

# Update from the Field

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Results of Grantmakers In Health's 2015 Survey of  
Foundations Formed from Health Care Conversions

May 2017

## Acknowledgements

Grantmakers In Health (GIH) thanks each of the foundations that participated in our 2015 *Survey of Foundations Formed from Health Care Conversions*. We appreciate the time foundation staff dedicated to completing the survey. We also extend our sincere appreciation to Robert Hughes, President and CEO of Missouri Foundation for Health; Joseph Rosier, President and CEO of The Rapides Foundation; and Brenda Sharpe, President and CEO of REACH Healthcare Foundation, for their time, guidance, and expertise as we developed the survey instrument and prepared this report.

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Special thanks to REACH Healthcare Foundation and Robert Wood Johnson Foundation for their support of this project.

## Introduction

Health conversion foundations have become a significant force in the philanthropic sector. Since the 1980s, when the health care conversion phenomenon took root, hundreds of new foundations have been formed. Continued industry consolidation has ensured the trend persists today. Given the many new foundations created in the last several years, Grantmakers In Health (GIH) believes this is an opportune time for a fresh, comprehensive profile of foundations formed from transactions involving nonprofit hospitals, health systems, health plans, and other health care entities. To that end, we launched our largest survey of conversion foundations.

As of November 2015, GIH had identified more than 240 foundations that were either newly formed with assets from health care conversions or received assets generated by such transactions.

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GIH has monitored the emergence of these foundations for more than 20 years, carefully documenting growth and maturation of the field. As we noted in our 2005 report, *The Business of Giving*, conversion foundations have been subject to careful examination over the years—more so than other types of foundations. Policymakers, advocates, community residents, and other stakeholders have scrutinized transactions, including decisions on the valuation and distribution of assets, as well as the formation and ongoing work of any resulting foundations.

The origins of conversion foundations distinguish them from the broader field of philanthropy. Their assets are not derived from private wealth or corporate generosity, but from financial transactions involving nonprofit health care organizations. Federal and most state laws require assets resulting from nonprofit sales and other transactions to be used for charitable purposes similar to those of the original nonprofit entity (Isaacs 1997). Thus, conversion foundations have emerged as important partners in advancing health and health care.

From their beginnings, conversion foundations have been uniquely anchored in the communities they serve. They fund within designated geographic boundaries, often reflecting the service area of the original nonprofit organization. In fact, almost 80 percent of foundations responding to GIH's 2015 survey restrict grantmaking to a local or regional area. They also bring significant grant dollars to bear on pressing community health issues. The foundations responding to our survey hold approximately \$16.3 billion in assets. The median asset level was \$69 million. These are substantial resources for any community, but even more so for smaller suburban and rural areas.

The funding priorities of individual conversion foundations reflect the diverse interests and needs of the communities they serve. Consequently, each foundation develops its own approach to achieving its mission, often utilizing a combination of grants, technical assistance, convening, and staff expertise. Commonly funded issues include access to quality care, health promotion and disease prevention, disparities in health, behavioral health, and building the capacity of nonprofit organizations. Over the last decade, conversion foundations also have broadened their grantmaking lens to focus on issues that influence health, such as housing, transportation, education, human services, and economic development. In addition, some foundations focus on specific populations, such as children, the elderly, communities of color, or immigrants.

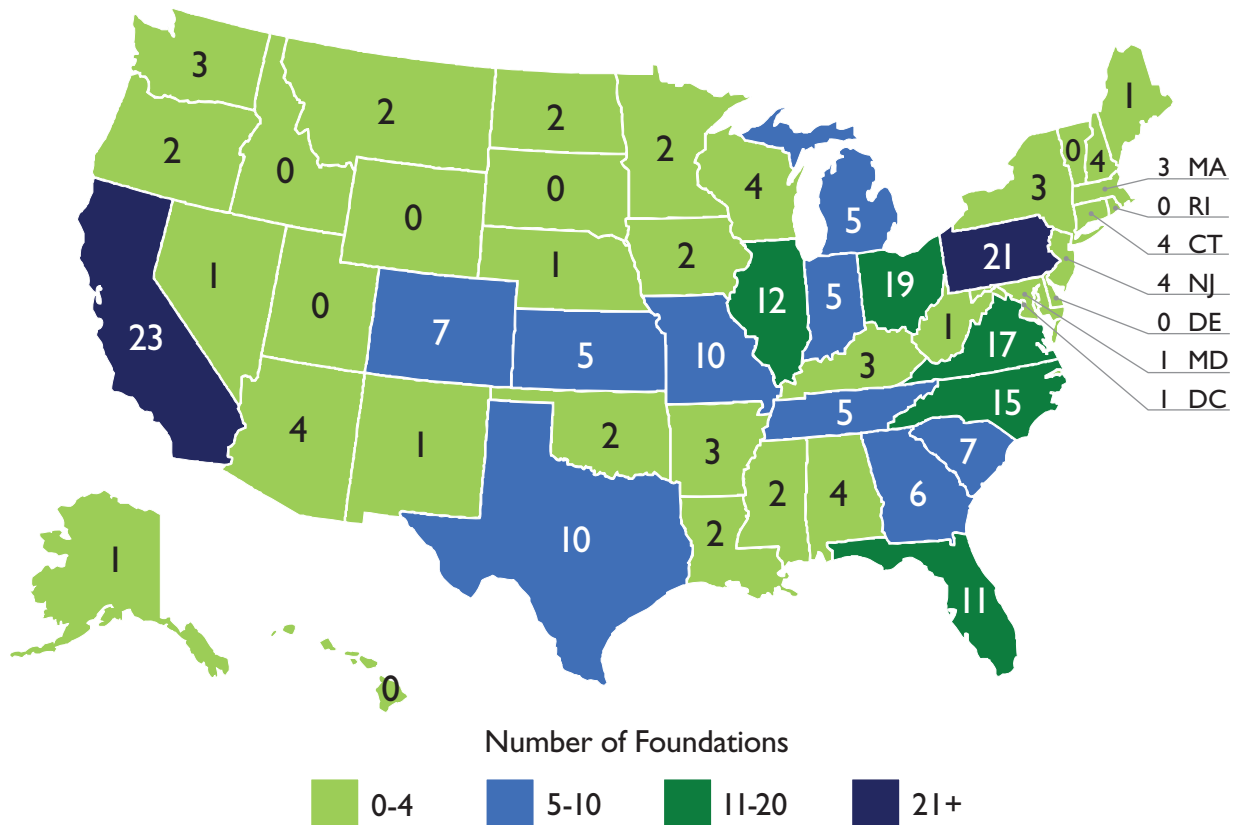
Boards of directors also help ground conversion foundations in their communities. By and large, they comprise individuals who live and work in the community and are committed to improving the health and well-being of residents. Conversion foundations generally seek board members who reside in the foundation's geographic service area, reflect the demographic diversity of the region, and possess specific skill sets or content expertise. Almost half of foundations responding to GIH's 2015 survey reported specific board composition requirements. In addition, board appointments at a small number of foundations are made by public officials, such as governors, state attorneys general, state legislatures, and mayors.

The aim of this report is to address questions most frequently asked about conversion foundations by people both within and outside the philanthropic sector. It presents a snapshot of the field and, we hope, contributes to the overall understanding of this important segment of philanthropy. More specifically, the report offers information on the basic characteristics of conversion foundations such as date of formation, type of entity converted, and tax status. It also provides benchmarking data on foundation assets, governance practices, and operations. Both new and established conversion foundations can use this information to see how they compare with peer organizations.

## Background

Foundations formed from health care conversions are an important and growing segment within the field of health philanthropy. As of November 2015, GIH had identified 242 such foundations, 49 of which have come into existence since our 2005 report, *The Business of Giving*. Conversion foundations exist in 42 states and the District of Columbia (Figure 1).

**Figure 1: Foundations Formed from Health Care Conversions by State, 2015**



This report presents the current state of foundations formed from conversion transactions as they seek to create lasting improvements in the health and well-being of the communities they serve, whether at the local, regional, state, or national level.

GIH defines the term “foundations formed from health care conversions” to include foundations created when nonprofit health care organizations convert to for-profit status, foundations created through the transfer of assets from a nonprofit organization to a for-profit company or another nonprofit organization, and existing foundations that receive additional assets from the sale or conversion of a nonprofit health care organization (GIH 2005). They are commonly referred to as conversion, legacy, or new foundations. We use the term “conversion foundations.”

## Survey Methodology

GIH's 2015 survey of foundations formed from health care conversions was administered using FluidSurveys, a web-based survey tool. It was conducted over an eight-week period from November 18, 2015 through January 12, 2016. Foundation leaders were asked to respond to 55 questions addressing foundation characteristics, structure, and governance, as well as administrative aspects of operating a health foundation.

The survey was emailed to 242 conversion foundations identified by GIH. Forty-three percent (104 foundations) submitted responses. Of these, 91 percent completed the full survey. Information from public sources was used to supplement responses to selected questions for foundations that did not respond to all questions in the survey. In addition, GIH obtained information on asset level, year of conversion, IRS tax-exempt status, and the type of entity converted for most foundations that did not participate. Sources included foundation websites and annual reports, as well as IRS 990 PF and IRS 990 forms available through Guidestar.

The foundations surveyed in 2015 included organizations appearing in previous GIH reports, as well as those surveyed for the first time. Some of these first-time respondents are brand new foundations, while others have been in existence for some time. Given these different types of respondents, care must be taken in making comparisons between results from our earlier reports and this report.

