

"THE DOCTOR WILL SEE YOU NOW."

Six Words That Can Change a Life



VIRGINIA
HEALTH CARE
FOUNDATION

2015 ANNUAL REPORT

MOST UNINSURED VIRGINIANS CAN'T RECALL WHEN THE SYMPTOMS STARTED,
BUT THEY ALL REMEMBER THE DAY THINGS TURNED AROUND.



**WHAT A DIFFERENCE
A DAY MAKES....**



“The day I met Marsha changed my life. If I hadn’t gotten help, I would probably be in jail for harming someone.”

— MARIE BURNS, LLOYD F. MOSS FREE CLINIC, FREDERICKSBURG, VIRGINIA

“The doctor at the Moss Free Clinic saw that I was a mess and suggested I meet with Marsha, their psychiatric nurse practitioner. She helped me realize what my problems were and gave me the tools to make needed changes.”



“I didn’t realize that I had post-traumatic stress disorder from all the abuse I suffered both as a child and an adult. It made me feel trapped and stupid. I was angry all the time and kept everything bottled up until I exploded, because I didn’t have the coping skills to deal with that anger.

Now, every time I’m in a situation that makes me angry, I say to myself: “I know how to handle this.” Marsha’s always in my head.

If I hadn’t connected with Marsha, I would probably be in jail today for harming someone—or else I’d be dead because I killed myself. She helped me change my life.”

“The day I got the medicines changed my life. Now I have everything I need to take care of myself and my family.”

— GEORGE SMITH, TAPPAHANNOCK REGIONAL FREE CLINIC, VIRGINIA



“The day I found the free clinic four years ago, my life changed tremendously. Since I’ve been getting my medicine there, I have plenty of strength for my job, and lots left for cutting the grass and helping at home.”

“When I started at the sawmill 22 years ago, they didn’t have medical benefits, and I didn’t think I’d need them. I didn’t know about the diseases that were already hurting me – the sugar, cholesterol, blood pressure.

I’ve always worked hard. Even when I started being sick all the time, I usually went to work feeling bad, because nobody could do my job better than me. But I missed days, too. I couldn’t breathe. I couldn’t do anything. I had to go to the emergency room once or twice a month.

The medicines I need are way more than \$500 a month. There was no way we could afford them— not even the meter for checking my insulin.”





“The day the dental clinic removed the painful cyst under my tooth was a lifesaver for me.”

— JOHN SULLIVAN, NEW HORIZONS HEALTHCARE, ROANOKE, VIRGINIA

“When the Dental Clinic opened at New Horizons Healthcare, I was practically first in line. They removed the cyst and are helping me get my mouth healthy again.”



“I have diverticulitis. Among other things, that means I have to avoid all processed foods and stick to a diet of limited fresh foods. All of them require the ability to chew.

My dad was a dentist, so I have always been diligent about flossing and brushing. Unfortunately, that wasn't enough. I developed a cyst at the base of a tooth that caused agonizing pain whenever I tried to eat. As a result, I avoided food, because it hurt too much to chew. I got thinner and thinner and was literally wasting away.

At last, I can eat without pain and I am fighting to regain my health and weight.

Now, I have a way to start moving forward.”

“I’ll never forget the day I met Denise and learned about the FAMIS programs. They gave my son a chance for a normal life.”

— LOUISA EBABEN, CHIP OF SOUTH HAMPTON ROADS, CHESAPEAKE, VIRGINIA



“Denise Parker is a Project Connect outreach worker who helps parents obtain state sponsored health insurance for their children. She talked to me about the FAMIS programs, and expedited an application for Leonardo so he could start his treatment quickly.”

“My son, Leonardo, has a serious growth deficiency. At the age of 22 months, he is wearing clothes for 6-9 month-old babies.

With his condition, it is important to start growth hormone therapy as soon as possible for it to have the best chance to work.

I would do anything for my son, but between my part-time job at Home Depot and my studies to be a medical assistant, I only make \$600 a month.

I thought I would have to scrimp and save for years to pay for his treatment and that might be too late to help him. But thanks to Denise and FAMIS, Leonardo has a chance for a normal future.”



WHAT A DIFFERENCE OUR DONORS MAKE!

The Virginia Health Care Foundation extends its warmest thanks to the following partners who have contributed so generously to its work over the past year.

LEADERSHIP PARTNER EXTRAORDINAIRE

(\$1,000,000+)

Delta Dental of Virginia Foundation

PREMIER PARTNER

(\$300,000 to \$999,999)

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(\$7,500 to \$24,999)

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THANKS TO ALL WHO CONTRIBUTED THROUGH WORKPLACE CHARITABLE CAMPAIGNS

Commonwealth of Virginia Campaign
(CVC 3471)
Combined Federal Campaign (CFC 31808)
United Way of Greater Richmond & Petersburg

The listing above reflects gifts received between July 1, 2014 and June 30, 2015. We have taken great care to ensure the accuracy of this list, and regret any errors or omissions. Please contact Megan Wilson, megan@vhcf.org, with any corrections.

FOR TOO MANY VIRGINIANS, EVERY DAY IS A CHALLENGE—

**TO EAT WHEN EVERY BITE CAUSES PAIN –
TO STAY ON THE JOB THOUGH TOO ILL TO WORK –
TO HELP ONE'S CHILD GROW UP HEALTHY WHEN
HE CAN'T GROW AT ALL.**

For the lucky ones, a day arrives when burdens are lifted and they finally get the health care they need.

Many find that help at their local free clinic, community health center, or other health safety net organization. Many more, however, are unable to obtain the treatment they need. Virginia's health care safety net only has the capacity to treat 30% of eligible uninsured Virginians.

WHAT A DIFFERENCE MEDICAL CARE MAKES!

With so many lives at stake, the Virginia Health Care Foundation (VHCF), has invested heavily to expand the number, capacity, and scope of services in these special places over the years. With a combination of \$43.5 million in grants; a wide range of training and technical assistance; and a variety of infrastructure building initiatives, we have helped Virginia's health care safety net evolve from 33 sites when VHCF was established in 1992 to 204 today. In FY15 alone, VHCF helped underwrite the salaries of 37 health professionals who provided more than 58,000 patient visits.

In evaluating candidates for funding, VHCF practices "venture philanthropy", where every prospective grantee is scrutinized with the eye of an investor seeking to build a stable, sustainable health care safety net. The result? A noteworthy sustainability rate among VHCF's health care safety net grantees: 89% continue at or above their prior level of performance for at least three years after "graduating" from VHCF funding.

As a public/private partnership, one of VHCF's guiding principles is to leverage state dollars to maximize the return on the Commonwealth's investment in the Foundation.

Our Appleseed Initiative is a great example of how VHCF has dramatically leveraged state dollars and significantly increased the number of health care safety net sites simultaneously. We underwrite the modest costs of professional grantwriters and reviewers who prepare compelling applications for federal funds to expand the number and size of Virginia's community health centers. In the past 12 years, VHCF's investment of \$389,000 has brought in more than \$50.6 million.

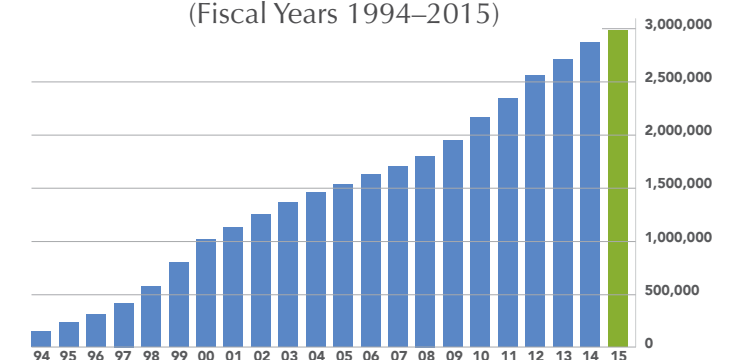


In FY15, VHCF's Appleseed Initiative brought \$2.3 million new dollars to Virginia to establish two new community health center sites and to add mental health services to five health centers.

