THE NEXT GENERATION OF VISIONARIES AT CMC

VELLORE
CHRISTIAN MEDICAL COLLEGE FOUNDATION

2016 ANNUAL REPORT
Dear Friends,

Greetings from the CMC Vellore Foundation and its Board of Directors!

In this report we highlight CMC’s ongoing academic achievements and excellence. Read about two signature programs at CMC which are supported by the Foundation through you, our generous donors. The Model Villages project in the Jawadhi Hills conducted by CMC’s Department of Community Health and Development (CHAD) continues to make significant progress. Work in the first village has been completed and is being initiated in the second village. The second program focuses on the first Level 1 Trauma Center in South India which is being constructed at the new hospital campus in Kannigapuram.

CMC continues to lead the country in cutting-edge clinical and translational research which improves the lives of those in resource-limited settings. Read about recent accomplishments in research in hemophilia, rotavirus vaccine development and neurocysticercosis in CMC’s Departments of Hematology, Gastrointestinal Sciences and Neurology respectively.

Please continue to support the outstanding work in CMC through your generous donations.

With warm regards,

Honorine Ward, MD
Chair
Board of Directors
Vellore CMC Foundation, Inc.
Dear Friends,

Welcome to our 2016 Annual Report and Audited Financial Statements. We are proud to share with you the great work and the many breakthroughs that you supported at CMC this year. You will read inside about the long-awaited launch of a vaccine to prevent the deadly rotavirus. CHAD has guided the Model Village of Koiloor to become the first in all of the Jawadhi Hills to have toilets at every home and a sustainable safe water supply. CMC’s new 1,500-bed hospital in Kannigapuram is well underway, including the first Level I Trauma Center in South India. As India has advanced and CMC has grown, news of the “firsts” in Vellore can get lost; but in fact they are frequent; and each one proves the importance and the relevance of CMC in the 21st Century.

As many of you know, CMC has been greatly tested recently by a threat to its admissions process. Be assured that, in spite of these challenges, CMC’s commitment to mission, vision and values will not waver.

We are grateful for the leadership of outgoing Director Dr. Sunil Chandy and welcome Dr. J.V. Peter, just installed as CMC’s Director for the next five years. We know that with God’s grace he will keep CMC free of turmoil and alive with the work of educating medical professionals and caring for patients.

As always we rely on your support to continue our work at the Foundation and to fund all the special projects that keep CMC at the forefront of global health & development. Thank you for your generosity!

We are CMC Vellore!

With warm regards,

Katherine D. Guenther
President
Vellore CMC Foundation, Inc.

In the photos above, Dr. Honorine Ward and Kate Guenther take part in a Brick Laying Ceremony at the Kannigapuram Campus.
In the Jawadhi Hills near Vellore, 80,000 tribal people have lived isolated and traditional lives for centuries. Their culture has resisted a more modern lifestyle, except to allow outsiders to bring schooling and healthcare to their children.

With significant support from you our donors, CMC’s award-winning Community Health & Development (CHAD) team, has built a deep and mutual trust over time. Working with its partner Don Bosco,* alongside the people of Koiloor Village, they listened and guided early community meetings about change; encouraged the selection of leaders and agreement on priorities; and helped prepare the village for the inevitable conflicts that accompany wide-scale change. There are many needs in Koiloor, but the families took the unprecedented step of putting household toilets and clean water at the top of their list. The people themselves took lead responsibility for the labor and a small portion of the cost. CHAD assisted with planning, training, and financial support to build 95 household toilets and a sustainable fresh water source.

The Children’s Parliament is giving young people pride in their tribal heritage as they adapt to change that will enhance their lives.

*CMC’s long-standing partners in the Jawadhi Hills are the Don Bosco Fathers at their Tribal Development Society. The Fathers are highly educated and skilled in community development and have services that are complementary to CMC. They live among the people and are greatly trusted by them.

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**YOUNG LEADERS**

A Children’s Parliament in Koiloor is giving young people in the village a voice, empowering them to share ideas, build consensus, work toward shared goals and expect improvement as the result of hard work. Here a boy reads his oath. The children sing songs about the culture in the Hills and the need for community unity for the sustenance of social and economic development in the Hills. They are encouraged to make a difference in the lives of the people in their village.