## Results

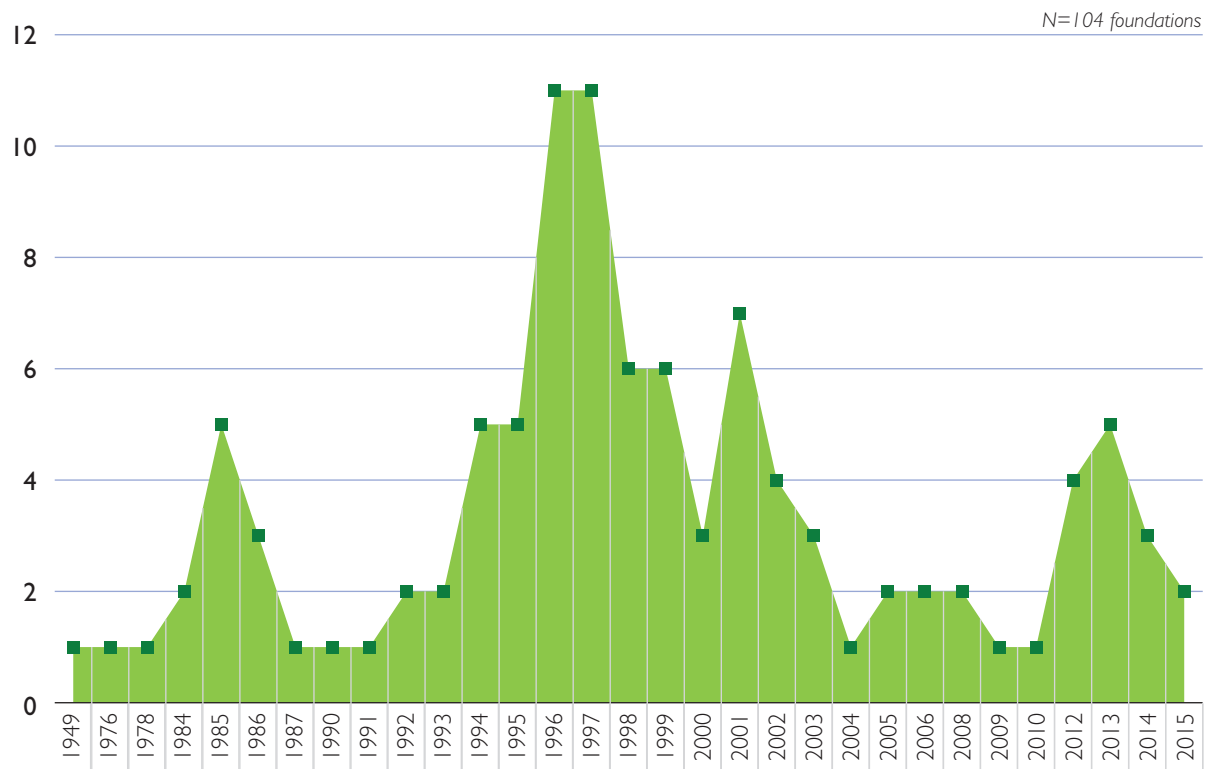
GIH's 2015 survey results show continued growth in the number of new foundations formed from conversion transactions. In fact, of the 104 foundations responding to the survey, more than 20 have been created in the last decade. Our findings also reflect the significant grant dollars and other resources conversion foundations bring to bear on pressing health issues. Total assets of the 104 foundations participating in the survey is more than \$16 billion.

### Foundation Formation and Structure

This section of the report provides information about the formation and structure of foundations formed from health care transactions, including year of conversion, geographic distribution, type of entity converted, and foundation tax status.

**Rate of formation.** Foundations formed from conversion transactions began to emerge in the 1980s. The rate of formation, however, has ebbed and flowed over the past few decades (Figure 2). More than 60 percent of foundations responding to GIH's 2015 survey were created between 1994 and 2005. A new wave of conversion foundations began to emerge in 2012, largely due to hospital transactions. Fourteen of these newly formed foundations participated in the survey.

**Figure 2: Annual Rate of Foundations Formed from Health Care Conversions, 2015 (number of foundations)**



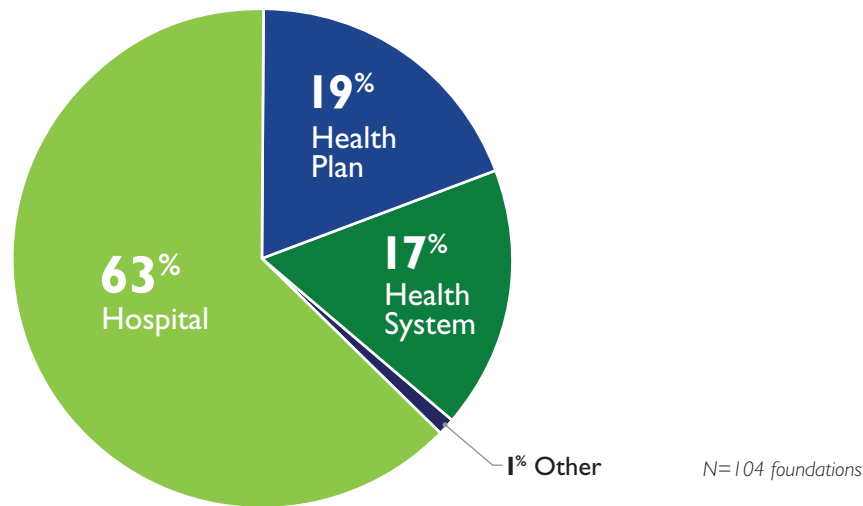
Foundations responding to the survey were asked to provide information about their respective conversion transactions. Sixty-five percent of foundations were formed the year the transaction took place. An additional 20 percent were formed within two years of the transaction, reflecting the time it takes to structure a foundation and receive assets. A small number of foundations provided dates that were earlier than their transaction dates. In these cases, the foundation most likely existed prior to the transaction and received assets from the conversion.

**Type of entity converted.** The majority of conversion foundations responding to GIH's survey resulted from transactions involving hospitals or health systems (Figure 3). Specifically, 63 percent were formed from hospital transactions and 17 percent from health system transactions. An additional 19 percent were created from health plan transactions.

The survey results mirror trends in the broader field. Of the 242 conversion foundations identified by GIH, we found 64 percent were formed from hospital transactions. An additional 20 percent were from transactions involving health systems and 13 percent from health plans. Approximately three percent were formed from transactions involving other nonprofit health care organizations, such as nursing homes.

Over time, hospital conversions have resulted in the largest number of foundations. These foundations tend to have smaller asset values than those originating from health systems or health plans. Approximately 70 percent of foundations responding to our survey with assets under \$100 million were formed from hospital conversions.

**Figure 3: Type of Health Care Entity Converted, 2015 (percentage of foundations)**



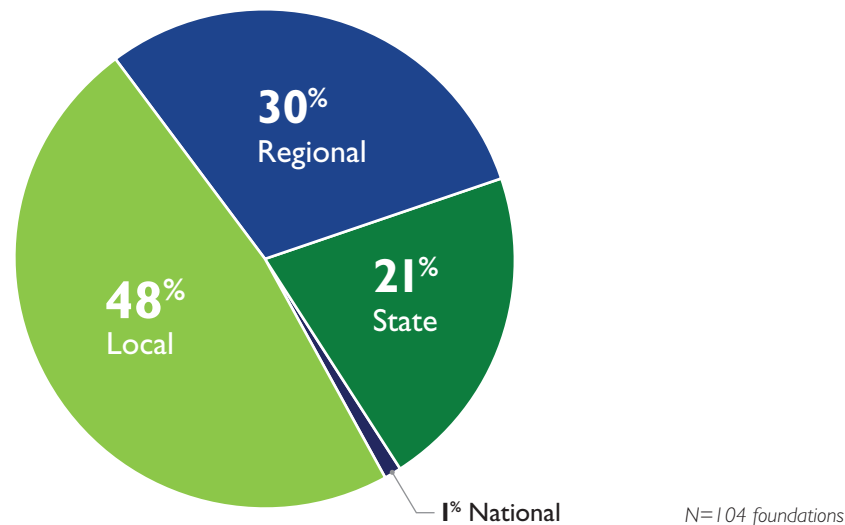
**Ongoing financial relationship with converted entity.** Conversion foundations do not generally retain a financial relationship with the converted health care entity. In fact, 87 percent of foundations responding to our survey reported no such relationship.

Of the small number of foundations that did indicate an ongoing financial relationship, two reported that their foundations were still receiving assets from the transaction. Other financial relationships cited include partial ownership of the entity converted, owning stock in the for-profit company that purchased the converted entity, and providing direct support for hospital programs.

**Geographic service area.** More than three-quarters (78 percent) of foundations reported a local or regional service area (Figure 4). The bulk of these were formed from hospital or health system transactions. An additional 21 percent of foundations reported a statewide geographic service area. With few exceptions, these foundations resulted from health plan transactions.