Recognizing that health professionals are as important to providing needed health care as the facilities in which they practice, VHCF entered into a new leveraging partnership in FY15. We agreed to provide the \$150,000 required to match an equal amount of federal funds for **Virginia's Student Loan Repayment Program** for an interim period. This reinvigorated the program, which had lost a substantial amount of its federal allotment when state matching funds were eliminated during the recession. It also enabled health care safety net organizations to recruit a doctor, two dentists, and a psychologist to some of Virginia's most underserved areas.

Cumulative Patient Visits Provided by VHCF Grantees

(Fiscal Years 1994–2015)





WHAT A DIFFERENCE FREE RX MEDICINE MAKES!

The other essential ingredient to providing needed health care is the treatment itself.

Impact of
The Pharmacy Connection
(Cumulative figures 1997–2015)

\$2.57 Billion
Value of free medications

290,888
Patients served

4,407,065
Prescriptions filled

Prescription medicines have never been able to achieve so much, and they have never been so expensive. The need for prescription assistance is pervasive, and has been growing as health industry dynamics change.

For the past 18 years, the best way to obtain needed prescription medicines for most chronically ill uninsured Virginians has been through the brandname pharmaceutical companies' Patient Assistance Programs (PAPs), which provide them free of charge. VHCF saw the tremendous need that could be met via PAPs long ago and developed **The Pharmacy Connection** (TPC), a special software designed to expedite and track applications for free chronic disease medicines.

The overall results have been extraordinary. The organizations that have used *TPC* over the years have helped more than 290,000 sick uninsured Virginians fill more than 4.4 million ninety-day prescriptions with an average wholesale price value of \$2.57 Billion. In FY15 alone, 45,000 patients obtained \$383 million in free medicines.

With the goal of maximizing the amount of free medicines available to uninsured Virginians, VHCF also started awarding grants to health safety net organizations to hire Medication Assistance Caseworkers (MACs) through its **RxRelief Virginia** (RxRVa) initiative and the Greater Williamsburg Medication Assistance Program (*underwritten by the Williamsburg Health Foundation*). The MACs' sole focus has been to use *TPC* to obtain needed medicines for uninsured Virginians. In FY15, RxRVa MACs helped 14,796 uninsured from 69 localities obtain a total of \$89.7 million (AWP) in free medicines, using only \$1.2 million in state funds. We are grateful that the General Assembly appropriated an additional \$500,000 to expand this program effective FY16.

In addition, VHCF helped establish the **RxPartnership** (RxP) eleven years ago to make free PAP medicines available more quickly from the free clinics that have licensed pharmacies. *RxP* provided patients with \$11.9 million in free medicines last year with the help of: GlaxoSmith-Kline, Merck, Novartis, AbbVie, Alcan and Pfizer.

While all of these initiatives continue to help tens of thousands of uninsured Virginians, a number of factors are requiring a shift in health safety net strategy and practice. The biggest is that many of the medicines most frequently prescribed for the most common chronic diseases have gone off patent and been removed from the PAPs in the past few years. Although these medicines became available in a generic form, most generics are expensive, and there are no PAPs offered by generic companies.

As a result, many health care safety net budgets for prescription medicines, which have been flat for years, are suddenly growing, and the role of MACs has been expanded from that of completing applications and gathering required financial eligibility documents to that of "comparison shoppers" who are constantly

searching for a free alternative or for the best deal amongst the constantly changing prices of generics. For many health care safety net organizations and their patients, the days when all medicines are free are over. Now, it's a blend of free and generic.



VHCF has been trying to stay ahead of the curve by including generic discount programs such as RxOutreach in *TPC*. In FY15, the Foundation negotiated special discount rates with Xubex, a generic drug supplier, and added a Xubex portal to *TPC*.

In FY15, the number of patients obtaining generic medicines through *TPC* increased by 25% to 2,200.

This appears to be the issue of the future for both health safety net organizations and the patients they serve, and for many insured Virginians who can't afford the high co-pays and co-insurance fees required by their health insurance policies for prescription medicines.

WHAT A DIFFERENCE DENTAL CARE MAKES!

For those of us who have been accustomed to regular dental care, it is startling to learn that many Virginians have never seen a dentist, and astounding that many people equate teeth with pain! About 50% of Virginians have no dental insurance. As a result, they must pay for dental care as they would for any service or commodity.

It's no surprise that routine dental care often loses out to immediate necessities like food, rent, or a child's winter coat. Nor is it curious that access to oral health care continues to be among the top issues in many community needs assessments.

At VHCF, we understand that the mouth is an integral part of the body and that poor oral health can exacerbate diabetes, cardiac conditions, and even result in premature labor and delivery.



As a result, we are dedicated to addressing this problem with a multi-pronged approach.

First and foremost, the Foundation has invested \$11.5 million to establish a dental safety net in Virginia. Today, there are dental safety net clinics in 68 localities. VHCF has funded 47 of them, including eight in FY15. While tremendous progress has been made, there are still 67 localities without one.

We are grateful for the leadership and concern of the Delta Dental of Virginia Foundation, which issued VHCF a three-year \$1 million challenge grant to create 7-12 new dental safety net clinics in areas that have none and expand small clinics that are ready to grow. This is enabling dental safety net growth to occur more rapidly. VHCF successfully matched the second portion of the challenge grant in FY15, and has already invested some of the proceeds in establishing new dental clinics.

Second, we provide training and technical assistance regarding best clinical and management practices. For example, as new clinics are established, they can use a new “Dental Dashboard” created by VHCF to help manage their operations.

Third, VHCF seeks and creates ways for dental safety net clinics to save money. With such costly equipment and supplies, it is expensive to operate a dental practice. To help stretch limited dental safety net budgets, VHCF has established **dental safety net discount programs** with denture and dental supply companies.

Our partnership with Patterson Dental Company extends its deepest discount on supplies, equipment, practice software, repairs, and maintenance regardless of the clinic's size. This program alone has saved Virginia's dental safety net clinics \$1.6 million in costs in the past 8 years.

WHAT A DIFFERENCE MENTAL HEALTH CARE MAKES!

About 40-50% of all visits to private primary care physicians are related to depression, anxiety, and other basic behavioral health conditions. That number jumps dramatically in the health care safety net. Behavioral health conditions are among the top three diagnoses for uninsured patients.

Untreated, these debilitating illnesses often immobilize their victims and are barriers to productivity and family engagement. In addition, these diseases often hinder successful treatment of diabetes and other serious chronic conditions with which they frequently co-occur. It's not reasonable to expect a person to start exercising and making other lifestyle changes when s/he is too depressed to get out of bed in the morning.

Remarkably, many can be treated successfully and for a relatively low cost with the right prescription medicines and some counseling or coaching.

Since 2010, VHCF has invested \$4.1 million to expand the delivery of mental health services in Virginia's health care safety net. We also introduced the model of integrating the delivery of behavioral health services with primary medical care to the health care safety net, and have underwritten implementation of the model in 20 clinics and centers.

While the results of that investment have been life-changing for many, the experience has exposed the tremendous shortage of behavioral health professionals in Virginia. A significant portion of the state has been designated a Mental Health Professional Shortage Area. As a result, recruitment of behavioral health professionals is often time-consuming, leaving many positions unfilled for long periods of time. The problem is particularly

DENTAL INDUSTRY LEADERS RECOGNIZED FOR SUPPORTING VHCF DENTAL SAFETY NET INITIATIVES



LEFT: Governor Terry McAuliffe presents the NETworthy Award to representatives from Patterson Dental Company for its eight year Dental Safety Net Discount Program in partnership with VHCF.

RIGHT: Senator Emmett W. Hanger, Jr. thanks George Levicki, CEO of Delta Dental of Virginia for the \$1 million challenge grant the Delta Dental of Virginia Foundation awarded VHCF to expand Virginia's dental safety net.

acute with Psychiatric Nurse Practitioners (Psych NPs). There are only about 200 practicing in Virginia. That's barely more than 1 per locality!

