



*Helping grantmakers*

*improve the health of all people*



Dear Colleague:

Each year, the board and staff of Grantmakers In Health (GIH) take time to reflect on our activities and accomplishments of the past year. In 2008 we continued to provide opportunities for funders to learn about critical health issues through written products, audioconferences, and meetings that covered a range of issues – from overcoming barriers to health improvement, rural health challenges, and combating health disparities, to improving the public health system and integrating health services for children.

We were able to bring these and other offerings to health grantmakers despite the economic crisis, particularly in the latter half of 2008. The financial downturn brought about unprecedented challenges to the field, and many funders experienced a substantial decline in assets when their grantmaking support was most critical. This prompted us to survey the field at the end of the year to gauge the impact of economic downturn. We will continue to monitor its effects on health philanthropy in 2009 and provide forums for funders to compare notes and share strategies for achieving the greatest impact possible with fewer resources.

This annual report looks back on 2008 and briefly summarizes highlights of the year and key facts about GIH's operations and governance. Products mentioned are available at [www.gih.org](http://www.gih.org).

Our ability to support grantmakers in their work depends on the ongoing commitment of GIH Funding Partners and the participation of foundation staff and trustees from around the country. Working together, we have created useful and relevant resources for the field. We invite you to take a look at what we offered in 2008 and hope you will find our work beneficial to yours.

Sincerely,

Lauren LeRoy, Ph.D.  
President and CEO

2008

## ACTIVITIES AND PUBLICATIONS

## MEETINGS AND EVENTS

Each year GIH brings foundation staff and trustees from across the nation together at our major national meetings and several smaller, more focused events. These meetings serve important educational objectives and give grantmakers the opportunity to connect with colleagues.

***Bridging, Building, and Beyond: Breaking Down Barriers to Health Improvement***

**Annual Meeting on Health Philanthropy**

**February 27-29**

**Los Angeles, California**

Increasingly, health grantmakers are seeking ways to address the social and environmental determinants of health – income, employment, education, housing conditions, racism, and the physical environment – that have such striking and profound implications for the health of individuals and populations. They are also considering the links between the health of this nation, our neighbors to the north and south, and those around the globe. Working in these areas, however, requires that funders cross borders, both literal and figurative, and build partnerships with those working in other fields. The 2008 Annual Meeting on Health Philanthropy focused on the tools, skills, and stories of how to transcend silos and work at the nexus of health and other fields, including environmental protection, the arts, employment, criminal justice, community development, and education. Keynote speakers included Christopher Edley, University of California, Berkeley School of Law; Sterling Speirn, W.K. Kellogg Foundation; Matt James, The Henry J. Kaiser Family Foundation; Larry Adelman, executive producer of *Unnatural Causes*; Chris Lehane, campaign strategist for *Sicko*; and Joanna Rudnich, producer and director of *In the Family*.

***Essential Roles for Health Foundation Trustees: Providing Leadership, Direction, and Insight***

**Preconference session to the Annual Meeting on Health Philanthropy**

**February 27**

**Los Angeles, California**

Effective, mission-driven health foundations are shaped by well-managed operations and a diligent, thoughtful board of directors. This preconference workshop examined how a foundation's leadership can work with its board to further develop and support trustees as engaged and committed leaders. Participants examined board engagement strategies, key aspects of developing new policies and providing direction, board self-assessment tools, and the role of nominating committees and community advisory committees in strengthening foundation boards.

***Health Information Technology: A Tool for Transforming Health Care Delivery***

**Preconference session to the Annual Meeting on Health Philanthropy**

**February 27**

**Los Angeles, California**

Health information technology (HIT) has the potential to improve the quality and efficiency of health care services. This preconference session laid the groundwork for understanding HIT – the current state of the art, as well as what the future may hold for the delivery system and particularly community clinics serving vulnerable populations. Leaders from the field shared their experiences in assessing the extent to which providers are ready for HIT adoption, how HIT has improved business operations and provision of care, and how these tools could be used to influence population health. Health grantmakers actively supporting HIT shared their strategies, challenges, and lessons learned.

***Understanding Poverty: The Community Action Poverty Simulation*****Preconference session to the Annual Meeting on Health Philanthropy****February 27****Los Angeles, California**

How do we get our neighbors and leaders to imagine what it might be like to live in poverty? The Missouri Association for Community Action designed a unique tool that creates insight into daily realities of working poor families. During a simulation, participants role played the lives of low-income people, from single parents trying to care for their children to senior citizens trying to maintain their self-sufficiency on Social Security. Several key roles in the simulation – representatives from the local utility company, mortgage company, grocery store, and child care facility – were played by community volunteers who have had direct experience living in poverty. Participants in this preconference session experienced the simulation and then participated in a facilitated discussion on the implications for policy and practice and explored opportunities to use the simulation in their communities.