**Figure 4: Geographic Service Area of Foundations Formed from Health Care Conversions, 2015 (percentage of foundations)**



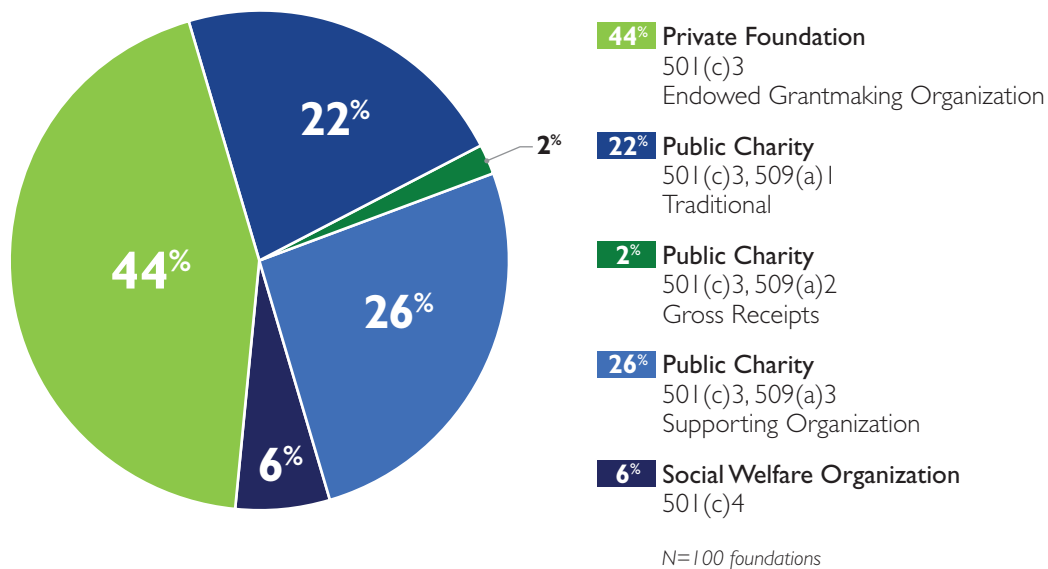
**Tax status.** Health conversion foundations are typically structured as tax-exempt organizations under section 501(c)(3) or 501(c)(4) of the Internal Revenue Code. GIH identified the tax status for 234 of the 242 conversion foundations identified for the 2015 survey. The vast majority (97 percent) held 501(c)(3) tax status as private foundations or public charities. This overall estimate is consistent with our survey results.

Of the conversion foundations responding to GIH’s survey, 44 percent were private foundations (Figure 5). These organizations are defined as grantmaking foundations with an endowment from a single source, such as an individual, family, or corporation, and which do not raise funds from the public. Private foundations are subject to an excise tax on net investment income and are required to distribute or “pay out” 5 percent of the value of their endowment annually. They also must comply with several additional restrictions and requirements related to, for example, self-dealing and ensuring expenditures further the foundation’s tax-exempt purpose (Internal Revenue Service 2016).

Half of foundations responding to the survey were public charities. Public charity foundations are defined as tax-exempt religious, educational, or social service organizations that receive regular contributions from several sources such as individuals, corporations, private foundations, government, and sometimes fees for services. Unlike private foundations, they are not subject to an excise tax or any annual distribution requirement. Public charities are, however, required to meet a “public support” test: they must receive at least one-third of their support from contributions from the general public, gross receipts from activities related to their tax-exempt purpose, or a combination of both (Internal Revenue Service 2016). There are three types of organizations within this IRS designation: 509(a)1 Traditional; 509(a)2 Gross Receipts; and 509(a)3 Supporting Organization to another nonprofit or unit of government.

Another 6 percent of responding foundations fell under section 501(c)(4) of the Internal Revenue Code and were designated as social welfare organizations. Social welfare organizations must be operated exclusively to promote social welfare. However, they are not obligated to spend any portion of their endowment or income on charitable activities and do not have to report the same detailed information as private foundations to the Internal Revenue Service. All foundations reporting this tax status resulted from health plan conversions.

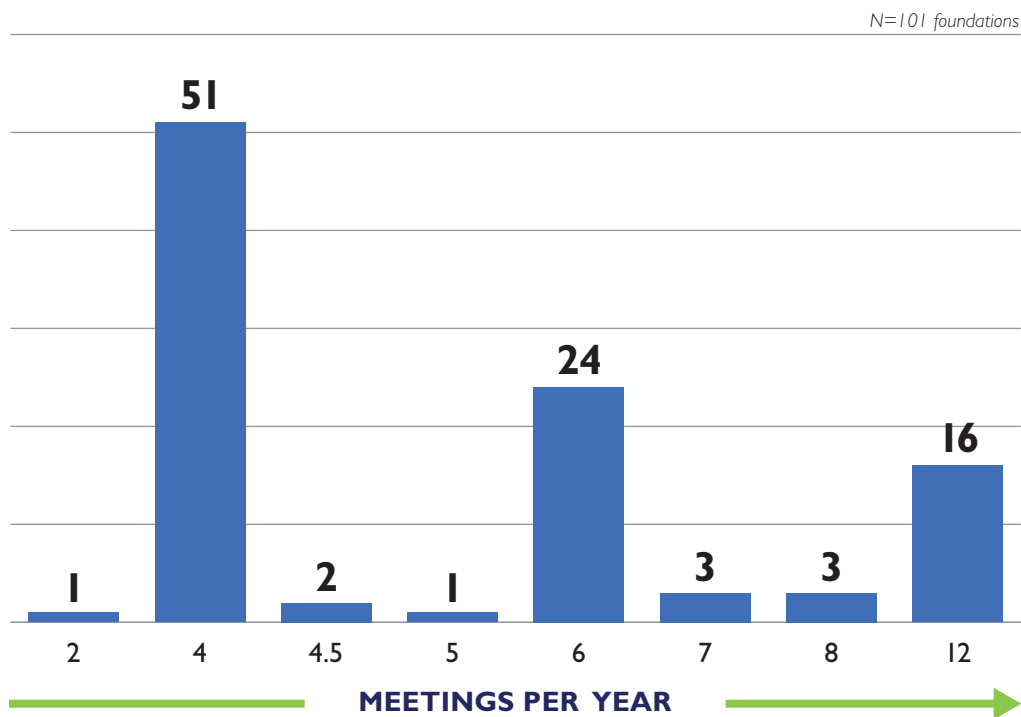
**Figure 5: IRS Tax-Exempt Status of Foundations Formed from Health Care Conversions, 2015 (percentage of foundations)**



## Foundation Governance

Boards are ultimately responsible for ensuring that a foundation fulfills its charitable purpose. They guide the financial, legal, ethical, programmatic, and grantmaking aspects of a foundation, and ensure the work is consistent with its mission and values.

In order to fulfill their role, foundation boards convene on a regular basis. Of the foundations responding to GIH's survey, half hold quarterly board meetings and another 25 percent meet bimonthly (Figure 6).

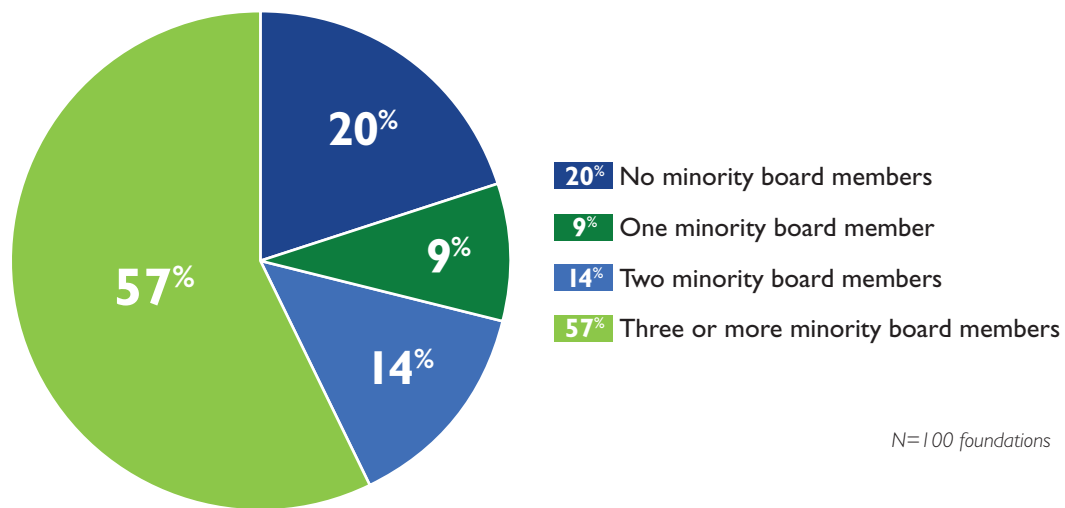
**Figure 6: Frequency of Board Meetings, 2015 (number of foundations)**

**Board size and composition.** GIH's survey revealed wide variation in board size, ranging from a high of 30 to a low of five members. On average, the board size for responding foundations was 14 members.

While men still comprise the majority of board members, the average for all boards was 43 percent female. More notably, 96 percent of foundations responding to the survey had boards with three or more female members. This is significant growth from GIH's 2005 report, which found just 66 percent of boards with three or more women.

There are indications that the racial and ethnic diversity of conversion foundation boards has also progressed. Of the foundations providing board composition data in 2015, 57 percent reported having three or more board members of color (Figure 7). This is an increase from our 2005 report, which found that just 38 percent of responding foundations had three or more board members of color. Additionally, in 2015 only 20 percent of responding foundations reported having no board members of color, down from 24 percent (GIH 2005).

**Figure 7: Number of Board Members from Racial/Ethnic Minority Groups, 2015 (percentage of foundations)**



**Nomination and selection of board members.** Conversion foundations use several methods to identify new board members. By and large, the search is conducted by a nominating committee maintained by a foundation's board. Eighty percent of foundations responding to the survey reported using this approach. An additional 15 percent use an open call for nominations, and 8 percent report that their foundations' community advisory committees provide nominations. One-fifth of foundations indicated that they use more than one approach.

At a small number of conversion foundations, board members are politically appointed. Eleven percent of foundations responding to the survey indicated that state or local officials, including governors, state attorneys general, state legislatures, mayors, city councils, and county commissioners nominate or select board members.

Finally, three foundations responding to the survey reported that some or all board members must be affiliated with, appointed, or confirmed by the governing body of a church, diocese, or religious order. Such foundations are the result of conversions transactions involving nonprofit entities established by a religious group.