The children meet every month and issue minutes of their meetings. They will be mentored by two CMC social workers. CHAD’s primary partner in the Hills, Don Bosco, will facilitate the growth and activities of the Parliament planned by the children, with CMC and Don Bosco being advisors.
In Kannigapuram, where CMC will open a 1,500-bed Hospital and the First Level I Trauma Center in South India

Traumatic auto accidents in Tamil Nadu are more frequent and cause more life-altering injuries per capita than anywhere else in the world! Numbers of fatalities are a very close second worldwide. CMC is responding to this urgent need with its largest and boldest expansion ever. A new 70-acre campus in Kannigapuram will include a 1,500-bed hospital for the Super-Specialties, a Training Center and a Level I Trauma Center modeled after those in the US (the most advanced in the world). In Year I a minimum of 50,000 people will have access to this unprecedented care. The Center is built directly on a major highway so that advanced interventions can begin within the “Golden Hour” – the time immediately after injury in which lifesaving care has the best chance of being successful.

CMC doctors and nurses have already started training at leading trauma centers in the US. The design and staffing of the new Center are also based on effective models from the US. When it opens in 2019 the Center will surpass any similar facility in India because of such generous access to American expertise.

Besides saving lives after injury, impact will be felt in the educational and public health communities as CMC leads a multi-pronged prevention effort. CMC’s expertise in community health provides the experience and the essential channels for communication.
CMC’s founder Dr. Ida Scudder was first in India to provide quality care to the poor in the distant villages where they lived. She used simple tools and developed creative and effective ways to give care that was safe, effective and low-cost.

Not only have Dr. Scudder’s “roadside clinics” continued and given primary care to millions, they have provided a platform from which CMC faculty and students could find the simplest solutions to treat poor patients. This is just one aspect of Community Health Education and Practice that started in Vellore and is encouraged and supported in developing nations around the world.

CMC has five well-developed programs that send teams of community health nurses, doctors, and specialists into the “periphery;” together they see hundreds of thousands of patients affordably and comprehensively. Their goal is to shift clinical focus from treatment to prevention/maintenance, particularly as the chronic “lifestyle” diseases are overtaking communicable diseases.

CMC was the first medical/nursing college in the world to require all students in their education continuum to spend extended periods of time living among the people they would serve. Without exception, these are people living their lives without access to healthcare, a safe water supply, toilets, running water, adequate or dependable electrical power, etc. CMC’s students have great compassion and love for the people they serve – a truly unique benefit of their training.

**IN THE SLUMS OF VELLORE**

CMC’S Low Cost Effective Care Unit (LCECU) has taken care of the urban poor since 1981. With a recently adopted change in staffing, LCECU is able to visit every neighborhood once a week. A team of Health Aides who have training in basic care open the weekly clinic for several hours, joined by a Nurse or Doctor. Home visits are an essential part of clinic day, for many are unable to walk, even a few blocks.

This is the home of Edward, a painter who was paralyzed after a fall from a ladder. Edward is visited at least once a week by someone from LCECU. His wife and two small children (front right) also benefit from LCECU’s compassion and care. Staff makes sure someone from the village is taking the children to school. After caring for her husband for a period of time Edward’s wife became skilled and the CMC Rehab Hospital employed her. Edward makes a bit of money charging people’s phones—something he can do lying down with a power supply set up for him over his head. LCECU helped the family enroll for their pension money and helped them establish an “account” at the nearest vegetable vendor so that they would not go without food between paychecks. Donors to LCECU sometimes give to the family’s special needs like medications and school fees.
IN THE PERIPHERY

The Mobile Clinics visit three to four villages a day—often working until early evening. One individual from each village has been trained to be CMC’s “eyes and ears” between visits. They are paid a small stipend and gain great respect in their villages. They will make sure everyone knows when the clinic is coming and call CMC if there is a health crisis. Care for village residents has improved since these workers were added.

As many as 100 people can be seen during a visit from the Mobile Clinic.

A nurse makes up medications and dispenses them. Everyone pays what they can for medications.

A doctor has a pregnant woman read the handout on prenatal care. She reads it so that the doctor can evaluate her understanding of the material. More than half of the residents of this village are illiterate.