***Strengthening the Performance and Effectiveness of the Public Health System*****A GIH Issue Dialogue****May 13****Atlanta, Georgia**

This Issue Dialogue brought together grantmakers, public health leaders, and experts from the field who work within the public health system at the local, state, and national levels to explore ways to improve the operational capacity of the system.

***Connecting the Dots: Developing a Holistic Picture of Children's Health*****A GIH Issue Dialogue****June 12****Washington, DC**

This Issue Dialogue explored the numerous community- and government-based resources that influence child health and development. Participants discussed promising approaches to integrating services for children and explored how these efforts both contribute to children's health improvements and serve as the foundation for broader health system reform. Particular attention was given to innovative models that encourage cross-sectoral collaboration.

***Fall Forum: The Intersection of Health Policy and Philanthropy*****November 20-21****Washington, DC**

This annual program focuses on the intersection of health policy and health philanthropy and digs into issues in depth, while still preserving opportunities for funders to learn from and network with other funders, federal agency representatives, and the broader health policy community. The program was structured to offer two daylong Issue Dialogues (described below), bridged by the plenary session "Reflections on the 2008 Elections: What Do the Results Mean for Health and Health Care?"

***Effective Community Programs to Fight Health Disparities*****A GIH Issue Dialogue****November 20****Washington, DC**

This program focused on how funders can launch effective community programs to address disparities or can increase the effectiveness of their current programs. It featured experts who worked with community organizations and cross-sectorally and included interactive problem solving to consider changes ranging from the systems level to the local level that could reduce disparities in health and health care. This Issue Dialogue was the first in GIH's new three-year series of programs on eliminating health disparities.

***Rural Health Care: Innovations in Policy and Practice*****A GIH Issue Dialogue****November 21****Washington, DC**

This Issue Dialogue focused on success stories: proven strategies that have been used to build capacity and improve health care access in rural areas. The meeting focused on raising the visibility of delivery system improvements that have shown results in rural areas (including enhanced roles for midlevel practitioners, telemedicine and telepharmacy, regionalization, and networking of services), showcased efforts to strengthen rural health advocacy, explored the interconnectedness between rural and urban areas, and discussed how philanthropic investment can help support and spread the many rural innovations underway.

## OTHER MEETINGS

### *National Community Advisory Committee Convening* Cospponsored by Con Alma Health Foundation April 24-25

Santa Fe, New Mexico

Aware that health foundations with community advisory committees (CACs) have particular expertise in engaging with their communities, GIH and Con Alma Health Foundation convened representatives of such foundations to share strategies, learn from one another, and offer solutions that the larger world of philanthropy might borrow and benefit from. Among the topics discussed were: strategic planning to help foundations explore and clarify values, mission, and goals; helping align values, mission, and goals with available resources; CAC input in funding strategies and decisionmaking; enhancing community-engagement practices to increase impact of foundation grantmaking; challenges in serving as a liaison with communities; and evaluating foundation grantmaking processes.

### *On the Front Lines of Public Health: A Meeting at the CDC*

Cospponsored by CDC Foundation

May 14

Atlanta, Georgia

This meeting presented opportunities for health grantmakers, leadership from the Centers for Disease Control and Prevention (CDC), and experts to discuss issues of common interest. *On the Front Lines of Public Health* developed connections between health funders and CDC experts and initiated focused dialogue on high-priority issues, including obesity and physical activity, health disparities, environmental health, health system transformation, and public health leadership.

### *Creating Public Will to End Racial and Ethnic Health Disparities*

A Special Invitational Meeting

May 20

Washington, DC

GIH convened an invitational meeting to explore the question of leveraging public will to support concrete action to end disparities in health status and health care. Meeting participants included funders involved in building public movements, funders working to end health disparities, and people from community organizations experienced in building social movements. During the meeting, grantmakers identified needs and ideas that could be developed going forward.

Grantmakers also discussed the importance of finding ways to connect community networks in meaningful ways and fostering messaging that connects all groups, not just those involved in health or health care.

### *The Children's Health Initiative: A Replicable Model for Improving Children's Access to Health Care*

A GIH Site Visit

September 25-26

Milpitas, California

This site visit brought together grantmakers, safety net providers, researchers, and advocates for an in-depth look at the Children's Health Initiative (CHI) model in action. Participants learned what makes the model successful, what the rigorously evaluated local programs have accomplished, how the initiative's collaborations work, and what the policy and political challenges to statewide implementation have been. A highlight of the meeting was a visit to a CHI enrollment site that has become a thriving community destination for families, caregivers, and outreach workers seeking help with current health insurance, referrals, health education, application assistance, and community connections.

