



LEADERS IN GLOBAL HEALTH EDUCATION & RESEARCH



VELLORE
CHRISTIAN MEDICAL COLLEGE
FOUNDATION

2013 ANNUAL REPORT



Message from the Chair

Dear Friends,

The Vellore CMC Foundation has been integrally linked to my alma mater, the Christian Medical College in Vellore, India for almost 75 years. I am both proud and humbled to serve CMC as Chair of the Foundation Board, and I am grateful to all my fellow alumni for the many ways in which they support our work. Board members S. Balasubramaniam, Margaret Kumar, Albert Johnson, Rohan Ganguli, Ranjit Matthew, Raj Narayan, Philip Ninan, Bibhuti Mishra and Prathibha Varkey are all CMC alumni.

This year's Annual Report focuses on CMC's leadership in the increasingly important areas of *global health and research education*, and the role that the Foundation plays in supporting this area. As you may know, medical schools in the US and around the world are increasingly interested in training new physicians and scientists to meet the healthcare needs of global citizens. Not only do we travel and relocate more freely than ever before, our search for interventions to prevent and treat disease are enriched and even expedited when we work with partners, wherever they are.

Our Board is distinguished by several members who are leaders in this field:

Dr. Madelon Finkel heads the Office of Global Health Education at Weill Cornell Medical College. *Weill Cornell* is a strong partner of CMC in global health research and training. Not only is it in the forefront of global health education, it is the alma mater of CMC's founder, Dr. Ida S. Scudder. This very proud affiliation is celebrated at Weill Cornell, at CMC and at the Foundation.

Dr. Meredith Hawkins leads the Global Diabetes Institute at Albert Einstein College of Medicine, working with colleagues at CMC to decipher the multitude of factors involved in the global epidemic of diabetes.

Dr. Mark Steinhoff is Director of the Global Health Center at Cincinnati Children's Hospital. He has partnered with CMC in pediatric infectious disease research and training for several years and continues to pursue active collaborations in these areas with colleagues at CMC.

Dr. Christine Wanke and I, colleagues at Tufts University School of Medicine, value CMC as one of our most important partners. Students, fellows and faculty from both institutions spend time together in both Boston and Vellore exchanging knowledge, experience and approaches to advanced medical education, research and training.

I urge you to read about these and other partnerships in global health and research education on our website <https://www.vellorecmc.org/>, and I hope you will be inspired by what you read in this year's Report. We welcome your questions, comments and support. Thank you!

Honoring Ward

Honoring Ward, MD
Chair
Board of Directors
Vellore CMC Foundation, Inc.

On the front cover: Dr. Cornelia Staehelin, a specialist in infectious diseases based in Switzerland completed her global health in training in Tropical Medicine at CMC.

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Welcome



Welcome to the Vellore CMC Foundation's Annual Report for the year 2013.

In this year's Report you will see the Foundation moving from a period of investment (2011-2012), into its new fund raising-based mission/strategy. Our higher expenses in the last period reflect the engagement of international fund raising consultants who helped us establish a footing for this work, and the search for a new President with fund raising experience.

I am extremely proud to be that new President, and am grateful to our excellent Board led by CMC alumna Dr. Honorine Ward for its confidence and support as we chart a course for sustainable growth in service to CMC. We are building our fund raising capacity through a number of initiatives that range from improving communications, forging a deeper alliance with the Directorate in Vellore, reducing our administrative expenses and adding to our Board. The result of all this is encouraging as we link to many more North American alumni from the medical, nursing and allied health colleges; and continue to support CMC's long-standing commitment to Global Health Education and Research.

Much is being written in medical education circles about the benefits of Global Health Education—knowledge of world health priorities and practices through both curriculum study and hands-on study abroad opportunities. CMC is a pioneer in this area and has ties with American and other international institutions not only to train the finest doctors and researchers in India, but to share the many breakthroughs made in Vellore with colleagues from around the world. Students and medical professionals in community medicine, epidemiology and disease surveillance, translational research, disease prevention, etc. have visited CMC for decades to observe and collaborate. Today hundreds are welcomed every year for this purpose. I hope you enjoy reading about the aspect of CMC's leadership in our Report.

Thank you for your enduring support of our work on CMC's behalf and for the prayers and good wishes you offer for continued success both here and in Vellore.

A handwritten signature in blue ink that reads "Katherine D. Guenther".

Katherine D. Guenther
President
Vellore CMC Foundation, Inc.

CMC Partners with Leading Medical & Nursing Schools

DR. IDA S. SCUDDER: PLANTING THE SEEDS FOR GLOBAL HEALTH & RESEARCH EDUCATION

Dr. Ida S. Scudder – founder of CMC – played a seminal role in global health and research education as we know it today. Sailing for India immediately after her graduation from Cornell Medical College, she brought more than curiosity with her; she was the product of both superb training and a lifelong awareness of the equal importance of all people in God's eyes.