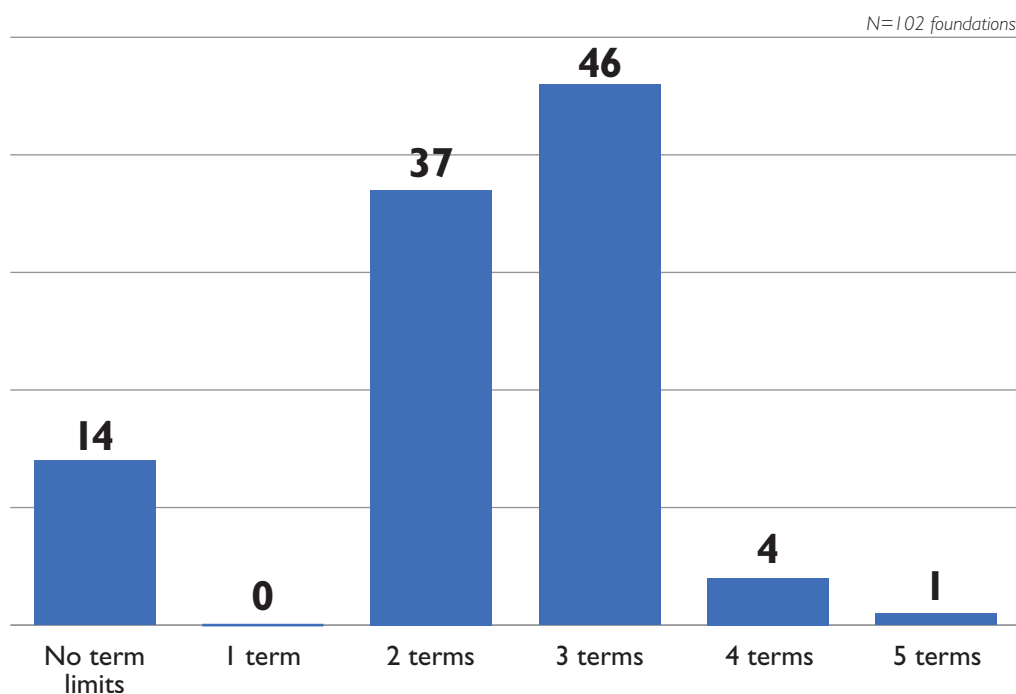
Most foundations have desired composition characteristics that inform the board nomination and selection process. Specifically, 42 percent of responding foundations reported having specific composition requirements, including members who:

- reside within the foundation’s geographic service area,
- reflect the demographic diversity of the community or region served,
- have health care or other content expertise,
- represent specific populations, such as seniors or the uninsured,
- possess professional skills, such as finance or law, or
- represent specific religious denominations or orders.

**Board terms and compensation.** The average board term at foundations responding to the survey was three years. Specifically, 80 percent of foundations reported three-year board terms. An additional 10 percent reported four-year terms. Overall, term length ranged from one to nine years. Two foundations reported that board members may serve indefinitely.

Foundations frequently set limits on the number of terms a board member may serve. Forty-six foundations responding to the survey reported a limit of three terms and another 37 reported a limit of two terms (Figure 8). Fourteen foundations did not have term limits.

**Figure 8: Board Terms Limits, 2015 (number of foundations)**

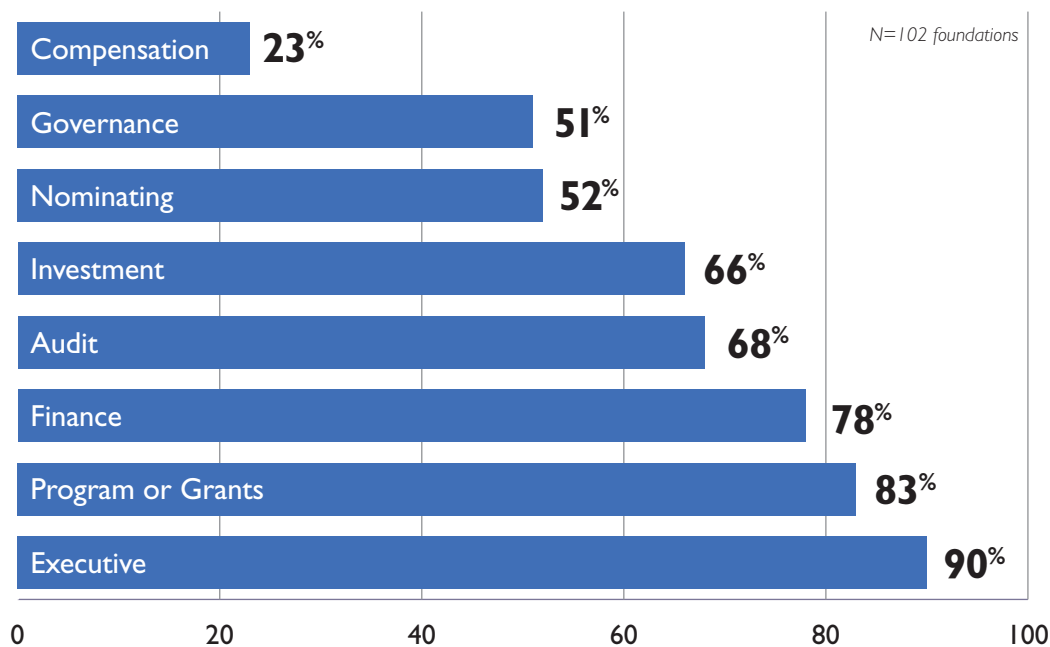


While compensation of board members is fairly common in the for-profit sector, it is not a frequent practice among nonprofits. About half of foundations responding do not compensate or reimburse board members for their service. Another 41 percent reported expense-only reimbursement for travel to board meetings and other foundation-related trips. Just 11 foundations reported compensating board members for their service.

**Board committees.** Foundation boards monitor various aspects of the organization's operations and grantmaking through committees composed of board members and, occasionally, other individuals. GIH's 2015 survey included questions about standing board committees. Standing committees are commonly required by or described in a foundation's bylaws.

Almost all (90 percent) of foundations responding to the survey have a standing executive committee (Figure 9). Other common standing committees include program or grants, finance, audit, and investments.

**Figure 9: Standing Board Committees of Foundations Formed from Health Care Conversions, 2015 (percentage of foundations)**



## Common Standing Board Committees

- **Executive Committee:** has authority to act on behalf of the full board between meetings or in an urgent situation
- **Governance Committee:** advises the board on issues such as leadership compensation, succession planning, board composition, and effectiveness
- **Compensation Committee:** monitors and sets strategies for the compensation of the foundation's executives and board members
- **Nominating Committee:** advises the board on the nomination and selection of new trustees
- **Finance Committee:** monitors the organization's budget or secures and reviews the services of outside auditors
- **Audit Committee:** secures and reviews the performance of auditors and oversees the audit of the foundation
- **Investment Committee:** oversees the management of the foundation's endowment
- **Program or Grants Committee:** reviews grant requests and makes recommendations to the board

**Discretionary grants by board members.** A large majority of foundations (85 percent) responding to GIH's survey indicated that board members do not have the ability to make discretionary grants. Fifteen percent reported that board members can make discretionary grants. Of these, 13 foundations provided the dollar amount available to board members, which had a median value of approximately \$5,000 a year.

## Founding Boards

GIH's 2015 survey contained several questions related to the founding boards of conversion foundations. This initial board is responsible for shaping a foundation's mission and determining initial funding priorities, as well as guiding policies and practices as the organization gets up and running. We found that it is highly common for members of the founding board to have also served on the board of the converted entity. In fact, 81 percent of responding foundations had board members that did so.

In some cases, public officials were involved in determining a conversion foundation's initial board. Approximately 20 percent of respondents indicated that their founding board was selected in this manner. Most commonly, state attorneys general were responsible for approving a slate of nominees or directly appointing members. Other officials cited include governors, mayors, city council members, and county commissioners. Two responding foundations reported that a court or judge determined their initial board.

To a lesser extent, community stakeholders also influenced who was on a foundation's initial board. A small portion (15 percent) of foundations reported that community advisory committees, local residents, and advocates were directly involved in selecting founding board members. In other cases, community involvement was indirect. For example, outreach to traditionally underserved communities helped inform decisions made by public officials selecting initial board members. Community stakeholder involvement appears to have helped shape the founding boards at some conversion foundations. Twenty-seven percent of respondents reported that the interests of traditionally underserved communities, such as the uninsured, low-income residents, or racial and ethnic minority groups, were represented on their initial boards.

## Foundation Assets and Operations

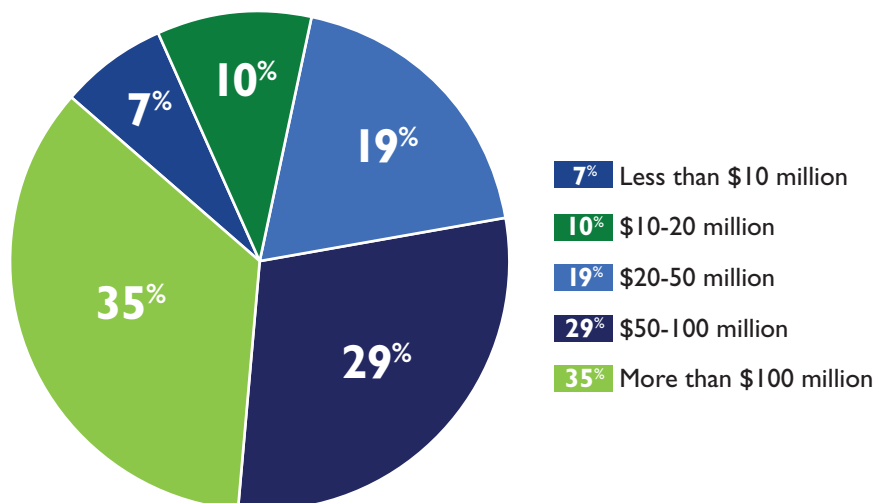
This section of the report considers the value of assets held by conversion foundations. It also looks at several aspects of operating a conversion foundation, including spending policies, grant and administrative expenses, and staffing.

