	1999
Pledges receivable	\$ 719,453	\$ 1,088,420
Test NSPH Model	25,000	25,000
Collaborative Initiative Among Community Foundations	10,000	10,000
Community Foundation Health Care Access Project	—	15,000
Annual Meeting 2000	—	100,000
Meeting on Family-Centered Care	—	5,000
TOTAL	\$ 754,453	\$ 1,243,420

Board-designated funds consisted of the following at December 31, 2000 and 1999:

	2000	1999
Robert Wood Johnson Endowment	\$ 1,954,758	\$ 2,238,931
Future Program Development	175,000	175,000
TOTAL	\$ 2,129,758	\$ 2,413,931

NOTE 7.

Concentration of Credit Risk Financial instruments which potentially subject the Organization to concentrations of credit risk include cash deposits with a commercial bank and a brokerage firm. The Organization's cash management policies limit its exposure to concentrations of credit risk by maintaining primary cash accounts at financial institutions whose deposits are insured by the Federal Deposit Insurance Corporation (FDIC). The amount in excess of FDIC coverage at December 31, 2000 and 1999 was \$321,898 and \$376,021, respectively.

NOTE 8.

Retirement Plan The Organization maintains a non-contributory defined contribution pension plan, qualified under Internal Revenue Code 403(b), for the benefit of its eligible employees. Under the plan, a predetermined contribution is made to the account of each individual employee based on annual compensation. Contributions to the plan for the years ended December 31, 2000 and 1999 were \$58,539 and \$29,618, respectively.

**GRANTMAKERS IN HEALTH
STATEMENT OF FUNCTIONAL EXPENSES**

FOR THE YEAR ENDED DECEMBER 31, 2000
(with comparative totals for 1999)

	P R O G R A M S E R V I C E S									
	Annual Meeting	Pre-conference	Issue Dialogues	Terrance Keenan Award	Washington Briefing	HRSA/MCHB Partnership Initiative	Policy Programs	Reports on Health Philanthropy	The Support Center	GIH Bulletin
Salaries	\$81,594	\$16,986	\$84,264	\$4,673	\$75,808	\$24,923	\$31,822	\$8,382	\$70,912	\$23,885
Consulting	2,933	122	7,049		753	41,145	734		2,253	20,917
Facilities & events	82,757	4,282	15,301		29,971	11,978			12,006	
Printing	23,570		23,185	11,063	5,236	18,082	3,088	12,587	18,196	24,709
Benefits	14,237	2,964	14,703	816	13,228	4,349	5,552	1,463	12,373	4,168
Rent	10,741	2,236	11,092	615	9,979	3,281	4,189	1,103	9,334	3,144
Travel	11,321	2,952	637		336	4,814	585		13,180	
Postage	7,204	3,110	14,819	1,504	4,988	7,406	4,043	1,826	11,203	9,238
Office expenditures	8,941	974	5,117	160	5,331	5,190	2,014	287	6,459	1,871
Audiovisual	16,403		8,642		10,964	6,564			6,663	
Speakers	17,059		5,322		8,386	6,144			2,349	
Planning	2,922		2,804		5,447	2,858	2,804		540	9,805
Annual report										
Meetings										
Depreciation & other	2,269	472	2,343	130	2,108	693	886	233	1,973	664
Accounting & professional fees										
Dues & subscriptions										
Telephone	1,060	221	1,095	61	985	324	413	109	921	310
Miscellaneous	2,529		179			1,785			135	
Recruiting										
Fundraising										
Insurance										
Writing & editing			3,395							
	\$285,540	\$34,319	\$199,947	\$19,022	\$173,520	\$139,536	\$56,130	\$25,990	\$168,497	\$98,711

SUPPORTING SERVICES

Communi- cations	The Resource Center	Community Access Project	RWJF Access Project	Peer Assessment Project	Web site	SUBTOTAL	General & Administrative	Fund- raising	2000 TOTAL	1999 TOTAL
\$30,783	\$30,783	\$4,080	\$6,676	\$34,121	\$10,014	\$539,706	\$160,962	\$41,094	\$ 741,762	\$ 674,266
734	101,958			7,680	3,951	190,229	29,694	9,959	229,882	186,425
						156,295			156,295	127,184
			9,046			148,762	2,267		151,029	109,070
5,371	5,371	712	1,165	5,954	1,747	94,173	28,086	7,171	129,430	102,359
4,052	4,052	537	879	4,491	1,318	71,043	21,188	5,410	97,641	95,047
				4,301		38,126	32,252		70,378	55,028
356	442	47	77	838	116	67,217	1,861	582	69,660	46,255
1,248	3,471	140	228	1,169	6,018	48,618	6,163	1,407	56,188	46,108
505						49,741			49,741	12,615
				1,347		40,607			40,607	20,327
2,804						29,984			29,984	43,071
						—	23,662		23,662	12,711
						—	22,190		22,190	18,868
856	856	113	186	949	279	15,010	4,477	1,143	20,630	15,546
						—	21,662		21,662	13,078
						—	18,668		18,668	7,602
400	400	53	87	443	130	7,012	2,091	533	9,636	10,443
	35				1,500	6,163	910		7,073	14,565
						—	6,767		6,767	12,800
						—		5,946	5,946	14,993
						—	3,519		3,519	2,478
						3,395			3,395	11,778
\$47,109	\$147,368	\$5,682	\$18,344	\$61,293	\$25,073	\$1,506,081	\$386,419	\$73,245	\$1,965,745	\$1,652,617

Funding Partners – those foundations and corporate giving programs that annually contribute unrestricted or program grants – are GIH’s primary source of income, supplemented by fees for meetings, publications, and special projects. Their support is instrumental in enabling GIH to address the needs of the many grantmakers, both new and established, who turn to us for continuing education programs, materials, advice, and technical assistance throughout the year.

We are grateful to the Funding Partners listed below whose grants were received between January 1 and December 31, 2000.

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T Y I N G I T A L L T O G E T H E R

Since our formal launch in 1982, Grantmakers In Health has been dedicated to building the grantmaking community's knowledge, skills, and effectiveness. Like a common thread, the theme of collaboration runs through all of GIH's programming, and ties our efforts together.

In addition to the organizations woven throughout this report, GIH acknowledges The Access Project, Community Catalyst, Consumers Union, Council on Foundations, Health and Environmental Funders Network, and Texas Grantmakers In Health and Human Services for working with us during 2000, and for sharing our commitment to improve the nation's health.





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