## AUDIOCONFERENCES

GIH audioconferences give health foundation staff the opportunity to come together during the year to address timely health topics and funding strategies. These series were officially launched in 2003, with a separate series on public policy, patient safety and quality, and overweight and obesity. In 2004, two more series were added: access and health disparities. Since then, audioconferences have become a major instrument for bringing pertinent information to grantmakers on an ongoing basis. Scheduled calls allow participants to brainstorm and learn about issues of mutual interest. Calls are open to GIH Funding Partners and generally include presentations by experts and leaders in health philanthropy, followed by in-depth discussion among the 10 to 60 participants. Summaries of the discussions are posted on the GIH Web site. Audioconferences held during 2008 include:

### ACCESS

#### *Equity in State Health Care Reform, May 15*

States are becoming practical and political testing grounds for new strategies to cover the uninsured and expand access. But as momentum builds toward health care reform, how equipped are states at addressing health equity? How can we ensure that efforts to address racial and ethnic health disparities are included in proposals to expand access? What specific policies and practices have been shown to improve health care access for communities of color? On this audioconference participants heard about a new set of health equity benchmarks, discussed what states are doing to expand coverage and address equity, and explored opportunities for grantmakers.

#### *Access and Personal Responsibility, July 7*

Last fall, Howard County, Maryland, launched the *Healthy Howard Access Plan* to bring affordable health care access to uninsured county residents. The plan offers primary care services, discounted prescription drugs, hospital care, dental access, and specialty care services for 2,000 county residents. One of the most innovative elements of the plan is that it takes the personal responsibility debate head on by assigning a health coach to each of the plan's participants. On this audioconference funders discussed a new local access model with the potential to be replicated elsewhere and to influence the national health reform debate.

#### *Medical Homes for Children, September 29*

The concept of "medical home" is gaining widespread

recognition. Efforts are underway nationally and at the state level to develop feasible models that can improve clinical practice and achieve financial sustainability. Although originally conceived in the context of caring for children with special health care needs, the utility of medical homes as a model for all primary care services is receiving much attention. This audioconference examined the current status and specific challenges of establishing medical homes for all children and reviewed how one state-level health funder has supported the continuing development and dissemination of this promising clinical model.

#### *Improving Care and Reducing Costs for Frequent Users of Health Services, December 10*

On this audioconference funders discussed two initiatives designed to improve the care and reduce the costs of frequent users of health services: chronically ill, underinsured or uninsured individuals who struggle with mental illness, alcohol or substance use disorders, and homelessness, and repeatedly use emergency rooms and hospitals for medical crises that could be prevented with more appropriate ongoing care.

### AGING

#### *Environmental Threats to Healthy Aging: With a Closer Look at Alzheimer's and Parkinson's Diseases, cosponsored by Grantmakers In Aging, the Health and Environmental Funders Network, and the Funders' Network for Smart Growth and Livable Communities, November 12*

This audioconference introduced the report *Environmental Threats to Healthy Aging: With a Closer Look at Alzheimer's and Parkinson's Diseases*. The report examined the lifetime influences of environmental factors on Alzheimer's, Parkinson's, and related chronic diseases of modern society. It also presented current science and analysis indicating that environmental factors throughout the lifespan are key drivers in common chronic diseases of modern society.

### CHILDREN AND YOUTH

#### *National Children's Health Study, April 29*

The National Children's Study examines the effects of environmental influences on the health and development of more than 100,000 children across the United States, following them from before birth until age 21, with a goal of improving the health and well-being of children. The study is expected to be one of the richest information resources available for answering questions related to

children's health and development. Participants on this call were able to hear more specific details about the study and the potential roles health philanthropy might play.

#### ***State Progress on Children's Coverage, June 3***

With states leading the charge on several new efforts to meet the remaining need for children's health insurance, grantmakers across the country are working to stay up-to-date on state action and share information on innovative policy proposals. On this audioconference grantmakers participated in a discussion of the *GIH Funders Network on Expanding Access for Kids*, an informal collaborative of foundations supporting work related to children's coverage and care. Participants reviewed advances and cutbacks in recent state legislative sessions and discussed where local, state, and national funders can best target their resources.

#### ***School-Based Health Care: Creative Approaches and Partnership Opportunities, December 16***

Currently, more than 1,700 school-based health centers (SBHCs) deliver primary preventive and early intervention services to approximately 2 million children of all grade levels in urban, rural, and suburban schools across 44 states. This audioconference explored SBHCs and the strategies state and regional funders are using to support the services provided by these entities.

## **DISPARITIES**

#### ***Looking Ahead at Health Issues Affecting LGBTQ Communities, cosponsored by Funders for Lesbian and Gay Issues, January 24***

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals frequently encounter barriers to optimum health care. On this audioconference, funders discussed the health care needs of LGBTQ people, as well as access and provider barriers to overcome in order to improve the quality of health care these individuals receive.