**Assets.** Conversion foundations bring substantial financial resources to communities across the country. GIH obtained asset information for 229 of the 242 conversion foundations identified for our 2015 survey. We supplemented asset information collected through the survey with IRS data available from Guidestar. Together, these foundations hold approximately \$28.5 billion in assets. The average asset size was \$124 million and the median was \$53 million.

Our 2015 survey asked respondents to provide foundation assets as reported on each organization's 2014 IRS Form 990 PF, Form 990, or relevant audit report. Collectively, the 104 foundations providing this information held approximately \$16.3 billion in assets. The average asset size was \$156 million and the median was \$69 million.

As expected, there was wide variation in the value of assets, which ranged from a low of \$1.4 million to a high of \$3.7 billion. More than half (65 percent) of responding foundations had assets of less than \$100 million. Just three reported assets over \$1 billion (Figure 10).

**Figure 10: Assets Held by Foundations Formed from Health Care Conversions, 2015 (percentage of foundations)**



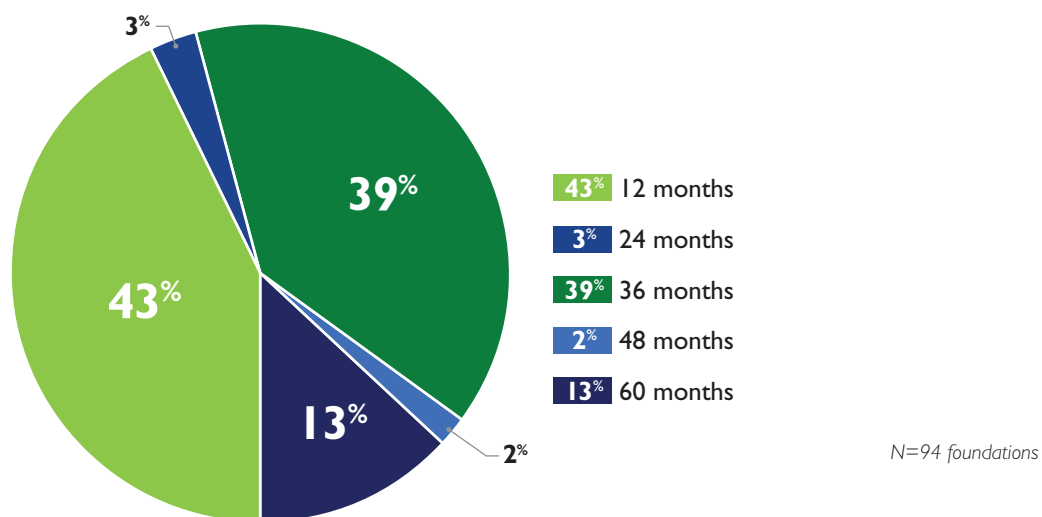
*N=104 foundations*



**Spending policies.** Foundation spending policies specify the percentage of a foundation’s assets that can be spent each year for all expenses including grants and programs, operating and administrative expenses, and fundraising expenses.

Most foundations utilize a historical “look back” period to determine their annual asset value. The asset value is used to inform a foundation’s spending policy, which in turn determines grantmaking and operating budgets. The median “look back” period used by responding foundations was 38 months. Specifically, 43 percent of foundations reported a twelve-month period and 39 percent reported a thirty-six-month period (Figure 11). Thirteen percent reported using a sixty-month period.

**Figure 11: Historical Period Used to Determine Foundation’s Annual Assets, 2015 (percent of foundations)**



More than half of foundations (67 percent) responding to GIH’s survey had explicit spending policies. Foundations designated as public charities were most likely to have an explicit spending policy compared to those in other tax status categories.

Of foundations with explicit spending policies, the most common percentage of assets that may be spent each year is 5 percent. This was consistent across foundation tax status categories. Policies often provided flexibility in spending. Some policies included a targeted range, for example, between 4 to 6 percent per year. Others set *thresholds*, such as no less than 5 percent or no more than 7 percent.

**Grantmaking expenses.** We asked respondents to provide their foundations’ 2014 grantmaking expenses as reported on an IRS Form 990 PF, IRS Form 990, or relevant audit report. This amount reflects the amount paid in grants, gifts, and charitable contributions. Of the 87 foundations providing this information, grantmaking expenses ranged from \$64,000 to \$182.8 million. Median grantmaking expenses were approximately \$2.5 million in 2014. The average was \$7.1 million.

**Operating and administrative expenses.** Respondents were also asked for 2014 operating and administrative expenses as reported on IRS Form 990 PF, IRS Form 990, or a relevant audit report. These are the costs a foundation incurs in carrying out its charitable mission, such as staff salaries and benefits, legal and other professional fees, office space, and travel (Foundation Center 2011). The mean operating and administrative costs of the 87 foundations providing this data was about \$987,000 in 2014. The average was \$3.3 million.

## Foundation Staff

**Staff size and composition.** There is considerable variation in the staff size (including full and part time positions) of conversion foundations. Foundations responding to the survey had, on average, 12 staff, with a median of five. Just 4 percent reported one or fewer staff, while 52 percent reported having more than five staff members (Figure 12). The largest number of staff reported was 169.

Our survey findings also reflect a strong relationship between foundation asset size and number of staff. Of foundations with more than \$100 million in assets, 78 percent reported eight or more staff members.

**Figure 12: Number of Staff at Foundation Formed from Health Care Conversion Transactions, 2015**

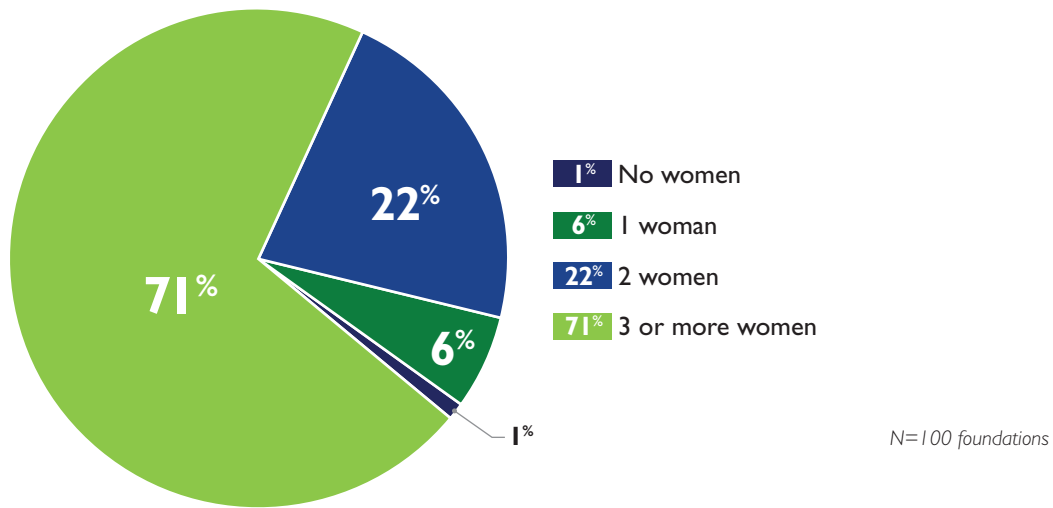
Staff Size (full and part-time)	Percentage of Foundations
1 or fewer	4%
Between 1.1-5	44%
Between 5.1-10	27%
More than 10	25%

*N=100 foundations*

GIH's 2015 survey included questions about the composition of conversion foundation staff. This is the first time we have collected information on the gender, race, and ethnicity of foundation staff members. Overall, we found the staff at conversion foundations to be largely female and moderately diverse.

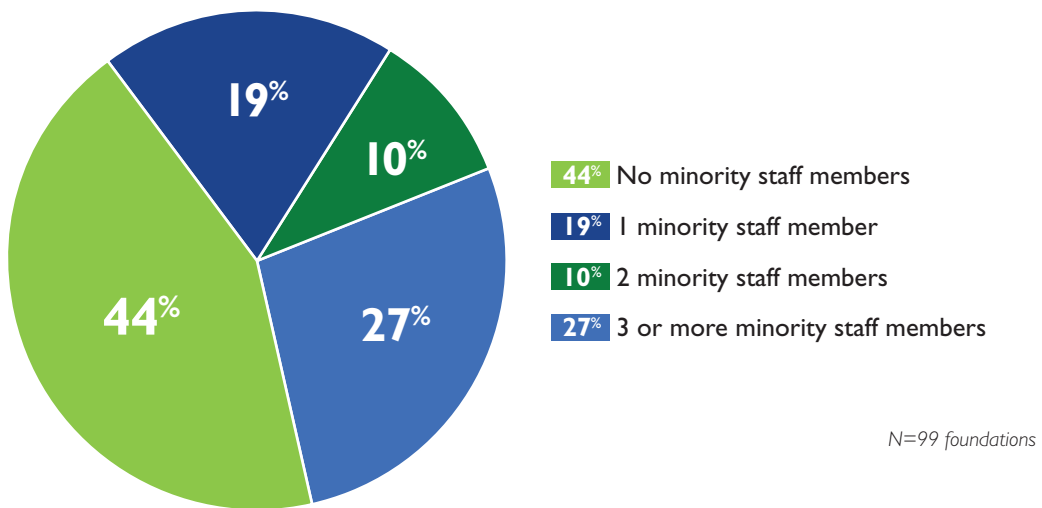
Female staff members outnumbered men at the foundations responding to GIH's survey. At the average foundation, with a total of 12 staff members, three-quarters of staff were female. We also found that 71 percent of foundations—of all sizes—had three or more female staff members (Figure 13).