This discovery led VHCF to establish a **Psychiatric Nurse Practitioner Scholarship Program** last year. We pay all tuition and required fees for health safety net nurse practitioners who complete a Psych NP post-graduate program and agree to practice in Virginia's health care safety net for two years thereafter. VHCF will even provide funds to qualified health safety net organizations to hire the Psych NPs once they graduate. Three NPs are already taking classes and several more are preparing to apply.

The shortage of these valuable behavioral health professionals is not confined to the health care safety net. It is a problem throughout the Commonwealth. VHCF has been engaging with key health policy and nursing school leaders to increase the number of these knowledgeable and sought after professionals within Virginia.

For many who suffer from depression and/or anxiety, the first point of contact is their primary

care physician. While some feel comfortable diagnosing and prescribing treatment for these conditions, many doctors do not. This often results from inadequate training in behavioral health. To help remedy this problem, VHCF has underwritten the development of **Continuing Medical Education webinars on mental health diagnosis and pharmacologics in a primary care setting**. They were approved in FY14 for a two-year span.

WHAT A DIFFERENCE HEALTH INSURANCE MAKES!

When is 88.8% too low a number? When it means that 58,000 eligible children are still not enrolled in Virginia's FAMIS health insurance programs. This comprehensive insurance covers all of the health services that children need to get a healthy start in life – medical, dental, mental health, and needed medicines. It has been a godsend for Leonardo (p.10-11) and many other children.

Why are so many not enrolled? Many parents are unfamiliar with the programs, or think their children are not eligible for them. That's why VHCF established **Project Connect** 16 years ago, and trains and funds outreach workers to educate parents and help them apply.



In FY15, our outreach workers helped enroll nearly 5,000 children, bringing the total number of children covered via Project Connect to 80,000.

In recognition of VHCF's effectiveness at outreach and enrollment, the Foundation was enlisted to expand its work as part of Governor McAuliffe's "A Healthy Virginia" initiative. This has resulted in five additional *Project Connect* outreach workers, new marketing efforts, and a FAMIS Summit for local social services eligibility workers and an array of other application assisters.

In addition to outreach and enrollment, VHCF trains health and human resources professionals in the intricacies of the FAMIS programs through its **SignUpNow** initiative. These trainings and the accompanying *SignUpNow Tool Kit* are available in person or online. To date, more than 9,900 people have been trained via *SignUpNow*.

All of VHCF's FAMIS outreach, enrollment and training initiatives are underwritten by the Virginia Department of Medical Assistance Services and the Centers for Medicare & Medicaid Services.

VHCF VALUE(S)

At VHCF, entrepreneurship is at the heart of all we do. We constantly search for innovative and effective ways to meet the health needs of uninsured and medically underserved Virginians, and to add value to Virginia.

This approach has resulted in the many initiatives highlighted in this report and enabled VHCF to leverage an average of \$11 in cash, health services, and other in-kind contributions for every \$1 expended since its inception.

We have adopted a core set of values that guide our actions and decisions: Exemplary Stewardship; a Drive for Excellence; Integrity; and being a Catalyst for Change.



VHCF leverages an average of \$11 in cash, health services, and other in-kind contributions for every \$1 expended.

The Foundation's good stewardship is reflected in VHCF's low administrative costs. They were 9.9% in FY15. It is also evident in its role as a job producer, and a job trainer. VHCF grants underwrote 109 jobs in FY15, and resulted in 266 health professions students from 17 colleges and universities engaging in clinical experiences to prepare them for future service.

With the many changes occurring in health care today, the future is somewhat murky and difficult to forecast. Two things are crystal clear, however:

- Uninsured Virginians who are sick need care.
- Obtaining needed health care changes lives.

With that as our focus, we have developed a new strategic plan for VHCF. It is designed to accommodate multiple scenarios in these dynamic times, and to achieve our mission of increasing access to health care for uninsured and medically underserved Virginians.

Whatever the future brings, we are committed for the long term, until every Virginian is in a position to hear those six coveted words, "The doctor will see you now."



Ralph L. Howell, Jr.
Ralph L. Howell, Jr.
(Chairman FY16)

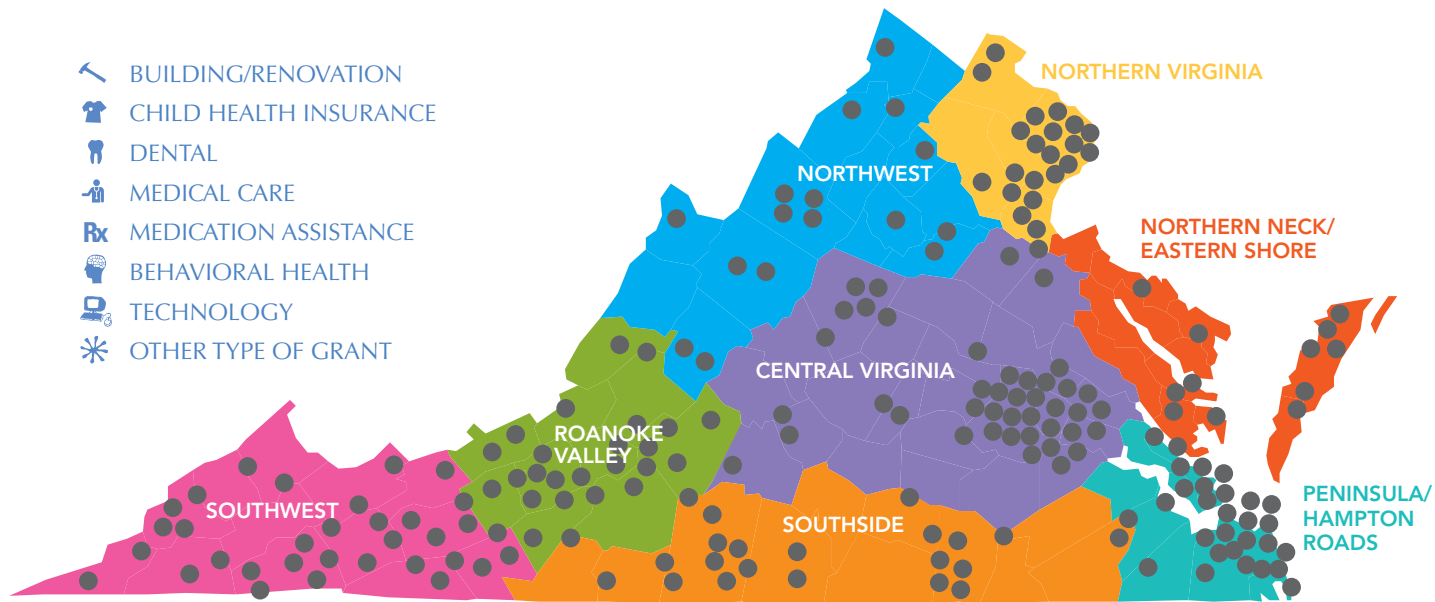


T. Carter Melton, Jr.
T. Carter Melton, Jr.
(Chairman FY15)

WHAT A DIFFERENCE OUR GRANTEES MAKE!