## **MENTAL HEALTH**

#### ***GIH Audioconference on Maternal Depression, March 19***

Maternal depression is considered a risk factor for the social, emotional, and cognitive development of children and has an impact on a family's economic success. Participants learned about the current status of research, as well as approaches funders can pursue to promote the mental health and well-being of families.

## **OVERWEIGHT AND OBESITY**

#### ***Improving Access to Healthy Foods, November 18***

As the fight against obesity expands into issues of healthy food access and public policy, funders play a vital role in supporting local food organizations and building coalitions with community stakeholders. Drawing on the experiences of The Food Trust of Philadelphia and the Johns Hopkins Center for a Livable Future, this audioconference examined programmatic elements and policy shifts required to change the food landscape, as well as strategies grantmakers can utilize to support healthy foods and good nutrition within their communities.

#### ***RWJF Healthy Kids, Healthy Communities Program Update, November 24***

In this audioconference, the Robert Wood Johnson Foundation (RWJF) announced the latest developments in its Healthy Kids, Healthy Communities (HKHC) obesity prevention program. RWJF staff highlighted progress to date with respect to the HKHC program, discussed the upcoming call for proposals for new HKHC sites, and outlined the overall vision and future of the program.

## **PUBLIC HEALTH**

#### ***GIH Public Health Working Group Audioconference: Public Health Messaging, July 25***

This audioconference discussed how ordinary people perceive public health and strategies to stimulate public discussion, identified the public's health priorities, and advocated for policies that move the public health system closer to its stated vision.

#### ***GIH Public Health Working Group Webinar: Workforce, December 4***

This webinar explored the workforce needs and challenges facing the public health system, as well as specific strategies funders may consider as they engage on this issue.

## **PUBLIC POLICY**

#### ***Using the Web to Empower Voters and Inform Policy Decisions, Webinar, January 28***

The Web is now more important than ever in aiding voter decisionmaking, updating policymakers, and informing the media about important policy issues. During this webinar, the California HealthCare Foundation shared ideas and lessons they have gained from their experiences that helped funders consider how to use the Web to empower voters and improve

policy decisions in their state. Participants also explored ways to create similar policy resources in other states.

***Leveraging Your Policy Impact: How Foundation Funding Can Help Make Democracy Work in 2008,***  
June 10

Because voting is at the heart of democracy, public policy decisions are distorted when minorities, unmarried women, and youth are under-represented at the ballot box. Nonpartisan strategies to increase voter participation can have a highly leveraged impact on public policy by providing a voice for marginalized children and families, while strengthening the capacity and clout of nonprofit organizations. The briefing call discussed some of the most rigorously evaluated programs boosting voter participation.

***Election Insights – Health, cosponsored by Arabella Philanthropic Investment Advisors,***  
November 10

*Election Insights- Health* was a part of Arabella Advisors' *Election Insights* teleconference series, which gave family, institutional, and corporate philanthropists an understanding of how the new president's policies may impact philanthropic strategies

## QUALITY

***Health Care Innovations Exchange: A New AHRQ Initiative,*** January 23

Health foundations play an important role in supporting the development and adoption of innovations that improve quality and save lives. Spreading best practices and implementing new ideas, however, can be difficult. This GIH audioconference explored the Agency for Healthcare Research and Quality's (AHRQ) new Innovations Exchange initiative and interactive Web site, which supports the sharing and adoption of innovations that improve health care quality.

***HRSA Web-Based HIT Tool Kit for the Safety Net Community,*** June 11

This audioconference examined the Health Resources and Services Administration's (HRSA) health information technology (HIT) Web portal, which was designed to provide news, tools, and access to research on HIT for safety net providers. The Web site is a central resource for the safety net community on HIT planning, implementation, and evaluation.

## PUBLICATIONS

GIH publications are intended to keep health grantmakers up to date on current issues and the state of the field, including both quick reads and in-depth reports. They are distributed to GIH Funding Partners and thought leaders in health policy and practice and are available at [www.gih.org](http://www.gih.org).

### GIH BULLETIN

Each year, GIH publishes 22 issues of the *GIH Bulletin*, distributing them to GIH Funding Partners and others with an interest in health philanthropy, such as leaders in health policy, research, and service delivery. Each issue gives readers up-to-date information on new grants, publications and studies, job opportunities, and people in the field of health philanthropy. In addition, each issue contains one or more of the following articles:

#### ► Views from the Field

These commentaries provide a forum for health grantmakers to share their perspectives and relate their experiences from working on a variety of health issues. Some report on successful models, while others raise strategic questions or offer new ways of thinking about complex issues:

- “Improving the Health of Vulnerable Children with Medical- Legal Partnerships,” Albert Yee, W.K Kellogg Foundation, January 28
- “Transforming Health Care: Services for Older Adults Can Drive High Quality Chronic Care for All,” Corinne Rieder and Christopher Langston, The John A. Hartford Foundation, June 2
- “Evaluating Programs: Can We Measure the Value of Health Grantmaking?,” Rene Cabral-Daniels, Williamsburg Community Health Foundation, July 14
- “Cultivating Health Literacy at the State and National Levels,” Thomas Adams, Missouri Foundation for Health, October 6
- “Community Advisory Committees: Collaboration and Shared Learning,” Dolores Roybal, Con Alma Health Foundation, and Scott Benbow, consultant, December 8

#### ► Issue Focus

These pieces give readers concise overviews of current health issues of special importance to funders. They

focus on strategies and opportunities available to grantmakers to help address pressing health needs. Issues addressed this past year were:

- “Serving Our Veterans: Filling the Gaps in Military Mental Health,” February 11
- “Health Information Technology: Increasing Quality and Access Within Safety Net Providers,” May 5
- “Strengthening Government Public Health Agencies,” July 28
- “Infant Mortality: Racial and Regional Disparities,” August 18
- “Creating Public Will to End Racial and Ethnic Health Disparities,” September 15
- “Social Policy Is Health Policy,” October 20
- “Pediatric Medical Homes: The What and Why of It All,” November 17

#### ► **Grantmaker Focus**

Throughout the year, GIH helps grantmakers showcase their work through snapshots of their organizations. The following organizations were featured in 2008:

- United Health Foundation, January 14
- The Jacob and Valeria Langeloth Foundation, March 10
- The Blue Foundation for a Healthy Florida, Inc., March 24
- United Hospital Fund, April 21
- Highmark Foundation, June 16
- The Mt. Sinai Health Care Foundation, September 1
- W.K. Kellogg Foundation, November 17

## **ISSUE BRIEFS**

Weaving together background research with practical insights, Issue Briefs examine health issues of interest to grantmakers and share advice from experts and colleagues on how to address them. Each Issue Brief is based on a GIH Issue Dialogue and combines the essence of the meeting’s presentations and discussion with GIH’s research and analysis on the topic.

### *Critical Services for Our Children: Integrating Mental and Oral Health into Primary Care*

**Issue Brief No. 30**

**February 2008**

Grantmakers have long been interested in improving children’s access to health care. Yet a number of services critical to children’s healthy growth and development – such as mental health and oral health services – fall outside the traditional primary care model. This fragmentation of services has contributed to access barriers and has compromised the quality of pediatric care. Growing awareness of the importance of mental health and oral health has resulted in a variety of innovative efforts to integrate these services into children’s health care.

### *Strengthening the Performance and Effectiveness of the Public Health System*

**Issue Brief No. 31**

**November 2008**

The public health system is the backbone of our nation’s health, but the existing public health infrastructure is inadequate to address the health challenges currently facing this country. *Strengthening the Performance and Effectiveness of the Public Health System* shares how health funders can improve the functionality of the public health system and develop capabilities, services, and competencies that enhance public health practice.

### *Connecting the Dots: A Holistic Approach to Children’s Health*

**Issue Brief No. 32**

**November 2008**

Health care services are one of many supports and resources needed to support healthy children. In recognition of the need to take a more comprehensive approach to child health, health funders are being challenged to work outside traditional purviews.

## **PUBLICATIONS FROM GIH MEETINGS**

For each meeting GIH holds, we strive to create lasting resources that provide valuable information and analysis and address important issues. All of the materials GIH produces for its meetings are also made accessible to the public via our Web site.

### *Ten Years of Work – Progress Report: Vision, Change, Results, 1998-2008*

**February 2008**

*Bridging, Building, and Beyond: Breaking Down  
Barriers to Improve Health Improvement*

Annual Meeting Portfolio of Essays

February 2008

*Remarks Upon Acceptance of the 2008 Terrance  
Keenan Leadership Award in Health Philanthropy by  
Terri Langston, Public Welfare Foundation*

April 7

## OTHER ACTIVITIES

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### SURVEYING THE FIELD

*Effects of the Economic Crisis on Health Foundations:  
A Survey of GIH Funding Partners, November/  
December 2008*

To learn how health foundations responded to the economic crisis, GIH surveyed the field at the end of 2008. The survey sought information on how health foundation assets and grantmaking budgets have been affected, the strategies health foundations are using to support grantees, and how foundations are addressing their own financial challenges.

### ISSUE NETWORKS

In 2008, GIH started a number of Issue Networks designed to give Funding Partners the chance to collaborate and strategize with grantmakers who are actively working on selected issues, including children's coverage, healthy eating/active living, and mental/behavioral health.

# 2008

## INDEPENDENT AUDITORS' REPORT

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# INDEPENDENT AUDITORS' REPORT

Board of Directors  
Grantmakers In Health  
Washington, D.C.