**Figure 13: Number of Women on Staff of Conversion Foundations, 2015 (percentage of foundations)**



Ninety-nine foundations provided information on the race and ethnicity of staff members. On average these foundations had 12 staff members, of whom five were people of color. Our analysis also showed that 56 percent of responding foundations—of all sizes—had at least one staff member of color. Twenty-seven percent of responding foundations had three or more staff members of color (Figure 14).

**Figure 14: Number of Staff Members from Racial/Ethnic Minority Groups, 2015 (percentage of foundations)**



## Conclusion

Health conversion foundations make up a significant portion of the field of health philanthropy. Since the 1980s, more than 240 foundations have been formed from health care transactions involving hospitals, health systems, health plans, and other provider organizations. We anticipate this trend to continue. In particular, the rate of hospital transactions is likely to persist as the industry further consolidates, resulting in the creation of new locally-focused health foundations.

GIH's 2015 survey of conversion foundations is our largest to date. As in past surveys, we found considerable variation in the formation and structure of conversion foundations, as well as in staff size and asset levels. Most of the foundations responding to the survey have been in existence for more than a decade. Our findings reflect their maturation, particularly related to strong governance practices and increased diversity at the board and staff levels. With combined assets of more than \$16 billion, these foundations bring significant resources to bear on pressing health issues in communities across the country.

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# Appendix

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Name	Location	Year of Conversion	Assets	IRS Tax Exempt Status	Type of Entity Converted
1889 Foundation, Inc.	Johnstown, PA	2014	Not Available	Public Charity	Health System
Advancing a Healthier Wisconsin Endowment	Milwaukee, WI	2004	Not Available	Not Available	Health System
Allegany Franciscan Ministries, Inc.	Palm Harbor, FL	1998	\$127,886,154	Public Charity	Hospital
The Allegheny Foundation	Covington, VA	1995	\$64,782,207	Private Foundation	Hospital
Alliance Healthcare Foundation	San Diego, CA	1994	\$74,575,318	Private Foundation	Health Plan
American Osteopathic Foundation	Chicago, IL	1948	\$12,109,992	Not Available	Other
Andalusia Health Services, Inc.	Andalusia, AL	1981	\$3,118,479	Private Foundation	Hospital
Archstone Foundation	Long Beach, CA	1985	\$119,397,349	Private Foundation	Health Plan
The Arthur Foundation	Riverside, IL	1999	\$96,940,007	Private Foundation	Hospital
Asbury Foundation of Hattiesburg, Inc.	Hattiesburg, MS	1997	\$36,068,854	Private Foundation	Hospital and Health System
The Assisi Foundation of Memphis, Inc.	Memphis, TN	1994	\$230,088,783	Private Foundation	Hospital and Health System
Austin-Bailey Health and Wellness Foundation	Canton, OH	1996	\$7,560,294	Private Foundation	Hospital
Baptist Community Ministries	New Orleans, LA	1995	\$277,203,861	Private Foundation	Health System
Baptist Healing Trust	Nashville, TN	2002	\$121,146,252	Private Foundation	Hospital
Baptist Health Foundation of San Antonio	San Antonio, TX	2004	\$193,589,000	Public Charity	Health System

Name	Location	Year of Conversion	Assets	IRS Tax Exempt Status	Type of Entity Converted
Barberton Community Foundation	Barberton, OH	1996	\$80,057,597	Public Charity	Hospital
Bedford Community Health Foundation	Bedford, VA	1984	\$4,476,913	Public Charity	Hospital
Bernardine Franciscan Sisters Foundation, Inc.	Newport News, VA	1996	\$17,819,229	Public Charity	Hospital
BHHS Legacy Foundation	Phoenix, AZ	2000	\$141,628,000	Public Charity	Health System
Birmingham Foundation	Pittsburgh, PA	1996	\$21,822,717	Private Foundation	Hospital
Mary Black Foundation	Spartanburg, SC	1996	\$80,494,800	Private Foundation	Hospital
Blowitz-Ridgeway Foundation	Schaumburg, IL	1984	\$21,900,000	Private Foundation	Hospital
Brandywine Health Foundation	Coatesville, PA	2001	\$32,061,896	Public Charity	Hospital
The Brentwood Foundation	Medina, OH	1994	\$23,142,532	Private Foundation	Hospital
Drs. Bruce and Lee Foundation	Florence, SC	1995	\$181,328,804	Private Foundation	Hospital
Christian H. Buhl Legacy Trust	Sharon, PA	2016	\$43,617,157	Public Charity	Health System
The Byerly Foundation	Hartsville, SC	1995	\$22,491,261	Private Foundation	Hospital
The California Endowment	Los Angeles, CA	1992	\$3,698,208,000	Private Foundation	Health Plan
California Health Care Foundation	Oakland, CA	1996	\$764,462,158	Social Welfare Organization	Health Plan
The California Wellness Foundation	Woodland Hills, CA	1992	\$941,083,728	Private Foundation	Health Plan

Name	Location	Year of Conversion	Assets	IRS Tax Exempt Status	Type of Entity Converted
The Cameron Foundation	Petersburg,VA	2003	\$131,260,971	Private Foundation	Hospital
Cape Fear Memorial Foundation	Wilmington , NC	1994	\$60,000,000	Private Foundation	Hospital
Caring for Colorado Foundation	Denver, CO	1999	\$171,166,756	Social Welfare Organization	Health Plan
Central Susquehanna Community Foundation	Berwick, PA	1998	\$37,158,024	Public Charity	Hospital
Chester Healthcare Foundation	Chester, SC	2004	\$19,357,111	Social Welfare Organization	Health System
CHI St. Joseph Children's Health	Lancaster, PA	2000	\$49,765,770	Public Charity	Hospital
Children's Fund of Connecticut, Inc.	Farmington, CT	1992	\$34,730,000	Public Charity	Hospital
Children's Hospital of Michigan Foundation	Detroit, MI	2011	\$111,422,529	Public Charity	Hospital
Christy-Houston Foundation	Murfreesboro, TN	1986	\$92,970,766	Private Foundation	Hospital
Chuckanut Health Foundation	Bellingham, WA	1983	\$13,985,248	Public Charity	Hospital
The Colorado Health Foundation	Denver, CO	1995	\$2,271,112,233	Public Charity	Health System
Colorado Springs Health Foundation	Colorado Springs, CO	2012	\$80,203,074	Public Charity	Health System
Colorado Springs Osteopathic Foundation	Colorado Springs, CO	1984	\$7,350,227	Private Foundation	Hospital



Name	Location	Year of Conversion	Assets	IRS Tax Exempt Status	Type of Entity Converted
The Colorado Trust	Denver, CO	1985	\$458,876,351	Private Foundation	Hospital
Columbus Medical Association Foundation	Columbus, OH	1992	\$75,722,050	Public Charity	Health Plan
Community First Foundation	Arvada, CO	1975	\$320,348,703	Public Charity	Hospital
Community Foundation for Southeast Michigan	Detroit, MI	1984	\$588,487,313	Public Charity	Health System
The Community Foundation of Northeast Alabama	Anniston, AL	1997	\$33,028,000	Public Charity	Hospital
Community Foundation of South Lake County	Clermont, FL	1995	\$11,225,097	Public Charity	Health System
Community Health Endowment of Lincoln	Lincoln, NE	1997	\$50,000,000	Other	Hospital
Community Health Foundation	Springfield, OH	1999	\$22,478,088	Public Charity	Hospital and Health System
Community Memorial Foundation	Hinsdale, IL	1995	\$93,298,636	Private Foundation	Hospital
Con Alma Health Foundation	Santa Fe, NM	2001	\$25,080,623	Private Foundation	Health System
Cone Health Foundation	Greensboro, NC	1997	\$115,000,000	Public Charity	Hospital
The Connecticut Health Foundation	Hartford, CT	1999	\$109,668,949	Private Foundation	Health Plan
Consumer Health Foundation	Washington, DC	1994	\$27,127,824	Private Foundation	Health Plan

Name	Location	Year of Conversion	Assets	IRS Tax Exempt Status	Type of Entity Converted
Culpeper Wellness Foundation	Culpeper, VA	2014	\$29,599,289	Public Charity	Health System
Dakota Medical Foundation	Fargo, ND	1998	\$20,905,315	Public Charity	Hospital
Danville Regional Foundation	Danville, VA	2005	\$219,958,444	Private Foundation	Hospital
Daughters of Charity Foundation of St. Louis	St. Louis, MO	1996	\$2,179,770	Public Charity	Hospital
Deaconess Community Foundation	Brooklyn, OH	1994	\$48,020,924	Public Charity	Health System
Deaconess Foundation	St. Louis, MO	1997	\$54,837,956	Public Charity	Health System
Delta Dental of Minnesota Foundation	Eagan, MN	2010	\$120,465,381	Public Charity	Other
Desert Healthcare District	Palm Springs, CA	1997	\$1,856,181	Public Charity	Hospital
Duneland Health Council	Michigan City, IN	1997	\$7,289,807	Private Foundation	Hospital
Eden Township Healthcare District	Castro Valley, CA	1998	\$3,162,509	Other	Hospital
Empire Health Foundation	Spokane, WA	2008	\$77,500,000	Private Foundation	Health System
Endeavor Foundation	Springdale, AR	2000	\$14,812,376	Private Foundation	Other
Endowment for Health	Concord, NH	1999	\$85,264,529	Private Foundation	Health Plan
Episcopal Health Foundation	Houston, TX	2013	\$1,131,784,691	Public Charity	Health System
EyeSight Foundation of Alabama	Birmingham, AL	1997	\$54,322,851	Public Charity	Hospital