(ALL VCHF GRANTEES 1992-2015)

- BUILDING/RENOVATION
- CHILD HEALTH INSURANCE
- DENTAL
- MEDICAL CARE
- MEDICATION ASSISTANCE
- BEHAVIORAL HEALTH
- TECHNOLOGY
- OTHER TYPE OF GRANT



NORTHERN VIRGINIA

- Alexandria Community Services Board
- Arlington Community Services Board
- Arlington Free Clinic
- Fairfax Community Health Care Network
- Fairfax Medical Care for Children Project
- Fauquier Free Clinic
- Greater Prince William Community Health Center
- HealthWorks for Northern Virginia – Herndon
- HealthWorks for Northern Virginia – Leesburg
- Inova Partnership for Healthier Kids
- Inova Pediatric Center
- Marymount University Physical Therapy at Arlington Free Clinic
- Neighborhood Health
- Northern VA Dental Clinic
- Northern VA Family Service
 - a. Loudoun
 - b. Prince William
- Potomac Hospital
- Prince William County Community Services Board
- Prince William Pediatric Primary Care
- Stafford County Public Schools
 - a. In partnership with Stafford County Department of Social Services

CENTRAL VIRGINIA

- Access Now
- Blue Ridge Medical Center
- Bon Secours Richmond Health System
 - a. Care-A-Van Mobile Medical Clinic
- Buckingham County Rural Mental Health Initiative
- Capital Area Health Network – Vernon J. Harris Community Health Center
- Center for High Blood Pressure
- Central Virginia Health Care Project
- Central Virginia Health Services, Inc.
 - a. Petersburg Health Care Alliance
- Charlottesville Area Dental Access
- Charlottesville Free Clinic
- Chesterfield Health District
- Children's Hospital
- CHIP of Greater Richmond
- CrossOver Healthcare Ministry
- Fan Free Clinic Rx
- Free Clinic of Central Virginia/MedsHelp
- Freedom House – Greater Richmond Homeless Medical Respite
- Goochland Free Clinic and Family Services
- Hayes E. Willis Health Center
- Henrico Area Mental Health & Development Services
- Henrico County Public Schools
- Irvin Gammon Craig Health Center
- Jefferson Area Board for the Aging – Geriatric Assessment/Intervention Team
- Johnson Health Services
- Lloyd F. Moss Free Clinic
- Louisa County Resource Council
- Love of Jesus Clinic
- Rappahannock Area Health District – Caroline Caries Program
- Richmond City Health District
- Senior Connections Rx
- Thomas Jefferson CHIP Program
- United Way – Thomas Jefferson Area
- Virginia Commonwealth University Health System
- Virginia Treatment Center for Children

NORTHERN NECK/EASTERN SHORE

- Accomack County School-Based Dental Program
- Bay Aging
- Central Virginia Health Services, Inc. – Westmoreland Medical Center
- Eastern Shore Community Services Board
- Eastern Shore Rural Health System
 - a. Onley Community Health Center
 - b. Atlantic Community Health Center
- Eastern VA Telemedicine Network
- Gloucester-Mathews Care Clinic
- Lackey Free Clinic
- Middle Peninsula Northern Neck Community Services Board
- Northampton County School-Based Dental Program
- Northern Neck Free Health Clinic

PENINSULA/HAMPTON ROADS

- American Red Cross of Southeastern VA – Partners in Dental Care
- Beach Health Clinic
- Catholic Charities of Eastern Virginia
- Central Virginia Health Services, Inc.
 - a. Charles City Regional Health Services
 - b. King William Dawn Community Doctors
- Chesapeake Care Free Clinic
- CHIP of South Hampton Roads
- Colonial Behavioral Health
- Community Free Clinic of Newport News
- Consortium for Infant and Child Health
- EVMS Resource Mothers Program
- Hampton Ecumenical Lodgings and Provisions, Inc. (HELP Free Clinic)
- Hampton Roads Community Health Center (Norfolk)
- Horizon Health Services – Surry Medical Center
- Jewish Family Services of Tidewater
- Maryview Foundation Healthcare Center
- Olde Towne Medical and Dental Center
- Oral Health Improvement Coalition of South Hampton Roads
- Peninsula Agency on Aging MedTran Project
- The Planning Council
- Portsmouth Adult Care Clinic
- Riverside Health System Foundation – Project CARE
- Sentara Medical Group
- Southeastern Virginia Health System
- South Norfolk Health Center/Chronic Care Adult Clinic
- The STOP Organization
- Western Tidewater Free Clinic

SOUTHSIDE

- Central Virginia Health Services, Inc.
 - a. Alberta Family Health Services
 - b. Charlotte Primary Care
- Community Memorial Healthcenter
- Danville-Pittsylvania Community Services
- Free Clinic of Danville
- Halifax Regional Development Foundation, Inc.
- Health Care on the Square – Boydton Medical Center
- Horizon Health Services – Waverly Medical Center
- Lake Country Area Agency on Aging
- Martinsville/Henry County Coalition for Health & Wellness
- Piedmont Access to Health Services (PATHS)
 - a. PATHS Community Dental Center – Boydton
- Pittsylvania County Community Action, Inc.
- Southern Dominion Health System
 - a. Lunenburg Community Health Center
- Stony Creek Community Health Center
- Virginia Western Community College Telemedicine Dental Hygiene Initiative
- West Piedmont Health District
- Western Tidewater Health District Children's Dental Clinic

SOUTHWEST

- Bland County Medical Clinic
- Brock Hughes Free Clinic
- Clinch River Health Services
- Cumberland Plateau Health District
- The Health Wagon
- Lenowisco Health District
- Lonesome Pine Office on Youth
- Mendota Community Association Health Clinic
- Mt. Rogers Medication Assistance Program
- Mountain Empire Older Citizens, Inc.
- People, Inc. of Southwest Virginia
- Smyth County Free Clinic
- Southwest VA Community Health Systems, Inc.
 - a. Meadowview Health Clinic
 - b. Southwest Virginia Regional Dental Center
- Twin City Medical Center – Bristol Telemedicine
- Whitetop Community Health Center
- Stone Mountain Health Services
 - a. Clinchco Dental Center
 - b. Konnarock Family Health Center
- Tri-Area Community Health at Laurel Fork
- UVA/Southwest VA Alliance for Telemedicine

ROANOKE VALLEY

- Alleghany Highlands Community Services Board
- Bedford Community Health Foundation
 - a. Bedford Children's and Adult Dental Clinic
 - b. Bedford Ride Program
- Bradley Free Clinic
- Carilion Clinic
 - a. Pediatric Dental Program
 - b. Pediatric Practices
- Carilion Giles Memorial Hospital
- CHIP of Roanoke Valley
- College of Health Sciences' Physician Assistant Program
- Community Health Center of the New River Valley
 - a. Giles Community Health Center
- Free Clinic Consortium of the New River Valley
- Free Clinic of Franklin County
- New Horizons Healthcare
- Mental Health Association of the New River Valley
- Monroe Health Center – Craig County Health Center
- New River Valley Medication Assistance Program
- New River Valley Senior Services MedRide
- Project Access of the Roanoke Valley
- Project Together (Blue Ridge Community Services)
- Radford University
- Rescue Mission of Roanoke
- Riverside Health Center
- Roanoke Adolescent Health Partnership
- Southwest Virginia Community Health Systems, Inc. – Center for Family Health
- Tri-Area Community Health
 - a. Tri-Area Community Health Center at Ferrum
 - b. Tri-Area Community Health Center at Floyd

NORTHWEST

- Augusta Regional Dental Clinic
- Augusta Regional Free Clinic
- Blue Ridge Area Health Education Center
- Free Medical Clinic of Northern Shenandoah Valley, Inc.
- Harrisonburg Community Health Center
- Harrisonburg-Rockingham Dental Clinic
- Harrisonburg-Rockingham Free Clinic
- Highland Medical Center
- Orange County Free Clinic
- Piedmont Regional Dental Clinic
- Rappahannock-Rapidan Community Services Board
- Rockbridge Area Community Services
- Rockbridge Area Health Center
- Shenandoah County Free Clinic
- St. Luke Community Clinic
- UVA – Greene County School-Based Nursing Clinic

STATEWIDE

- Central VA Lions Hearing Aid Bank
- Medical Society of Virginia Foundation
- MCV School of Dentistry Mobile Dental Clinic
- UVA Nurse Practitioner Telemedicine Initiative
- Virginia Association of Free and Charitable Clinics
- Virginia Dental Association/Foundation
- Virginia Community Healthcare Association

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

June 30, 2015 and 2014

ASSETS	2015	2014
CURRENT ASSETS:		
Cash and cash equivalents	\$ 3,116,483	\$ 2,438,474
Investments	9,189,536	9,257,621
Government appropriations receivable	4,580,571	4,080,571
Interest receivable	13,202	12,820
Contributions receivable	810,723	877,849
Prepaid expenses	17,157	14,383
TOTAL CURRENT ASSETS	17,727,672	16,681,718
CONTRIBUTIONS RECEIVABLE, NET OF CURRENT PORTION	19,914	392,792
PROPERTY AND EQUIPMENT, NET	26,977	16,789
TOTAL ASSETS	\$ 17,774,563	\$ 17,091,299
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	\$ 189,732	\$ 65,695
Accrued rent	26,084	24,945
Grants payable	3,813,831	4,254,769
TOTAL CURRENT LIABILITIES	4,029,646	4,345,409
DEFERRED REVENUE	103,718	568,455
TOTAL LIABILITIES	4,133,364	4,913,864
NET ASSETS:		
Unrestricted	6,505,201	5,604,745
Temporarily restricted	7,135,998	6,572,690
TOTAL NET ASSETS	13,641,199	12,177,435
TOTAL LIABILITIES AND NET ASSETS	\$ 17,774,563	\$ 17,091,299

Audited financial statements and report in its entirety available upon request.