We have audited the accompanying statements of financial position of Grantmakers In Health as of December 31, 2008 and 2007, 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 have conducted our audits in accordance with U.S. 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, 2008 and 2007, and the results of its activities and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

February 13, 2009

# STATEMENTS OF FINANCIAL POSITION

	<u>DECEMBER 31, 2008</u>	<u>DECEMBER 31, 2007</u>
<b>ASSETS</b>		
CURRENT ASSETS:		
Cash and cash equivalents (Notes 1 and 7)	\$ 407,577	\$ 605,154
Pledges receivable, current portion (Note 2)	765,406	811,316
Prepaid expenses and other	9,500	---
<u>TOTAL CURRENT ASSETS</u>	<u>\$ 1,182,483</u>	<u>\$ 1,416,470</u>
OTHER ASSETS:		
Investments (Notes 1 and 3)	\$ 1,538,492	\$ 2,343,160
Deposit	15,155	15,155
Pledges receivable (Note 2)	56,460	589,328
<u>TOTAL OTHER ASSETS</u>	<u>\$ 1,610,107</u>	<u>\$ 2,947,643</u>
<u>PROPERTY AND EQUIPMENT (Notes 1 and 4)</u>	<u>\$ 66,197</u>	<u>\$ 92,440</u>
<b><u>TOTAL ASSETS</u></b>	<b><u>\$ 2,858,787</u></b>	<b><u>\$ 4,456,553</u></b>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	\$ 50,326	\$ 68,162
Deferred lease obligation (Note 5)	51,859	55,063
Deferred revenue - annual meeting (Note 1)	29,395	50,871
<u>TOTAL CURRENT LIABILITIES</u>	<u>\$ 131,580</u>	<u>\$ 174,096</u>
COMMITMENTS (Note 5)		
NET ASSETS (Notes 1 and 6):		
Unrestricted:		
Undesignated	\$ (425,354)	\$ (266,454)
Board designated	1,542,066	2,438,358
<u>Subtotal</u>	<u>\$ 1,116,712</u>	<u>\$ 2,171,904</u>
Temporarily restricted	1,610,495	2,110,553
<u>TOTAL NET ASSETS</u>	<u>\$ 2,727,207</u>	<u>\$ 4,282,457</u>
<b><u>TOTAL LIABILITIES AND NET ASSETS</u></b>	<b><u>\$ 2,858,787</u></b>	<b><u>\$ 4,456,553</u></b>

The accompanying notes are an integral part of these financial statements.

## STATEMENTS OF ACTIVITIES

FOR THE YEARS ENDED DECEMBER 31,

	2008			2007		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>SUPPORT AND REVENUE:</b>						
Grants and contributions (Notes 1, 2 and 9)	\$ 1,191,260	\$ 694,688	\$ 1,885,948	\$ 1,366,832	\$ 1,972,958	\$ 3,339,790
Registration fees and other	453,789	---	453,789	455,475	---	455,475
Interest and dividend income	117,219	---	117,219	188,239	---	188,239
Net realized and unrealized gain (loss) on investments (Note 1)	(896,825)	---	(896,825)	12,430	---	12,430
Net assets released from restrictions	1,194,746	(1,194,746)	---	991,674	(991,674)	---
<b>TOTAL SUPPORT AND REVENUES</b>	<b>\$ 2,060,189</b>	<b>\$ (500,058)</b>	<b>\$ 1,560,131</b>	<b>\$ 3,014,650</b>	<b>\$ 981,284</b>	<b>\$ 3,995,934</b>
<b>EXPENSES:</b>						
Programs (Note 10)	\$ 2,486,852	\$ ---	\$ 2,486,852	\$ 2,707,551	\$ ---	\$ 2,707,551
General and administrative	509,304	---	509,304	442,297	---	442,297
Fund raising	119,225	---	119,225	105,006	---	105,006
<b>TOTAL EXPENSES</b>	<b>\$ 3,115,381</b>	<b>\$ ---</b>	<b>\$ 3,115,381</b>	<b>\$ 3,254,854</b>	<b>\$ ---</b>	<b>\$ 3,254,854</b>
<b>CHANGES IN NET ASSETS</b>	<b>\$(1,055,192)</b>	<b>\$ (500,058)</b>	<b>\$(1,555,250)</b>	<b>\$ (240,204)</b>	<b>\$ 981,284</b>	<b>\$ 741,080</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b>2,171,904</b>	<b>2,110,553</b>	<b>4,282,457</b>	<b>2,412,108</b>	<b>1,129,269</b>	<b>3,541,377</b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$1,116,712</b>	<b>\$1,610,495</b>	<b>\$2,727,207</b>	<b>\$2,171,904</b>	<b>\$2,110,553</b>	<b>\$4,282,457</b>

The accompanying notes are an integral part of these financial statements.