Not a minute is wasted during a stop. A Nurse Educator teaches about the causes, early signs of and risks of diabetes.
CMC’s Physician-Scientists use Translational Medicine to Find Treatments for Low-Income People

HEMATOLOGY

CMC’s renowned Hematology Department, where the first bone marrow transplant (BMT) in India was conducted in 1986, continues to lead the country in the advancement of the procedure, lowering its cost and boosting its rate of success. Although BMTs have been done for over 30 years there has never been a common Bone Marrow Registry in India to bring donors, transplant centers and patients together when a self or family donor is not available. In the past year CMC has led an effort to unite the separate registries that have operated in isolation and digitize the data. As a result over 50 centers have joined the Indian Stem Cell Transplant Registry that CMC is linked to.

Before 2006, acute promyelocytic leukemia (APL), a kind of acute myeloid leukemia (AML), was considered virtually incurable in India for one reason: the drugs to treat it cost almost $12,000, an unthinkable amount of money for most Indians. At CMC, clinical research led to a discovery that had also just been developed in China. With a new treatment using arsenic trioxide (ATO) the cost was reduced to $1,500. Because of this, every year 80-90% of cases are being treated. In the past ten years researchers have experimented with the combination of all-trans-retinoic acid (ATRA), gemtuzumab ozogamicin, plus ATO. In a 2016 study of this new therapy, full remission rate was 96%.

http://www.bloodjournal.org/content/129/10/1275?sso-checked=true

There are over 20,000 known hemophiliacs in India; however CMC Physician-Scientists believe that the actual number is closer to 100,000. CMC has urged the National Rural Health Mission to establish coagulation laboratories across 750 districts in the country to provide the care and treatment that hemophiliacs require. Major breakthroughs are imminent in gene therapy trials underway in the UK, the US and around the world, thanks in great part to CMC stem cell research. For today’s patients and future generations, the goal of this project is a cure for this onerous, genetic disease.

https://link.springer.com/article/10.1007/s12288-017-0872-2
CMC’s Physician-Scientists use Translational Medicine to Find Treatments for Low-Income People

Rotavirus is the leading cause of life-threatening diarrhea and dehydration, especially among babies and young children in poor areas. Vaccines have been available and widely used since 2006 in those countries that can afford the vaccine or get it through grants. Nearly 80,000 children die in India from rotavirus annually. The Wellcome Trust Research Laboratory, part of the Division of Gastrointestinal Sciences at CMC, has been studying the virus for over 20 years under the leadership of Dr. Gagandeep Kang. With this work, including collaboration with scientists and funders around the world, has come an Indian-made vaccine that is now being rolled out as part of the government health plan. The vaccine is given to babies in three doses. The work of the Wellcome Lab scientists and their collaborators was not only to test a safe, affordable and effective vaccine, but also to generate the information that resulted in the government of India’s decision to introduce the vaccine. The new vaccine costs $1 per dose to the government, considerably less than similar vaccines made by multinational companies, and is now available to about one-third of Indian children.

Neurocysticercosis (NCC) is a parasitic brain infection that is rare in the developed world but a significant public health problem in India. CMC researchers in Neurology have studied NCC (cause, transmission, diagnosis, treatment) extensively for more than 25 years to understand its relationship to acquired epilepsy.

Today scientists know from CMC’s research that NCC is the major cause of acquired epilepsy. It is extremely costly to diagnose because the MRI is the only definitive test. CMC recently published its findings that show genetic links to NCC. Hopefully this is the breakthrough that will lead to new tools to diagnose NCC safely and affordably.

https://doi.org/10.1371/journal.pntd.0005664

GASTROENTEROLOGY

NEUROLOGY

Neurocysticercosis (NCC) is a parasitic brain infection that is rare in the developed world but a significant public health problem in India. CMC researchers in Neurology have studied NCC (cause, transmission, diagnosis, treatment) extensively for more than 25 years to understand its relationship to acquired epilepsy.