CONSOLIDATED STATEMENTS OF ACTIVITIES

Years Ended June 30, 2015 and 2014

	2015			2014		
	UNRESTRICTED	TEMPORARILY RESTRICTED	TOTAL	UNRESTRICTED	TEMPORARILY RESTRICTED	TOTAL
SUPPORT AND REVENUE:						
Government appropriations	\$ —	\$4,580,571	\$4,580,571	\$ —	\$4,080,571	\$4,080,571
Contributions	113,260	1,447,809	1,561,069	197,519	2,397,321	2,594,840
Contract revenue	—	680,851	680,851	—	472,500	472,500
Investment income	761,469	—	761,469	648,108	—	648,108
Unrealized net gain (loss) on investments	(285,727)	—	(285,727)	499,301	—	499,301
Other income	122,797	—	122,797	124,473	1	124,474
TOTAL SUPPORT AND REVENUE	711,799	6,709,231	7,421,030	1,469,401	6,950,393	8,419,794
NET ASSETS RELEASED FROM RESTRICTION	6,145,923	(6,145,923)	—	5,269,056	(5,269,056)	—
EXPENDITURES:						
Program services – grants	5,317,823	—	5,317,823	5,942,689	—	5,942,689
Supporting services:						
• Management and general	536,982	—	536,982	543,443	—	543,443
• Fundraising	102,461	—	102,461	98,165	—	98,165
TOTAL EXPENDITURES	5,957,266	—	5,957,266	6,584,297	—	6,584,297
CHANGE IN NET ASSETS	900,456	563,308	1,463,764	154,160	1,681,337	1,835,497
NET ASSETS, BEGINNING OF YEAR	5,604,745	6,572,690	12,177,435	5,450,585	4,891,353	10,341,938
NET ASSETS, END OF YEAR	\$6,505,201	\$7,135,998	\$13,641,199	\$5,604,745	\$6,572,690	\$12,177,435

Audited financial statements and report in its entirety available upon request.

THE VIRGINIA HEALTH CARE FOUNDATION is a public/private partnership dedicated to increasing access to primary health care for uninsured and medically underserved Virginians. Initiated by the General Assembly and its Joint Commission on Health Care in 1992, the Foundation has helped more than 600,000 uninsured Virginians obtain the health care they need.

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**MANY TAKE HEALTH CARE
 FOR GRANTED.**

THE UNINSURED DO NOT.

THANK YOU!

MISSION

VHCF's mission is to increase access to primary health care for uninsured and medically underserved Virginians.

VISION

All Virginians will have access to the health care they need.

VHCF ORGANIZATIONAL VALUES

Our four core priorities and beliefs:

EXEMPLARY STEWARDSHIP

We are laser-focused, creative and efficient in getting the most value out of limited resources, and leveraging what we have for the greatest benefit and return. We invest for the long term, maximizing the sustainability of the organizations we fund. We constantly evaluate the impact of our actions, and hold ourselves and our grantees accountable for demonstrating results to our donors and the citizens of Virginia.

DRIVE FOR EXCELLENCE

We are energetic and enthusiastic in the pursuit of our mission, and are tenacious in our commitment to achieve extraordinary results. We are action-oriented and effective. We strive to use best practices in everything we do.

INTEGRITY

We hold ourselves to the highest standards of professionalism and accountability. We do all things for the benefit of our mission. Our decisions are data driven. We are honest in our words, actions and results. We do what we say we are going to do.

CATALYST FOR CHANGE

We never rest on our laurels. We are progressive and entrepreneurial in our thinking, always seeking new and innovative ways to deliver our services, add value to our constituencies and move our mission forward.

THE VIRGINIA HEALTH CARE FOUNDATION
**OPENING DOORS TO
HEALTH CARE SINCE 1992**



*A special thank you to Owens & Minor whose
generous support has made this publication possible.*

707 East Main Street, Suite 1350, Richmond, Virginia 23219
804-828-5804 • www.VHCF.ORG



**VIRGINIA
HEALTH CARE
FOUNDATION**

Consolidated Financial Statements

June 30, 2015 and 2014

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Table of Contents

	<u>Page</u>
Report of Independent Accountants	1
Financial Statements:	
Consolidated Statements of Financial Position	3
Consolidated Statements of Activities	4
Consolidated Statements of Functional Expenses	6
Consolidated Statements of Cash Flows	8
Notes to Consolidated Financial Statements	9

REPORT OF INDEPENDENT ACCOUNTANTS

To the Board of Trustees
Virginia Health Care Foundation and Affiliate
Richmond, Virginia

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Virginia Health Care Foundation and Virginia Health Council ("Affiliate"), which comprise the consolidated statements of financial position as of June 30, 2015 and 2014, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

 **Certified Public
Accountants & Consultants**

Mailing Address:
P.O. Box 32066
Richmond, VA 23294

4401 Dominion Boulevard
2nd Floor
Glen Allen, VA 23060
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Fax: 804.747.3632

Web: www.keitercpa.com

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Virginia Health Care Foundation and Affiliate as of June 30, 2015 and 2014, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.

A handwritten signature in black ink, appearing to read "Keita", with a long horizontal flourish extending to the right.

August 11, 2015
Glen Allen, Virginia

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Consolidated Statements of Financial Position
June 30, 2015 and 2014

<u>Assets</u>	<u>2015</u>	<u>2014</u>
Current assets:		
Cash and cash equivalents	\$ 3,116,483	\$ 2,438,474
Investments	9,189,536	9,257,621
Government appropriations receivable	4,580,571	4,080,571
Interest receivable	13,202	12,820
Contributions receivable	810,723	877,849
Prepaid expenses	<u>17,157</u>	<u>14,383</u>
Total current assets	17,727,672	16,681,718
Contributions receivable, net of current portion	19,914	392,792
Property and equipment, net	<u>26,977</u>	<u>16,789</u>
Total assets	<u>\$ 17,774,563</u>	<u>\$ 17,091,299</u>
<u>Liabilities and Net Assets</u>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 189,731	\$ 65,695
Accrued rent	26,084	24,945
Grants payable	<u>3,813,831</u>	<u>4,254,769</u>
Total current liabilities	4,029,646	4,345,409
Deferred revenue	<u>103,718</u>	<u>568,455</u>
Total liabilities	<u>4,133,364</u>	<u>4,913,864</u>
Net assets:		
Unrestricted	6,505,201	5,604,745
Temporarily restricted	<u>7,135,998</u>	<u>6,572,690</u>
Total net assets	<u>13,641,199</u>	<u>12,177,435</u>
Total liabilities and net assets	<u>\$ 17,774,563</u>	<u>\$ 17,091,299</u>

See accompanying notes to consolidated financial statements.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Consolidated Statements of Activities
Year Ended June 30, 2015