Working with doctors and nurses from the US and Europe, Dr. Scudder built CMC into a model institution that employed specialists and researchers from around the world who taught early CMC students, conducted ground breaking research and established standards of care and inquiry that extended well beyond the needs of the patients they served.

As these scientists returned to their home countries and brought lessons learned with them they planted the seeds of future global health/research education. Her legacy continues as CMC medical students partner with leading medical and nursing schools from around the world in unique and dynamic programs.

The elements of global health and research education today include: the comparative study of health systems and approaches to care; cross-cultural understanding in a global society; and the study of epidemiology, the burden of disease and the social determinants of health.* We can look to the roadside clinics that Dr. Ida introduced almost immediately upon her arrival in Vellore and see how it was that she ultimately explored and challenged all of these concepts in Vellore, creating an environment of study and adaptation that today's best young doctors seek.

*<http://www.biomedcentral.com/1472-6920/13/3>



Dr. Ida S. Scudder –
a proud graduate of Cornell
Medical College (1899)

WEILL CORNELL MEDICAL COLLEGE

Weill Cornell Medical College (WCMC) is a trailblazer in international health education – opening its Medical College in Qatar in 2004 and offering the first American medical degree earned outside of the United States in 2008. The Foundation is exceptionally proud to affiliate with WCMC in several program areas. The relationship between WCMC and CMC flourishes thanks to the diligence and passion of faculty member and Foundation Board member Dr. Madelon Finkel, and with the support of the Scudder Fund's endowed Ida S. Scudder, M.D. 1899 Fellowship that enables one Weill Cornell medical student to spend a month at CMC taking a clinical elective of his or her choice.

Dr. Finkel is Professor of Healthcare Policy and Research and Director of the Office of Global Health Education at WCMC. In order to expand the WCMC/CMC relationship from student exchange to research collaboration, Dr. Finkel was invited to CMC in 2007 to explore how the two faculties and two institutions could work together. With colleagues at CMC, Dr. Finkel

has helped to initiate a large cervical cancer-screening program in rural Tamil Nadu.

For the past seven years, CMC's Rural Unit (RUHSA), under the Direction of Dr. Rita Isaac, has partnered with Weill Cornell Medical College and the University of Sydney to not only raise awareness of cervical cancer among rural women in Tamil Nadu, but also to implement a screen and treat cervical cancer program in an effort to reduce the incidence of this disease. In collaboration with Dr. Madelon Finkel and Dr. Lyndal Trevena, Associate Professor of Public Health at the University of Sydney, and with support from the Cancer Council Australia, Dr. Isaac focused first on providing community education to local women, relying on innovative educational strategies as well as on the well-organized women self-help groups. Enlisting the support of these local women groups was viewed as an essential first-step in gaining acceptance and support of the screening program. Selected women group leaders were trained as peer educators; over 1,000 women have been trained.

“Low tech” screening by VIA testing (visual inspection of the cervix after 5% acetic acid application) or VILI (visual inspection with Lugol’s iodine) is used, as relying on Pap tests is not feasible in the rural villages. Women ages 30 to 50 years are the target population. From 2009 to 2011, approximately 3,200 women have been screened. Women who test positive are referred for definitive diagnosis and treatment at RUHSA. Those who required more advanced treatment are referred to the Christian Medical College Main Hospital.

In an effort to expand the scope of the cervical cancer-screening program, two-day workshops have been held for interested local primary care health personnel. Hands-on training in VIA, VILI, and cryotherapy is provided. Each participant receives a training booklet and a certificate of completion of the course. Over 60 local providers have been trained, and another workshop is planned for November 2014.

Drs. Isaac, Finkel, and Trevena have been very pleased with the progress of their program. While encouraged by the gradual acceptance of screening, challenges remain.



Dr. Madelon Finkel (far left) and Dr. Rita Isaac (far right) leading a research project

The researchers are now focusing on designing a program to encourage women who test positive to seek further testing. Too many women refuse to seek treatment primarily because they do not have any symptoms. Cervical cancer can be prevented. Far too many women are dying unnecessarily because they are not screened or do not seek follow up care. Establishing a high-quality screening program, as well as practitioner training workshops, can make a difference in women’s lives and the well being of their families. The RUHSA program is a marvelous example of what can be done.



Joel Strain – a KCMC occupational therapy student

► KANSAS CITY MEDICAL CENTER

The Robinson-Mani Scholarship Program was established to assist students who want to complete an International Education Experience at CMC. Participating students from the School of Health Professions complete an elective rotation during the summer, and School of Medicine and School of Nursing students can apply for an International Elective Rotation that occurs during February of their 4th year. The program honors Dr. David W. Robinson and Dr. Mani M. Mani (CMC Alumnus, former Foundation Board Chair and Honorary Director) – two extraordinary physicians and humanitarians whose impact at KCMC is deeply felt.