# STATEMENTS OF CASH FLOWS

	FOR THE YEARS ENDED DECEMBER 31,	
	2008	2007
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Cash received from contributors and registrants	\$ 2,897,039	\$ 3,263,243
Cash paid to suppliers and employees	(3,114,841)	(3,222,183)
Interest and dividends received	177,219	188,239
<b>NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>	<b>\$ (100,583)</b>	<b>\$ 229,299</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Proceeds from sale of investments	\$ 13,000	\$ 177,179
Purchases of investments	(105,157)	(202,168)
Purchases of property and equipment	(4,837)	(34,577)
<b>NET CASH USED IN INVESTING ACTIVITIES</b>	<b>\$ (96,994)</b>	<b>\$ (59,566)</b>
<b>NET CHANGE IN CASH</b>	<b>\$ (197,577)</b>	<b>\$ 169,733</b>
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<b>605,154</b>	<b>435,421</b>
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<b>\$ 407,577</b>	<b>\$ 605,154</b>
<b>RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 1,555,250	\$ 741,080
<b>Reconciliation adjustments:</b>		
Depreciation and amortization	31,080	34,147
Net realized and unrealized gains on investments	896,825	(12,430)
Loss on sale of property and equipment	--	1,018
<b>Changes in assets and liabilities:</b>		
Pledges receivable	578,778	(465,757)
Prepaid expenses and other	(9,500)	6,197
Accounts payable and accrued expenses	(17,836)	(9,434)
Deferred lease obligation	(3,204)	743
Deferred revenue – annual meeting	(22,476)	(66,265)
<b>NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>	<b>\$ (100,583)</b>	<b>\$ 229,299</b>

The accompanying notes are an integral part of these financial statements.

# NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2008 and 2007

## Note 1. Organization and Summary of Significant Accounting Policies

**Organization** – Grantmakers In Health (“Organization”) is an educational organization serving trustees and staff of foundations and corporate giving programs. Its mission is to help grantmakers improve the nation’s health by building philanthropic knowledge, skills, and effectiveness and by fostering communication and collaboration among grantmakers and with others. The Organization accomplishes its mission through a variety of activities including technical assistance and consultation, convening, publishing, education and training, conducting studies of the field, and brokering professional relationships.

**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. As of December 31, 2008 and 2007, the Organization had no permanently restricted net assets.

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 are measured at fair market value at the statement of financial position date

and are subject to change thereafter due to market conditions. The net realized and unrealized gains and losses on investments are reflected in the statements of activities.

**Cash and Cash Equivalents** – For purposes of the statements 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 exceeding \$500 is capitalized at cost and depreciated over the estimated useful lives of the assets using the straight-line method of depreciation. Depreciation and amortization are provided over estimated useful lives between 3 and 10 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.

**Deferred Revenue** – Revenue received, but not earned, is classified as deferred revenue on the statements of financial position.

**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 for December 31, 2008 and 2007.

**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 programs, general and administrative and fundraising.

**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 corresponding expenses occur and are recognized in a different fiscal period. During 2008, the Organization collected \$753,195 of pledges which had been recognized as support in prior years. Conversely, \$130,436 of pledges recognized as support in 2008 is expected to be collected during the period 2009 through 2011.

In addition, during 2008 the Organization was awarded a three-year conditional grant by a foundation totaling \$600,000, of which \$100,000 has been recognized as support. Receipt of the remaining balance is conditional upon continued approvals by the foundation.

Total unconditional promises to give were as follows at December 31, 2008 and 2007:

	2008	2007
Receivable in less than one year	\$ 765,406	\$ 811,316
Receivable in one to five years:		
Total long-term pledges receivable	\$ 62,029	\$ 634,217
Less, discount to net present value	5,569	44,889
Net long-term pledges receivable	\$ 56,460	\$ 589,328
<b>Total pledges receivable</b>	<b>\$ 821,866</b>	<b>\$ 1,400,644</b>

**Note 3. Investments** – Investments consist of mutual funds. Aggregate cost and values of investments as of December 31, 2008 and 2007, are summarized as follows:

	2008	2007
<b>MARKET VALUE:</b>		
Metropolitan West Total Return Bon Fund	\$ 175,335	\$ 180,234
Brandywine	168,500	302,908
Allianz NFJ Dividend Value Fund - Class A	155,480	243,882
American Funds Growth Fund - Class F	150,025	250,574
Federated Market Opportunity Fund - Class A	149,370	157,353
Pimco All Asset Fund - Class A	148,979	170,063
Loomis Sayles Bond Fund Instl Class	145,119	185,631
Hartford Capital Appreciation Fund - Class A	143,771	269,654