Name	Location	Year of Conversion	Assets	IRS Tax Exempt Status	Type of Entity Converted
Fauquier Health Foundation	Warrenton, VA	2013	Not Available	Public Charity	Health System
First Hospital Foundation	Philadelphia, PA	1997	\$44,099,514	Private Foundation	Hospital
FISA Foundation	Pittsburgh, PA	1996	\$40,757,142	Private Foundation	Hospital
The Foundation for a Healthy High Point	High Point, NC	2013	\$40,000,000	Private Foundation	Hospital
Foundation for a Healthy Kentucky	Louisville, KY	1997	\$55,448,343	Public Charity	Health Plan
The Foundation for Community Health	Sharon, CT	2003	\$25,201,367	Public Charity	Hospital
Foundation for a Healthy St. Petersburg	St. Petersburg, FL	2013	\$196,430,772	Private Foundation	Hospital
Foundation for Healthy Communities	Concord, NH	1996	\$1,814,700	Public Charity	Health System
Foundation for Seacoast Health	Portsmouth, NH	1984	\$39,241,566	Private Foundation	Hospital
Foundations Community Partnership	Doylestown, PA	1997	\$21,000,000	Private Foundation	Hospital
Four County Community Foundation	Almont, MI	1987	\$13,698,929	Public Charity	Hospital
Franklin Benevolent Corporation	Corte Madera, CA	1998	Not Available	Private Foundation	Hospital
Galesburg Community Foundation	Galesburg, IL	2004	\$16,566,168	Public Charity	Other
Georgia Baptist Health Care Ministry Fund	Duluth, GA	2001	\$188,082,782	Public Charity	Health System
The Georgia Health Foundation	Atlanta, GA	1985	\$10,160,453	Private Foundation	Health Plan

Name	Location	Year of Conversion	Assets	IRS Tax Exempt Status	Type of Entity Converted
Good Samaritan Foundation, Inc.	Lexington, KY	1995	\$20,402,154	Private Foundation	Hospital
Grant Healthcare Foundation	Lake Forest, IL	1996	\$17,062,881	Private Foundation	Hospital
Great Smokies Health Foundation	Sylva, NC	2014	\$9,000,000	Public Charity	Health System
The Greater Clark Foundation	Winchester, KY	2010	\$37,145,980	Public Charity	Hospital
Greater Rochester Health Foundation	Rochester, NY	2006	\$238,797,194	Private Foundation	Health Plan
Greater Saint Louis Health Foundation	Kirkwood, MO	1985	\$3,298,455	Private Foundation	Health Plan
Greater Watertown Community Health Foundation	Watertown, WI	2015	\$96,303,000	Public Charity	Hospital
Green Tree Community Health Foundation	Philadelphia, PA	2005	\$15,671,051	Public Charity	Hospital
Grotta Fund for Senior Care	South Orange, NJ	1993	\$144,710,182	Public Charity	Nursing home
Gulf Coast Community Foundation of Venice	Venice, FL	1995	\$255,715,449	Public Charity	Hospital and Health System
Gulf Coast Medical Foundation	Wharton, TX	1983	\$17,764,030	Private Foundation	Hospital
The Harvest Foundation	Martinsville, VA	2002	\$216,136,526	Private Foundation	Hospital
Haywood Healthcare Foundation	Clyde, NC	2014	\$1,422,916	Public Charity	Hospital

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Health and Wellness Foundation of Pike County	Pittsfield, IL	2003	\$1,974,464	Public Charity	Hospital
Health Care Foundation of Greater Kansas City	Kansas City, MO	2003	\$518,763,508	Public Charity	Health System
Health Foundation for Western and Central New York	Buffalo, NY	2000	\$120,420,190	Private Foundation	Health Plan
The Health Foundation of Central Massachusetts, Inc.	Worcester, MA	1996	\$71,502,913	Social Welfare Organization	Health Plan
The Health Foundation of Greater Indianapolis, Inc.	Indianapolis, IN	1984	\$19,730,886	Private Foundation	Health Plan
Health Foundation of South Florida, Inc.	Miami, FL	1993	\$140,429,868	Public Charity	Hospital
The Health Trust	San Jose, CA	1996	\$120,800,000	Public Charity	Health System
Health TRUST Rockdale	Conyers, GA	2010	Not Available	Other	Hospital
The HealthCare Foundation for Orange County	Santa Ana, CA	1997	\$16,584,719	Private Foundation	Health System
The Healthcare Foundation of New Jersey	Millburn, NJ	1996	\$168,310,077	Private Foundation	Hospital
Healthcare Foundation of Northern Lake County	Waukegan, IL	2006	\$58,242,115	Private Foundation	Hospital
Healthcare Foundation of Wilson	Wilson, NC	2014	\$108,000,000	Public Charity	Hospital

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Healthcare Georgia Foundation, Inc.	Atlanta, GA	1995	\$117,677,343	Private Foundation	Health Plan
HealthPath Foundation of Ohio	Cincinnati, OH	1999	\$25,865,914	Public Charity	Health Plan
HealthSpark Foundation	Colmar, PA	2002	\$45,583,889	Private Foundation	Hospital
Helena Health Foundation	Helena, AR	2002	\$1,639,505	Public Charity	Hospital
Hill Crest Foundation, Inc.	Mountain Brook, AL	1984	\$48,825,133	Private Foundation	Hospital
HNH Foundation	Concord, NH	1997	\$23,929,223	Private Foundation	Health Plan
The Horizon Foundation of Howard County, Inc.	Columbia, MD	1998	\$83,098,604	Public Charity	Hospital
Impact Alamance	Burlington, NC	2013	\$60,000,000	Public Charity	Hospital
Incarnate Word Foundation	Saint Louis, MO	1997	\$33,000,000	Public Charity	Hospital
Institute for Health Care Advancement	La Habra, CA	1995	\$31,197,553	Social Welfare Organization	Health System
Interact for Health	Cincinnati, OH	1997	\$218,443,352	Social Welfare Organization	Health Plan
Irvine Health Foundation	Irvine, CA	1986	\$19,806,976	Private Foundation	Hospital
The Jackson Foundation, Inc.	Dickson, TN	1995	\$52,730,587	Public Charity	Hospital
Annabella R. Jenkins Foundation	Richmond, VA	1995	\$48,966,114	Public Charity	Hospital
The Jewish Foundation of Cincinnati	Cincinnati, OH	1996	\$97,674,766	Public Charity	Hospital
Jewish Healthcare Foundation	Pittsburgh, PA	1990	\$123,262,636	Public Charity	Hospital

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K21 Health Foundation	Warsaw, IN	1999	\$60,969,810	Private Foundation	Hospital
Kansas Health Foundation	Wichita, KS	1985	\$511,346,697	Public Charity	Hospital
Knapp Community Care Foundation	Weslaco, TX	2013	\$108,000,000	Private Foundation	Hospital
Lancaster Osteopathic Health Foundation	Lancaster, PA	1999	\$11,500,000	Public Charity	Hospital
Leesburg Regional Medical Center Foundation	Leesburg, FL	1977	\$4,262,682	Private Foundation	Hospital
Legacy Foundation of Central Wisconsin	Wisconsin Rapids, WI	2015	\$138,876,235	Private Foundation	Health System
Legacy Foundation of Southeast Arizona	Sierra Vista, AZ	2013	\$50,794,159	Public Charity	Hospital
Legacy Health Endowment	Turlock, CA	2016	\$37,000,000	Public Charity	Hospital
LMC Community Foundation	Groesbeck, TX	2006	\$1,667,350	Public Charity	Hospital
Lower Pearl River Valley Foundation	Picayune, MS	1998	\$18,649,770	Private Foundation	Hospital
Lutheran Foundation of St. Louis	St. Louis, MO	1984	\$102,558,054	Public Charity	Hospital
Dr. John T. Macdonald Foundation, Inc.	Coral Gables, FL	1992	\$25,210,242	Private Foundation	Hospital
Maine Health Access Foundation	Augusta, ME	2000	\$123,720,335	Private Foundation	Health Plan
Mat-Su Health Foundation	Wasilla, AK	2005	\$182,000,000	Public Charity	Health System

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McAuley Ministries Foundation	Pittsburgh, PA	2007	\$85,212,621	Public Charity	Hospital
The Memorial Foundation, Inc.	Hendersonville, TN	1994	\$145,879,044	Public Charity	Hospital
Menorah Legacy Foundation	Kansas City, MO	2003	\$19,275,770	Public Charity	Hospital
Methodist Healthcare Ministries of South Texas, Inc.	San Antonio, TX	1995	\$918,780,974	Public Charity	Hospital
MetroWest Health Foundation	Framingham, MA	1996	\$104,379,556	Private Foundation	Hospital
Michigan Health Endowment Fund	Lansing, MI	2013	\$91,000,000	Public Charity	Health Plan
Mid-Iowa Health Foundation	Des Moines, IA	1984	\$15,772,354	Private Foundation	Hospital
Missoula Community Hospital Legacy Foundation	Missoula, MT	2015	Not Available	Not Available	Hospital
Missouri Foundation for Health	St. Louis, MO	2000	\$1,079,833,984	Social Welfare Organization	Health Plan
Montana Healthcare Foundation	Bozeman, MT	2013	\$61,637,712	Private Foundation	Health Plan
Mt. Sinai Health Care Foundation	Cleveland, OH	1996	\$140,941,819	Public Charity	Health System
Mount Zion Health Fund	San Francisco, CA	1990	\$46,628,580	Public Charity	Hospital
New York State Health Foundation	New York, NY	2002	\$290,847,183	Private Foundation	Health Plan
Northwest Health Foundation	Portland, OR	1995	\$50,000,000	Social Welfare Organization	Health System