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https://doi.org/10.1371/journal.pntd.0005664
# 2016 Financial Statements

## STATEMENTS OF FINANCIAL POSITION

For the Years Ended December 31, 2016 and December 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$369,270</td>
<td>$483,772</td>
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<tr>
<td>Investments</td>
<td>$6,222,475</td>
<td>$6,271,776</td>
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<tr>
<td>Pledges receivable</td>
<td>$48,503</td>
<td>$75,030</td>
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<td>Beneficial interest in trusts</td>
<td>$7,336</td>
<td>$18,756</td>
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<td>Prepaid expenses and other</td>
<td>$8,510</td>
<td>$12,819</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>$24,900</td>
<td>$35,501</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$6,680,994</td>
<td>$6,897,654</td>
</tr>
</tbody>
</table>

| **LIABILITIES**        |               |               |
| Accounts payable and accrued expenses | $216,455     | $246,941      |

| **TOTAL LIABILITIES**  | $216,455      | $246,941      |

| **COMMITMENTS AND CONTINGENCIES** | | |

| **NET ASSETS**          |               |               |
| Unrestricted:           |               |               |
| Operating               | $379,647      | $227,064      |
| Board designated        | $2,487,680    | $2,469,796    |
| Total unrestricted      | $2,867,327    | $2,696,860    |
| Temporarily restricted   | $1,590,084    | $1,924,388    |
| Permanently restricted   | $2,007,128    | $2,029,465    |

| **TOTAL NET ASSETS**    | $6,464,539    | $6,650,713    |

| **TOTAL LIABILITIES AND NET ASSETS** | $6,680,994 | $6,897,654 |

## Total Private Giving

![Total Private Giving Chart](chart.png)
### Statement of Activities

**For the Years Ended December 31, 2016 and December 31, 2015**

<table>
<thead>
<tr>
<th></th>
<th>FOR THE YEAR ENDED DECEMBER 31, 2016</th>
<th>FOR THE YEAR ENDED DECEMBER 31, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
</tr>
<tr>
<td><strong>Operating Support and Revenue:</strong></td>
<td></td>
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<tr>
<td>Contributions</td>
<td>180,002</td>
<td>$258,173</td>
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<td>Groups</td>
<td>7,675</td>
<td>31,380</td>
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<tr>
<td>Foundations, corporations and trusts</td>
<td>362</td>
<td>196,104</td>
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<tr>
<td>Institutional members</td>
<td>11,190</td>
<td>87,958</td>
</tr>
<tr>
<td>Donated goods and services</td>
<td>8,501</td>
<td>–</td>
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<tr>
<td>Accounts payable and accrued expenses</td>
<td>207,730</td>
<td>573,615</td>
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<tr>
<td>Government grants</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Other revenue</td>
<td>80</td>
<td>–</td>
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<tr>
<td>Investment earnings appropriated for operations</td>
<td>297,289</td>
<td>–</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>965,617</td>
<td>(965,617)</td>
</tr>
<tr>
<td><strong>Total Operating Support and Revenue</strong></td>
<td>1,470,716</td>
<td>(392,002)</td>
</tr>
<tr>
<td><strong>Operating Expense:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program services:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>869,788</td>
<td>–</td>
</tr>
<tr>
<td>USA</td>
<td>256,427</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td>1,126,215</td>
<td>–</td>
</tr>
<tr>
<td><strong>Supporting Services:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and General</td>
<td>183,824</td>
<td>–</td>
</tr>
<tr>
<td>Fundraising</td>
<td>52,608</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total Supporting Services</strong></td>
<td>236,432</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>1,362,647</td>
<td>–</td>
</tr>
<tr>
<td><strong>Change in Net Assets from Operations</strong></td>
<td>108,069</td>
<td>(392,002)</td>
</tr>
<tr>
<td><strong>Non-Operating Activity:</strong></td>
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<td></td>
</tr>
<tr>
<td>Other non-operating expenses</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Investment activity</td>
<td>255,460</td>
<td>118,048</td>
</tr>
<tr>
<td>Transfers</td>
<td>43,877</td>
<td>(43,877)</td>
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<tr>
<td>Appropriations for operations</td>
<td>(236,939)</td>
<td>(60,350)</td>
</tr>
<tr>
<td><strong>Total Non-Operating Activity</strong></td>
<td>62,398</td>
<td>57,698</td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td>170,467</td>
<td>(334,304)</td>
</tr>
<tr>
<td>Net assets – beginning of year</td>
<td>2,696,860</td>
<td>1,924,388</td>
</tr>
<tr>
<td><strong>Net Assets – End of Year</strong></td>
<td>$2,867,327</td>
<td>$1,590,084</td>
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</tbody>
</table>
## STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended December 31, 2016 and Comparative Totals for 2015