	<u>Unrestricted</u>	Temporarily <u>Restricted</u>	<u>Total</u>
Support and revenue:			
Government appropriations	\$ -	\$ 4,580,571	\$ 4,580,571
Contributions	113,260	1,447,809	1,561,069
Contract revenue	-	680,851	680,851
Investment income	761,469	-	761,469
Unrealized net loss on investments	(285,727)	-	(285,727)
Other income	<u>122,797</u>	<u>-</u>	<u>122,797</u>
 Total support and revenue	 <u>711,799</u>	 <u>6,709,231</u>	 <u>7,421,030</u>
 Net assets released from restriction	 <u>6,145,923</u>	 <u>(6,145,923)</u>	 <u>-</u>
Expenditures:			
Program services - grants	5,317,823	-	5,317,823
Supporting services:			
Management and general	536,982	-	536,982
Fundraising	<u>102,461</u>	<u>-</u>	<u>102,461</u>
 Total expenditures	 <u>5,957,266</u>	 <u>-</u>	 <u>5,957,266</u>
 Change in net assets	 900,456	 563,308	 1,463,764
 Net assets, beginning of year	 <u>5,604,745</u>	 <u>6,572,690</u>	 <u>12,177,435</u>
 Net assets, end of year	 <u>\$ 6,505,201</u>	 <u>\$ 7,135,998</u>	 <u>\$ 13,641,199</u>

See accompanying notes to consolidated financial statements.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Consolidated Statements of Activities, Continued
Year Ended June 30, 2014

	<u>Unrestricted</u>	Temporarily <u>Restricted</u>	<u>Total</u>
Support and revenue:			
Government appropriations	\$ -	\$ 4,080,571	\$ 4,080,571
Contributions	197,519	2,397,321	2,594,840
Contract revenue	-	472,500	472,500
Investment income	648,108	-	648,108
Unrealized net gain on investments	499,301	-	499,301
Other income	<u>124,473</u>	<u>1</u>	<u>124,474</u>
Total support and revenue	<u>1,469,401</u>	<u>6,950,393</u>	<u>8,419,794</u>
Net assets released from restriction	<u>5,269,056</u>	<u>(5,269,056)</u>	<u>-</u>
Expenditures:			
Program services - grants	5,942,689	-	5,942,689
Supporting services:			
Management and general	543,443	-	543,443
Fundraising	<u>98,165</u>	<u>-</u>	<u>98,165</u>
Total expenditures	<u>6,584,297</u>	<u>-</u>	<u>6,584,297</u>
Change in net assets	154,160	1,681,337	1,835,497
Net assets, beginning of year	<u>5,450,585</u>	<u>4,891,353</u>	<u>10,341,938</u>
Net assets, end of year	<u>\$ 5,604,745</u>	<u>\$ 6,572,690</u>	<u>\$ 12,177,435</u>

See accompanying notes to consolidated financial statements.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Consolidated Statements of Functional Expenses Year Ended June 30, 2015

	Supporting Services			Total
	Program Services - Grants	Management and General	Fundraising	
Salaries	\$ -	\$ 210,518	\$ 50,369	\$ 260,887
Employee benefits/payroll taxes	-	51,073	12,547	63,620
Total salaries and related expenditures	-	261,591	62,916	324,507
Grants	3,642,365	-	-	3,642,365
RX Partnership	115,000	-	-	115,000
The Pharmacy Connection	363,567	-	-	363,567
MAP	248,811	-	-	248,811
Strategic Initiatives	184,284	-	-	184,284
Child Health Insurance Initiatives	360,004	-	-	360,004
Grantee Technical Assistance	99,320	-	-	99,320
Grantmaking	241,565	-	-	241,565
Dental Opportunities Initiative	62,907	-	-	62,907
Contractual services	-	84,269	4,732	89,001
Office rent	-	44,626	-	44,626
Investment fees	-	49,941	-	49,941
Telephone and fax	-	4,285	282	4,567
Supplies	-	434	1,646	2,080
Computer software and supplies	-	1,098	516	1,614
Printing and copying	-	8,427	-	8,427
Postage	-	5,939	96	6,035
Travel	-	5,337	233	5,570
Meeting/conference costs	-	21,608	593	22,201
Special events	-	24,000	30,593	54,593
Miscellaneous	-	1,800	-	1,800
Insurance	-	12,723	-	12,723
Subscriptions, fees and dues	-	4,435	854	5,289
Total expenditures before depreciation and amortization	5,317,823	530,513	102,461	5,950,797
Depreciation and amortization of property and equipment	-	6,469	-	6,469
Total expenditures	\$ 5,317,823	\$ 536,982	\$ 102,461	\$ 5,957,266

See accompanying notes to consolidated financial statements.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Consolidated Statements of Functional Expenses, Continued Year Ended June 30, 2014

	Supporting Services			Total
	Program Services - Grants	Management and General	Fundraising	
Salaries	\$ -	\$ 177,041	\$ 60,331	\$ 237,372
Employee benefits/payroll taxes	-	58,021	13,387	71,408
Total salaries and related expenditures	-	235,062	73,718	308,780
Grants	4,130,710	-	-	4,130,710
RX Partnership	115,000	-	-	115,000
The Pharmacy Connection	538,922	-	-	538,922
MAP	242,688	-	-	242,688
Strategic Initiatives	180,590	-	-	180,590
Child Health Insurance Initiatives	291,619	-	-	291,619
Grantee Technical Assistance	89,472	-	-	89,472
Grantmaking	240,344	-	-	240,344
Dental Opportunities Initiative	113,344	-	-	113,344
Contractual services	-	140,816	4,905	145,721
Office rent	-	48,899	-	48,899
Investment fees	-	50,356	-	50,356
Telephone and fax	-	5,335	705	6,040
Supplies	-	1,762	275	2,037
Computer software and supplies	-	2,380	516	2,896
Printing and copying	-	12,930	-	12,930
Postage	-	3,779	862	4,641
Travel	-	4,948	535	5,483
Meeting/conference costs	-	9,013	602	9,615
Special events	-	-	13,029	13,029
Miscellaneous	-	641	2,403	3,044
Insurance	-	11,952	-	11,952
Subscriptions, fees and dues	-	7,648	615	8,263
Total expenditures before depreciation and amortization	5,942,689	535,521	98,165	6,576,375
Depreciation and amortization of property and equipment	-	7,922	-	7,922
Total expenditures	\$ 5,942,689	\$ 543,443	\$ 98,165	\$ 6,584,297

See accompanying notes to consolidated financial statements.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Consolidated Statements of Cash Flows Years Ended June 30, 2015 and 2014

	2015	2014
Cash flows from operating activities:		
Change in net assets	\$ 1,463,764	\$ 1,835,497
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation and amortization	6,469	7,922
Interest income on certificates of deposit	-	(836)
Net investment income reinvested	(123,196)	(114,134)
Net realized and unrealized gain on investments	(309,619)	(992,680)
Loss on sale of property and equipment	-	303
Change in assets and liabilities:		
Government appropriations receivable	(500,000)	-
Interest receivable	(382)	1,779
Contributions and grants receivable	440,004	(459,858)
Prepaid expenses	(2,775)	4,128
Accounts payable and accrued expenses	125,176	(85,400)
Grants payable	(440,938)	(307,681)
Deferred revenue	(464,737)	(231,545)
	193,765	(342,505)
Net cash provided by (used in) operating activities		
Cash flows from investing activities:		
Purchase of property and equipment	(16,656)	(10,980)
Proceeds from sale of property and equipment	-	725
Proceeds from maturity of certificates of deposit	-	271,103
Proceeds from sales of investments	3,410,371	2,213,024
Purchase of investments	(2,909,471)	(2,210,515)
	484,244	263,357
Net cash provided by investing activities		
Net change in cash and cash equivalents	678,009	(79,148)
Cash and cash equivalents, beginning of year	2,438,474	2,517,622
Cash and cash equivalents, end of year	\$ 3,116,483	\$ 2,438,474

See accompanying notes to consolidated financial statements.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements

1. **Organization and Business:**

Virginia Health Care Foundation (“VHCF”) is a Virginia not-for-profit entity which was created in June 1992 as a public/private partnership by the Governor of Virginia and the Virginia General Assembly’s Joint Commission on Health Care. VHCF’s mission is to enhance access to primary care for Virginia’s uninsured and medically underserved population by helping to foster community-based projects that combine the resources of state government, health care professionals, the business sector and local private funds.