Name	Location	Year of Conversion	Assets	IRS Tax Exempt Status	Type of Entity Converted
Northwest Osteopathic Medical Foundation	Portland, OR	1986	\$6,329,000	Public Charity	Hospital
Obici Healthcare Foundation	Suffolk, VA	2006	\$118,973,307	Private Foundation	Hospital
Osteopathic Founders Foundation	Tulsa, OK	1996	\$17,931,970	Public Charity	Hospital
Osteopathic Heritage Foundations	Columbus, OH	1998	\$257,861,091	Private Foundation	Hospital
Osteopathic Institute of the South	Grayson, GA	1986	Not Available	Public Charity	Hospital
Pajaro Valley Community Health Trust	Watsonville, CA	1998	\$15,893,250	Public Charity	Hospital
Palm Healthcare Foundation, Inc.	West Palm Beach, FL	2001	\$84,828,581	Public Charity	Hospital
Partners for Health	Montclair, NJ	2007	\$33,673,965	Public Charity	Hospital
Partnership for Better Health	Carlisle, PA	2001	\$77,981,351	Public Charity	Hospital
Paso del Norte Health Foundation	El Paso, TX	1995	\$227,189,111	Private Foundation	Hospital
The Patron Saints Foundation	Pasadena, CA	1986	\$11,105,360	Private Foundation	Hospital
Annie Penn Community Trust	Greensboro, NC	1990	Not Available	Public Charity	Hospital
Person Memorial Foundation	Roxboro, NC	2012	\$162,576	Public Charity	Hospital
Phoenixville Community Health Foundation	Phoenixville, PA	1997	\$53,000,000	Private Foundation	Hospital

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Piedmont Health Foundation	Greenville, SC	1983	\$2,817,687	Private Foundation	Health Plan
Portsmouth General Hospital Foundation	Portsmouth, VA	1988	\$13,178,469	Private Foundation	Hospital
Potomac Health Foundation	Woodbridge, VA	2009	\$103,420,799	Private Foundation	Hospital
Pottstown Area Health & Wellness Foundation	Pottstown, PA	2003	\$81,943,110	Private Foundation	Hospital
Presbyterian Health Foundation	Oklahoma City, OK	1985	\$161,701,620	Private Foundation	Hospital
Prime Health Foundation	Kansas City, MO	1989	\$5,049,924	Private Foundation	Health Plan
Quad City Osteopathic Foundation	Bertendorf, IA	1984	\$2,770,364	Private Foundation	Hospital
Quantum Foundation	West Palm Beach, FL	1995	\$153,470,417	Private Foundation	Hospital
QueensCare	Los Angeles, CA	1998	\$401,374,496	Public Charity	Hospital
John Randolph Foundation	Hopewell, VA	1995	\$10,661,554	Public Charity	Hospital
The Rapides Foundation	Alexandria, LA	1994	\$255,980,181	Public Charity	Hospital
Ravenswood Health Care Foundation	Downers Grove, IL	1999	Not Available	Public Charity	Hospital
REACH Community Health Foundation	North Adams, MA	1998	\$23,276,392	Public Charity	Health System
REACH Healthcare Foundation	Merriam, KS	2003	\$133,080,459	Public Charity	Health System
Michael Reese Health Trust	Chicago, IL	1997	\$146,215,303	Private Foundation	Hospital

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Reidsville Area Foundation	Reidsville, NC	2001	\$31,055,050	Private Foundation	Hospital
John Rex Endowment	Raleigh, NC	2000	\$75,425,146	Private Foundation	Hospital
RHI Legacy Foundation	Rutherfordton, NC	2014	\$38,124,838	Public Charity	Health System
The Ridgecliff Foundation	Fairview Park, OH	1992	\$8,200,000	Private Foundation	Hospital
Riverside Community Health Foundation	Riverside, CA	1997	\$93,523,951	Public Charity	Hospital
Roanoke-Chowan Foundation, Inc.	Ahoskie, NC	1997	\$14,371,609	Private Foundation	Hospital
Rose Community Foundation	Denver, CO	1995	\$43,297,545	Public Charity	Hospital
St. Joseph Community Health Foundation	Fort Wayne, IN	1998	\$34,474,052	Public Charity	Hospital
St. Joseph's Community Health Foundation	Minot, ND	1998	\$15,000,000	Public Charity	Hospital
Saint Luke's Foundation of Cleveland, Ohio	Cleveland, OH	1987	\$178,886,801	Private Foundation	Hospital
Salem Health & Wellness Foundation	Carneys Point, NJ	2002	\$12,000,498	Public Charity	Hospital
San Angelo Health Foundation	San Angelo, TX	1995	\$59,934,390	Private Foundation	Hospital
The SCAN Foundation	Long Beach, CA	1984	\$207,667,677	Public Charity	Health Plan
SHARE Foundation	El Dorado, AR	1996	\$67,194,092	Public Charity	Hospital
Sierra Health Foundation	Sacramento, CA	1985	\$99,000,172	Private Foundation	Health Plan

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J. Marion Sims Foundation	Lancaster, SC	1994	\$70,837,288	Private Foundation	Hospital
Sisters Health Foundation	Parkersburg, WV	1996	\$25,124,772	Public Charity	Hospital
Sisters of Charity Foundation of Canton	Canton, OH	1996	\$90,801,848	Public Charity	Hospital
Sisters of Charity Foundation of Cleveland	Cleveland, OH	1995	\$93,047,361	Public Charity	Hospital and Health System
Sisters of Charity Foundation of South Carolina	Columbia, SC	1995	\$94,359,827	Public Charity	Hospital
Sisters of Mercy of North Carolina Foundation, Inc.	Charlotte, NC	1995	Not Available	Public Charity	Health System
Space Coast Health Foundation	Melbourne, FL	2010	\$46,882,190	Public Charity	Health System
Spalding Health Care Trust	Griffin, GA	1989	\$10,099,849	Public Charity	Hospital
Sunflower Foundation: Health Care for Kansans	Topeka, KS	2000	\$92,118,922	Public Charity	Other
Superior Health Foundation	Marquette, MI	2012	\$15,000,000	Public Charity	Health System
Taylor Community Foundation	Ridley Park, PA	1997	\$10,066,000	Public Charity	Hospital
Moses Taylor Foundation	Scranton, PA	2012	\$74,730,031	Public Charity	Health System
Texoma Health Foundation	Denison, TX	2007	\$58,248,839	Public Charity	Hospital
Triangle North Healthcare Foundation	Henderson, NC	2011	\$11,439,597	Public Charity	Hospital

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Truman Heartland Community Foundation	Independence, MO	1994	\$22,821,943	Public Charity	Hospital
Trumbull Memorial Health Foundation	Youngstown, OH	2012	\$13,767,308	Public Charity	Health System
Tucson Osteopathic Medical Foundation	Tucson, AZ	1986	\$10,380,668	Private Foundation	Hospital
Tuscora Park Health and Wellness Foundation	Barberton, OH	1996	\$4,685,640	Private Foundation	Hospital
Twin County Community Foundation	Galax, VA	2012	\$5,341,314	Public Charity	Hospital
Two Rivers Health & Wellness Foundation	Easton, PA	2001	\$14,723,752	Public Charity	Hospital
UniHealth Foundation	Los Angeles, CA	1998	\$282,965,850	Private Foundation	Health System
Union Labor Health Foundation	Bayside, CA	1997	\$5,313,930	Public Charity	Hospital
United Health Foundation	Minnetonka, MN	1999	\$90,014,489	Private Foundation	Health System
United Methodist Health Ministry Fund	Hutchinson, KS	1986	\$56,777,000	Public Charity	Hospital
Universal Health Care Foundation of Connecticut, Inc.	Meriden, CT	1999	\$24,135,226	Public Charity	Health Plan
Valley Baptist Legacy Foundation	Harlingen, TX	2011	\$107,006,712	Private Foundation	Health System
Valley Care Association	Moon Township, PA	1999	\$917,683	Public Charity	Nursing home

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The Valley Foundation	Los Gatos, CA	1984	\$61,414,106	Private Foundation	Hospital
Verdant Health Commission	Lynnwood, WA	2011	Not Available	Not Available	Hospital
Virginia Health Care Foundation	Richmond, VA	1992	\$13,641,199	Public Charity	Health System
Vitalyst Health Foundation	Phoenix, AZ	1995	\$120,900,000	Public Charity	Health System
VNA Foundation	Chicago, IL	1995	\$55,986,810	Private Foundation	Other
Washington Square Health Foundation, Inc.	Chicago, IL	1986	\$20,159,166	Private Foundation	Hospital
Welborn Baptist Foundation, Inc.	Evansville, IN	1999	\$116,436,850	Private Foundation	Hospital
WestCare Foundation	Henderson, NV	1997	Not Available	Public Charity	Health Plan
Western Reserve Health Foundation	Canfield, OH	2012	\$13,879,330	Public Charity	Health System
Westlake Health Foundation	Oakbrook Terrace, IL	1998	\$116,834,539	Private Foundation	Hospital
Williamsburg Health Foundation	Williamsburg, VA	1996	\$125,101,409	Private Foundation	Hospital
Winter Park Health Foundation	Winter Park, FL	1994	\$128,390,431	Private Foundation	Hospital
Wisconsin Partnership Program	Madison, WI	2004	Not Available	Not Available	Health System
Woodruff Foundation	Shaker Heights, OH	1986	\$11,744,324	Private Foundation	Hospital
Wyandotte Health Foundation	Kansas City, KS	1996	\$42,843,288	Private Foundation	Hospital
Wythe-Bland Foundation	Wytheville, VA	2005	\$50,000,000	Private Foundation	Hospital