<table>
<thead>
<tr>
<th></th>
<th>Program Services</th>
<th>Supporting Services</th>
<th>Total Program Services</th>
<th>Management and General</th>
<th>Fundraising</th>
<th>Total Supporting Services</th>
<th>Total 2016</th>
<th>Total 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>21,410</td>
<td>2,712</td>
<td>145,388</td>
<td>123,978</td>
<td>31,220</td>
<td>120,092</td>
<td>265,480</td>
<td>303,482</td>
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<td>Payroll taxes and employee benefits</td>
<td>–</td>
<td>474</td>
<td>17,685</td>
<td>7,187</td>
<td>3,186</td>
<td>9,128</td>
<td>17,239</td>
<td>14,144</td>
</tr>
<tr>
<td>Total Salaries and Related Costs</td>
<td>–</td>
<td>474</td>
<td>11,339</td>
<td>3,498</td>
<td>8,797</td>
<td>17,239</td>
<td>30,536</td>
<td>22,567</td>
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<tr>
<td>Grants</td>
<td>865,556</td>
<td>–</td>
<td>865,556</td>
<td>–</td>
<td>–</td>
<td>865,556</td>
<td>985,982</td>
<td>985,982</td>
</tr>
<tr>
<td>Travel</td>
<td>4,232</td>
<td>2,712</td>
<td>6,944</td>
<td>474</td>
<td>–</td>
<td>474</td>
<td>7,418</td>
<td>7,860</td>
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<tr>
<td>Occupancy</td>
<td>12,651</td>
<td>6,944</td>
<td>19,595</td>
<td>7,399</td>
<td>3,186</td>
<td>10,585</td>
<td>23,236</td>
<td>22,567</td>
</tr>
<tr>
<td>Telephone &amp; Communications</td>
<td>5,299</td>
<td>5,299</td>
<td>10,598</td>
<td>2,489</td>
<td>1,009</td>
<td>3,498</td>
<td>8,797</td>
<td>8,737</td>
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<td>Conferences and meetings</td>
<td>5,900</td>
<td>5,900</td>
<td>11,800</td>
<td>8,443</td>
<td>2,896</td>
<td>11,339</td>
<td>17,239</td>
<td>14,144</td>
</tr>
<tr>
<td>Payroll processing fees</td>
<td>806</td>
<td>806</td>
<td>1,612</td>
<td>463</td>
<td>203</td>
<td>666</td>
<td>1,472</td>
<td>5,336</td>
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<tr>
<td>Transaction processing services</td>
<td>5,052</td>
<td>5,052</td>
<td>10,104</td>
<td>463</td>
<td>203</td>
<td>666</td>
<td>1,472</td>
<td>5,336</td>
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<tr>
<td>Professional fees</td>
<td>–</td>
<td>–</td>
<td>52,678</td>
<td>–</td>
<td>–</td>
<td>52,678</td>
<td>52,678</td>
<td>67,141</td>
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<tr>
<td>Office Expenses</td>
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<td>3,096</td>
<td>6,192</td>
<td>7,927</td>
<td>–</td>
<td>7,927</td>
<td>11,023</td>
<td>8,423</td>
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<tr>
<td>Insurance</td>
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<td>–</td>
<td>9,128</td>
<td>9,128</td>
<td>–</td>
<td>9,551</td>
<td>9,551</td>
<td>5,551</td>
</tr>
<tr>
<td>Printing and fundraising fees</td>
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<td>334</td>
<td>69,823</td>
<td>2,998</td>
<td>3,332</td>
<td>71,151</td>
<td>57,116</td>
<td>57,116</td>
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<tr>
<td>Depreciation</td>
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<td>8,480</td>
<td>16,960</td>
<td>2,121</td>
<td>–</td>
<td>2,121</td>
<td>10,601</td>
<td>10,600</td>
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<tr>
<td>Other</td>
<td>552</td>
<td>552</td>
<td>1,104</td>
<td>8,887</td>
<td>5,705</td>
<td>14,592</td>
<td>15,144</td>
<td>9,847</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$869,788</strong></td>
<td><strong>$256,427</strong></td>
<td><strong>$1,126,215</strong></td>
<td><strong>$183,824</strong></td>
<td><strong>$52,608</strong></td>
<td><strong>$236,432</strong></td>
<td><strong>$1,362,647</strong></td>
<td><strong>$1,515,269</strong></td>
</tr>
</tbody>
</table>