Virginia Health Council, Inc. (“Affiliate” or “VHC”) is a Virginia not-for-profit entity which was created on July 20, 1960 for the purpose of strengthening through cooperative efforts a full health program for Virginia by serving as a clearinghouse on health and medical care problems and issues; assisting in the elimination of duplication and overlapping of efforts, when desirable; bringing together individuals, agencies, and organizations in order to facilitate joint planning where needed for special joint efforts; and supporting specific programs which are directed toward meeting health and medical care needs. On July 20, 1995, VHC restated its Articles of Incorporation and Bylaws thereby naming VHCF as its sole member. With this sole membership, VHCF has the authority to elect the board of directors of VHC.

2. **Summary of Significant Accounting Policies:**

Basis of Consolidation: The accompanying consolidated financial statements include the accounts and activities of VHCF and the VHC (collectively, the “Foundation”) (see Note 11) as of and for the fiscal years ended June 30, 2015 and 2014. All significant intercompany accounts and transactions have been eliminated in consolidation.

Basis of Accounting: The Foundation prepares its consolidated financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (“GAAP”).

Net Assets: The Foundation classifies its net assets into three categories: unrestricted, temporarily restricted, and permanently restricted.

Unrestricted net assets include funds that are not subject to donor-imposed restrictions.

Temporarily restricted net assets are those funds subject to donor-imposed stipulations that may or will be met by actions of the Foundation and/or passage of time.

Permanently restricted net assets are endowment funds that are restricted to investment in perpetuity, the income from which is expendable to support the various programs sponsored by the Foundation. As of June 30, 2015 and 2014, there were no permanently restricted net assets.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

2. Summary of Significant Accounting Policies, Continued:

Revenue Recognition: Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenditures are reported as decreases in unrestricted net assets. Realized and unrealized gains and losses on investments are reported as increases or decreases in unrestricted net assets unless their use is restricted by donors. Expirations of temporary restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications from temporarily restricted net assets to unrestricted net assets.

Cash and Cash Equivalents: Cash equivalents consist of investments in money market funds. For purposes of the consolidated statements of cash flows, the Foundation considers all highly liquid financial instruments not included in the investment portfolio or with original maturities of three months or less to be cash equivalents.

Concentrations of Credit Risk: Financial instruments that potentially subject the Foundation to concentrations of credit risk consist principally of cash and cash equivalents and receivables. The Foundation places its cash and cash equivalents with multiple financial institutions to help limit this risk. At times, these balances are in excess of the FDIC insurance limit.

The Foundation's receivables are from individuals, corporations, government organizations and foundations. During 2015, there were no concentrations in receivables other than the government appropriation. During 2014, in addition to the government appropriation, one contributor accounted for 14% of total receivables. The Foundation believes its credit risk related to these receivables is limited due to the nature of its donors. See Note 12 for additional information on the government appropriation.

The Foundation places its short-term investments in a variety of financial instruments and, by policy, limits the amount of credit exposure through diversification and by restricting its investments to highly rated securities.

Investments: Investments are reported at fair value. Unrealized gains and losses are included in the consolidated statements of activities. Realized gains and losses are calculated using the specific identification method.

Property and Equipment: Property and equipment is recorded at cost for purchased items and at fair value on the date of the gift for contributed items. Major repairs and betterments are capitalized and normal maintenance and repairs are charged to expense as incurred. Depreciation is computed on a straight-line basis over the estimated useful lives (generally five years) of the assets.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

2. Summary of Significant Accounting Policies, Continued:

Fair Value of Financial Instruments: The carrying amounts of cash and cash equivalents; appropriations receivable; interest receivable; contributions receivable; grants receivable; accounts payable and accrued expenses; and grants payable approximate fair value because of the short-term nature of these financial instruments.

Deferred Revenue: During 2013, the Foundation received a \$1,000,000 three year pledge with a \$1 for \$1 matching requirement, which must be met prior to December 31, 2015. During 2015, The Foundation raised \$464,737 towards the matching requirement and recorded a contribution of \$467,737, along with the matching funds received, in the accompanying consolidated statements of activities. During 2014, the Foundation raised \$231,545 towards the matching requirement and recorded a contribution of \$231,545, along with the matching funds received, in the accompanying consolidated statements of activities. The unmatched portion of the pledge (\$103,718 at June 30, 2015 and \$568,455 at June 30, 2014) is included in the accompanying consolidated statements of financial position as deferred revenue.

Income Taxes: VHCF received a favorable determination letter from the Internal Revenue Service on October 22, 1996 stating that it is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code ("IRC").

Management has evaluated the effect of guidance surrounding uncertain income tax positions and concluded that the Foundation has no significant financial statement exposure to uncertain income tax positions at June 30, 2015 and 2014. The Foundation's tax returns since 2012 remain open for examination by tax authorities. The Foundation is not currently under audit by any tax jurisdiction.

Contributions and Contract Revenue: Contributions to the Foundation are recognized as revenue in the period the promise is made by the donor. Contributions of assets other than cash are recorded at their estimated fair values. Contract revenue is recorded in the year the contract is awarded, provided that the award is unconditional.

Many of the Foundation's contributions are part of a multi-year commitment. Long-term commitments are recognized as contributions in the consolidated statements of activities even though a portion of the contribution is receivable in future periods. The long-term contributions are recognized as contributions receivable at their net present value in the consolidated statements of financial position.

Donated Services: During 2015 and 2014, the Foundation received professional services at no charge from outside organizations. These services, valued by the donors at approximately \$45,677 in 2015 and \$92,342 in 2014, were recorded as unrestricted contribution revenue and recorded as expenditures in the related expense accounts in the accompanying consolidated statements of activities.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

2. Summary of Significant Accounting Policies, Continued:

Grants: The Foundation makes grants to various local, Virginia not-for-profit organizations to carry out its mission. A grant is recognized as an expense in the year the board of trustees authorizes the grant. Although certain requirements are stipulated for each grant, management has assessed the possibility that those requirements will not be met as remote and, therefore, they are considered to be unconditional. Grants are generally paid within one year of authorization. The Foundation reduced grants expense by \$420,229 in 2015 and \$94,543 in 2014 for grants recognized in prior years that will not be paid. These reductions relate to terminated or reduced grants resulting from the grantees' inability to fulfill the requirements of the grants, and to grantees that did not spend anticipated funding. All of these funds were reallocated to future grants.

Use of Estimates: The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from those estimates.

Subsequent Events: Management has evaluated subsequent events through August 11, 2015, the date the consolidated financial statements were available to be issued, and has determined there are no subsequent events to be reported in the accompanying consolidated financial statements.

3. Cash and Cash Equivalents:

Cash and cash equivalents include the following as of June 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Cash on deposit	\$ 3,090,285	\$ 2,412,316
Money market funds	<u>26,198</u>	<u>26,158</u>
	<u>\$ 3,116,483</u>	<u>\$ 2,438,474</u>

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

4. Investments:

The costs and fair values of investments as of June 30, 2015 and 2014 are summarized as follows:

	2015		2014	
	Cost	Fair value	Cost	Fair value
Money market funds	\$ 686,878	\$ 686,878	\$ 589,836	\$ 589,836
Certificates of deposit	400,000	400,747	200,000	201,044
U.S. Treasury Bills	100,370	100,578	100,614	100,531
Common stocks	4,391,778	5,982,830	4,571,002	6,419,859
Corporate bonds	<u>1,997,482</u>	<u>2,018,503</u>	<u>1,897,413</u>	<u>1,946,351</u>
	<u>\$ 7,576,508</u>	<u>\$ 9,189,536</u>	<u>\$ 7,358,865</u>	<u>\$ 9,257,621</u>

Investment income and gains and losses for investments are comprised of the following for the years ended June 30:

	2015	2014
Interest income	\$ 166,123	\$ 154,729
Net realized gains	<u>595,346</u>	<u>493,379</u>
	<u>\$ 761,469</u>	<u>\$ 648,108</u>
Net unrealized (loss) gains	<u>\$ (285,727)</u>	<u>\$ 499,301</u>

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

5. Fair Value Measurements:

The Financial Accounting Standards Board (“FASB”) has issued guidance for measurement and disclosure of fair value and establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. The guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal and most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The levels of the hierarchy are defined as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Foundation has the ability to access.
- Level 2 Inputs to the valuation methodology are quoted prices for similar instruments in active and inactive markets; and model driven valuations with significant inputs and drivers derived from observable active markets.
- Level 3 Inputs to the valuation methodology are unobservable for the instrument and significant to the fair value measurement. The Foundation did not have any Level 3 assets or liabilities at June 30, 2015 and 2014.

Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for investments carried or disclosed at fair value:

Money market funds: Valued at the cash balance.

Certificates of deposit: Valued at face value and accrued interest.

U.S. Treasury Bills: Valued at the discount price until maturity.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued at the present value of the bond’s cash flow which includes periodic interest payments and the repayment of principal.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

5. Fair Value Measurements, Continued:

Investments measured at fair value on a recurring basis at June 30, 2015 include the following:

	Fair Value Using		Investments at Fair Value
	Level 1	Level 2	
Investments:			
Money market funds	\$ 686,878	\$ -	\$ 686,878
Certificates of deposit	-	400,747	400,747
U.S. Treasury Bills	-	100,578	100,578
Common stocks:			
Closed end mutual funds	572,695	-	572,695
Consumer discretionary	755,100	-	755,100
Consumer staples	662,915	-	662,915
Energy	318,077	-	318,077
Financials	1,315,936	-	1,315,936
Health care	685,675	-	685,675
Industrials	556,143	-	556,143
Information technology	431,970	-	431,970
Materials	272,972	-	272,972
Real estate investment trusts	304,724	-	304,724
Telecommunication services	71,514	-	71,514
Utilities	35,107	-	35,107
Corporate bonds	-	2,018,503	2,018,503
	<u>\$ 6,669,708</u>	<u>\$ 2,519,828</u>	<u>\$ 9,189,536</u>

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

5. Fair Value Measurements, Continued:

Investments measured at fair value on a recurring basis at June 30, 2014 include the following:

	Fair Value Using		Investments at Fair Value
	Level 1	Level 2	
Investments:			
Money market funds	\$ 589,836	\$ -	\$ 589,836
Certificates of deposit	-	201,044	201,044
U.S. Treasury bills	-	100,531	100,531
Common stocks:			
Closed end mutual funds	545,786	-	545,786
Consumer discretionary	681,430	-	681,430
Consumer staples	604,237	-	604,237
Energy	501,676	-	501,676
Financials	1,409,297	-	1,409,297
Health care	790,002	-	790,002
Industrials	668,912	-	668,912
Information technology	636,150	-	636,150
Materials	270,476	-	270,476
Real estate investment trusts	271,385	-	271,385
Telecommunication services	20,482	-	20,482
Utilities	20,026	-	20,026
Corporate bonds	-	1,946,351	1,946,351
	<u>\$ 7,009,695</u>	<u>\$ 2,247,926</u>	<u>\$ 9,257,621</u>

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

5. Fair Value Measurements, Continued:

The Foundation's investments in certificates of deposit, corporate bonds, and government obligations are subject to restrictions on the frequency of redemptions without penalty. At June 30, 2015, the redemption periods and related amounts were as follows:

Year Ended June 30:	Certificates of Deposit	U.S. Treasury Bills	Corporate Bonds
2016	\$ 400,747	\$ -	\$ 418,444
2017	-	100,578	690,995
2019	-	-	353,688
2020	-	-	123,686
2021	-	-	118,116
2022	-	-	210,754
2024	-	-	102,820
	<u>\$ 400,747</u>	<u>\$ 100,578</u>	<u>\$ 2,018,503</u>

6. Contributions Receivable:

Contributions receivable are summarized as follows as of June 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Unconditional contributions expected to be collected in:		
Less than one year	\$ 810,723	\$ 877,849
One year to five years	<u>20,000</u>	<u>393,185</u>
	830,723	1,271,034
Less discount	<u>86</u>	<u>393</u>
Total contributions receivable	<u>\$ 830,637</u>	<u>\$ 1,270,641</u>

The future expected cash flows from contributions receivable have been discounted using a discount rate of .43% in 2015 and .10% in 2014.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

7. Property and Equipment, Net:

Property and equipment, net as of June 30, 2015 and 2014 is as follows:

	2015	2014
Equipment	\$ 105,237	\$ 91,529
Leasehold improvements	2,949	2,949
Software	42,519	42,519
	150,705	136,997
Less accumulated depreciation and amortization	123,728	120,208
Property and equipment, net	\$ 26,977	\$ 16,789

8. Lease Commitments:

The Foundation is obligated under operating leases for office space and equipment that expire on various dates through March 31, 2020. The office space lease includes scheduled rent increases at specified intervals during the term of the lease. The Foundation recognizes rent expense on a straight-line basis over the life of the related lease. Total rental expense for operating leases was \$102,575 in 2015 and \$103,683 in 2014. Future minimum lease payments as of June 30, 2015 are:

	Amount
Year ending June 30:	
2016	\$ 103,690
2017	105,507
2018	105,663
2019	99,494
2020	76,006
Total	\$ 490,360

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

9. Temporarily Restricted Net Assets:

Temporarily restricted net assets are available for the following periods subsequent to June 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
For periods after the end of the fiscal year	<u>\$ 7,135,998</u>	<u>\$ 6,572,690</u>

The amounts are restricted for program development purposes.

10. Employee Retirement Plan:

The Foundation has an employee retirement plan under Section 403(b) of the IRC. The plan provides for salary reduction contributions by eligible employees and for Foundation contributions, subject to certain limitations. The Foundation's contribution to the plan was \$47,694 in 2015 and \$48,316 for 2014.

11. Virginia Health Council Membership and Trust Fund:

The Foundation received income from the Arthur Graham Glasgow Trust as the sole member of VHC for many years. The trust is a split-interest agreement naming VHC as a 1.7% beneficiary of the trust's principal assets (at trust's termination) and the trust's annual income (received quarterly). As of May 24, 2011, the remaining measuring life ended and the trust began the termination process. As of June 30, 2015, all VHC's interest in the trust had been distributed to and received by VHC. The present value of the percentage interest in the trust (\$0 as of June 30, 2015 and \$13,334 as of June 30, 2014) was recorded as contributions receivable and as temporarily restricted net assets in the accompanying consolidated statements of financial position. In 2015, the final principal distributions to VHC totaled \$10,115. No principal distributions were received in 2014. The reduction in the receivable balance from 2014 (\$3,220) was a result of market fluctuations as the trust dissolution was finalized. It has been recorded as a reduction in the Membership interest of VHC in the accompanying consolidated statements of activities for the year ended June 30, 2015.

VIRGINIA HEALTH CARE FOUNDATION AND AFFILIATE

Notes to Consolidated Financial Statements, Continued

12. Government Appropriations:

The Commonwealth of Virginia (the "Commonwealth") has designated an appropriation in its biennial budget to the Foundation of \$4,580,571 for the 2016 fiscal year. This appropriation is to be used to fulfill the purpose of the Foundation. The Foundation has elected to record these funds as a receivable when the Commonwealth has completed action on the current budget, which is done on an annual basis. Since the final action has been taken on the 2016 budget, the appropriation was included as a receivable as of June 30, 2015 in the accompanying consolidated financial statements. The amount of the appropriation is subject to change should the Commonwealth experience a budget shortfall; however, the Foundation has taken this possibility into consideration in its 2016 fiscal year budget. These appropriations accounted for 62% of support and revenue for 2015 and 48% of support and revenue for 2014. These appropriations accounted for 84% of total receivables at June 30, 2015 and 76% of total receivables at June 30, 2014.