Nuveen NWQ Multi-Cap Value Fund - Class A	121,556	235,038
Alliance Bernstein International Value Fund - Class A	94,724	203,838
American Funds Euro Pacific Growth Fund - Class A	85,633	143,985
<b>Total</b>	<b>\$ 1,538,492</b>	<b>\$ 2,343,160</b>
<b>Aggregate cost</b>	<b>\$ 2,302,526</b>	<b>\$ 2,225,397</b>

**Note 4. Property and Equipment** – Components of property and equipment include the following as of December 31, 2008 and 2007:

	2008	2007
Furniture, equipment and capitalized software costs	\$ 348,787	\$ 351,287
Leasehold improvements	19,173	19,173
Total property and equipment	\$ 367,960	\$ 370,460
Less, accumulated depreciation and amortization	301,763	278,020
<b>Net property and equipment</b>	<b>\$ 66,197</b>	<b>\$ 92,440</b>

Depreciation and amortization expense for the years ended December 31, 2008 and 2007 amounted to \$31,080 and \$34,147, respectively.

**Note 5. Commitments** – The Organization entered into a ten-year lease for office space expiring on November 30, 2012. The defined future rental increases in the lease are amortized on a straight-line basis in accordance with U.S. generally accepted accounting principles. This gives rise to a deferred lease obligation, which is also amortized over the term of the lease. Total rent expense under the office lease for the years ended December 31, 2008 and 2007, was \$222,763 and \$215,764, respectively.

The Organization leases office equipment under operating leases. The future minimum payments are as follows:

Year ended December 31,	Office Lease	Equipment Leases	Total
2009	209,640	29,508	239,148
2010	213,833	23,754	237,587
2011	218,109	12,937	231,046
2012	203,593	--	203,593
<b>Total</b>	<b>\$ 845,175</b>	<b>\$ 66,199</b>	<b>\$ 911,374</b>

The Organization has entered into agreements with hotels relating to the annual board retreat in 2009, the Art & Science meeting in 2009, and the Annual Meeting in 2009, 2010 and 2011. Such agreements generally contain provisions which obligate the Organization to book a minimum number of rooms and to spend certain minimums on food and beverages. Should these minimums not be achieved, the agreements obligate the Organization to pay certain specified amounts.

**Note 6. Net Assets** – Temporarily restricted net assets were as follows at December 31:

	2008	2007
Resource Center	\$ 445,727	\$ 484,149
Strengthening Capacity for Health Philanthropy	350,000	650,000
Pledges Receivable – Operations	288,500	387,500
Future Issue Dialogues/Meetings	268,420	225,958
Endowment Access Project	172,251	272,251
National Poverty and Health Philanthropy Project	37,500	--
Women's Health Initiative	30,000	--
GIH/MCHB Partnership	18,097	5,695
Funders Network on Expanding Access for Kids	--	70,000
Annual Meeting	--	15,000
<b>Total</b>	<b>\$ 1,610,495</b>	<b>\$ 2,110,553</b>

**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 a primary cash account at a financial institution whose deposits are insured by the Federal Deposit Insurance Corporation (FDIC). However, cash in excess of \$250,000 per institution is generally not covered by the FDIC.

**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, each eligible employee receives a contribution to their account in the amount of fifteen percent (15%) of compensation. Contributions to the plan for the years ended December 31, 2008 and 2007, were \$106,655 and \$123,255, respectively.

**Note 9. Grants** – The Organization was awarded a five-year grant by the Department of Health and Human Services to be used for various health related programs. The grant totals \$200,000 and \$72,181 for the respective periods May 1, 2008 through April 30, 2009, and May 1, 2007 through April 30, 2008. Revenue is recognized when the funds are spent. Revenue recognized from the grant for the years ended December 31, 2008 and 2007, was \$192,850 and \$173,338, respectively.

**Note 10. Program Expenses** – Expenses were related to the following programs for the years ended December 31:

	2008	2007
Annual Meeting	\$ 838,655	\$ 843,943
Other Programs	330,386	332,438
Issue Dialogues	262,817	163,472
Data Resource Center	210,984	142,996
Access Coverage	200,657	77,370
GIH Bulletin	178,343	159,945
GIH/MCHB Partnership Initiative	130,103	181,769
Website	99,852	108,573
Support Center	88,438	312,548
Fall Forum	76,626	226,106
CDC Meeting on Public Health	36,925	7,070
Audio Conference Series	33,066	57,221
Inside Stories	--	53,729
Reports on Philanthropy	--	40,371
<b>Total</b>	<b>\$ 2,486,852</b>	<b>\$ 2,707,551</b>

2008

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2008

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GIH relies on the support of Funding Partners – foundations and corporate giving programs that annually contribute to core and program support – to develop programs and activities that serve health philanthropy. Their support, supplemented by fees for meetings, publications, and special projects, is vital to addressing the needs of grantmakers who turn to us for educational programming, information, and technical assistance throughout the year.

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