**Overhead Rate**

- % Dollars Spent on Overhead

**Cost Per Dollar Raised ($.00)**

- Chart showing the cost per dollar raised from 2008 to 2016.
## Statement of Cash Flows

**For the Years Ended December 31, 2016 and December 31, 2015**

### Cash Flows from Operating Activities:

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash received from contributors</td>
<td>$820,911</td>
<td>$1,068,455</td>
</tr>
<tr>
<td>Cash received from government grants</td>
<td>–</td>
<td>600,000</td>
</tr>
<tr>
<td>Investment return</td>
<td>110,108</td>
<td>132,660</td>
</tr>
<tr>
<td>Grants paid to Vellore</td>
<td>(865,556)</td>
<td>(985,982)</td>
</tr>
<tr>
<td>Cash received from other revenue</td>
<td>80</td>
<td>60</td>
</tr>
<tr>
<td>Payments for other expenses</td>
<td>(492,746)</td>
<td>(565,160)</td>
</tr>
<tr>
<td><strong>Net Cash (Used in) Provided by Operating Activities</strong></td>
<td>$(427,203)</td>
<td>$250,033</td>
</tr>
</tbody>
</table>

### Cash Flows from Investing Activities:

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale of investments</td>
<td>422,173</td>
<td>–</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(109,472)</td>
<td>(167,449)</td>
</tr>
<tr>
<td><strong>Net Cash Provided by (Used in) Investing Activities</strong></td>
<td>312,701</td>
<td>(167,449)</td>
</tr>
</tbody>
</table>

### Net (Decrease) Increase in Cash and Cash Equivalents:

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents – beginning of year</td>
<td>483,772</td>
<td>401,188</td>
</tr>
<tr>
<td><strong>CASH AND CASH EQUIVALENTS – END OF YEAR</strong></td>
<td>$369,270</td>
<td>$483,772</td>
</tr>
</tbody>
</table>

### Reconciliation of Change in Net Assets to Net Cash (Used in) Provided by Operating Activities:

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>(186,174)</td>
<td>81,359</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash used in operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>10,601</td>
<td>10,600</td>
</tr>
<tr>
<td>Realized and unrealized (gain) loss on investments</td>
<td>(263,400)</td>
<td>19,189</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>(438,973)</td>
<td>111,148</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease (increase) in assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pledges receivable</td>
<td>26,527</td>
<td>141,027</td>
</tr>
<tr>
<td>Beneficial interest in trusts</td>
<td>11,420</td>
<td>1,722</td>
</tr>
<tr>
<td>Prepaid expenses and other</td>
<td>4,309</td>
<td>(12,228)</td>
</tr>
<tr>
<td>Increase (decrease) in liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>(30,486)</td>
<td>8,364</td>
</tr>
<tr>
<td><strong>Net Cash (Used in) Provided by Operating Activities</strong></td>
<td>$(427,203)</td>
<td>$250,033</td>
</tr>
</tbody>
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Southern Baptist Convention, Richmond, VA
United Church of Christ, Cleveland, OH
United Methodist Church, New York, NY

FOUNDATION STAFF
Katherine D. Guenther, President
Patricia Carroll, Manager of Business & Finance
Deepika Srivastava, Church Relations

* In addition to those listed, members of the Board are also members of the Corporation.

VELLORE CHRISTIAN MEDICAL COLLEGE FOUNDATION

475 Riverside Drive, Suite 725
New York, NY 10115

800-875-6370 or 212-870-2640
fax: 212-870-2173
vellorecmc.org
foundation@vellorecmc.org

"Only those who can see the invisible can achieve the impossible."
Attributed to many. Lived by Dr. Ida S. Scudder

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Our Mission

The Vellore CMC Foundation’s mission is to provide a focus for excellence and integrity at CMC through participation in and continuing support of CMC’s drive to maintain excellence. The Foundation does this by: honoring Dr. Ida S. Scudder – the person and her work; encouraging and supporting research activity of the highest quality driven by honesty and high ethical standards, directional focus and translational impact; promoting the professional development of CMC with a focus on the quality, delivery and safety of health care. The Vellore CMC Foundation, Inc. is inspired by the legacy of Dr. Ida S. Scudder and her response to the healing ministry of Christ.