There are many blogs kept by the students who visit CMC for their global health training; but none compares with that of Joel Strain, a KCMC occupational therapy student who spent time in Vellore as a Robinson-Mani Scholar. The campus blog about the trip starts: “You know it’s never going to end well when a blog post begins, ‘our luggage apparently never left Chicago,’ but the consequences are magnified tremendously when you realize the author of the post relies on a state-of-the-art wheelchair for transportation, and his \$5,000 custom ride had gone missing somewhere between the United States and India.”

Read Joel’s riveting, funny, informative blog at <http://joelstrain.wordpress.com/> and you will experience the amazing caliber of student going to CMC from KCMC...thanks to Dr. Mani M. Mani!



MD/MPH Candidate Anita Mathews

▶ TUFTS UNIVERSITY SCHOOL OF MEDICINE

Tufts University and CMC Vellore have a long standing partnership that focuses on research collaboration, medical training and ongoing faculty/student exchanges. The mutual benefits of this partnership and the multitude of interfaces it embodies evolve and grow because faculties on both sides are experienced and engaged global scientists/clinicians.

This year Anita Mathews, a second-year student in Tufts' dual MD/MPH program fulfilled her public health field work requirement by taking an eight-week elective at CMC in Vellore, India. She sat down with us recently to discuss her experience at CMC and how it might impact her professional work in the future.

Tell us about why you chose to spend time at CMC and what you did there.

I went to CMC because I am required to acquire field experience for my Public Health training and Tufts' affiliation with CMC offered a unique opportunity.

I spent the first two weeks auditing a class in the Medical College that was an orientation to the Indian healthcare system as it works in regional areas, and also in the State of Tamil Nadu *per se*. The course introduced research methods which students practice and implement on site visits; it helped me to better understand the healthcare system in India and also see the significant role that CMC plays in healthcare delivery.

The rest of my time was spent with Dr. Gagandeep Kang, a world-renowned researcher at CMC Vellore and frequent collaborator at Tufts. She's part of an international team of scientists who spent years studying the common threat posed by the deadly childhood Rotavirus, in order to develop a vaccine. Today she is rolling out the team's vaccine in three cities in India, one of which is Vellore. In preparation for the rollout, Dr. Kang needed to gather some data on both people seeking healthcare and those delivering healthcare. I administered questionnaires to private healthcare providers in Vellore, surveying how they treat pediatric illness; I specifically focused on when their severely-ill patients are referred to second-level healthcare centers, and which centers they choose. This was my project. I also traveled to local villages with community health doctors and was able to observe them interacting with patients while I was distributing questionnaires and collecting data. In doing this kind of survey, it's important to get a certain minimum number of responses and to create a data collection model to contain the information – great opportunity to do both!

How was your work at CMC similar to your work at Tufts and in your undergraduate experience?

They really weren't. I had never done data collection at Tufts, and previous to Tufts it was more lab-based research – so this was my first time collecting response data. I have not done public health work in the US, though this is an upcoming part of my program at Tufts. I did some public policy work while living in Washington DC, examining food policy in working class communities, specifically how people are impacted by the Supplemental Nutrition Assistance Program (SNAP).

What are the major differences you observed between healthcare in India and healthcare in the US?

One of the things I was really struck by was the difference between public health problems in India and the ones that typically arise in Boston. The rural poverty in India is unlike anything in the US – and there are many cultural beliefs and practices that end up guiding people's responses to health issues. The populations are very different, so the solutions have to be different to reflect the situations at hand.

For example, in India maternal and child health outcomes are improving, but they are still poor vs. global

Dr. Gagandeep Kang is Professor and Head of the Wellcome Trust Research Laboratory (WTRL) and Division of Gastrointestinal Sciences at Christian Medical College in Vellore.





Dr. Kang's research on pediatric diarrhea focuses on rotavirus epidemiology, prevention and vaccine development. For molecular strain surveillance, she has built on her own work to develop a network of Indian enteric virology laboratories and the WHO (World Health Organization) Rotavirus Reference Laboratory for SEARO (South-East Asia Regional Office), all of which have resulted in insights into the epidemiology, burden and transmission of rotavirus in India.

goals/standards. In order to get mothers to commit to getting prenatal/neonatal care, they are offered financial incentives. Pregnant woman can receive Rs.4000 (approx. \$80 in US) for getting prenatal care, an additional Rs.4000 for delivering in an institution, and an additional Rs.4000 for getting the new baby vaccinated. Partly because of this program, the state of Tamil Nadu (where Vellore is) now has the lowest infant mortality rate in India. I know that these types of programs have been discussed in the US, but I haven't seen any sort of direct-cash programs personally. They would not work readily in the US due to politics, but they're having a huge impact in India. CMC has a huge presence in India and the subcontinent. I was amazed to see people traveling from all over to be treated there.

At CMC clinical sites waiting rooms are packed, with patients waiting hours and hours to see one doctor. The structure is impressive, with many primary care centers and secondary care centers serving specific populations or demographics, and people within those populations know exactly where to go to be treated. Because of the sheer volume of patients, CMC has a very strict structure for treatment. This is a stark difference to the United States, where less volume allows for some flexibility.

Were there any specific patients or doctors who impacted you significantly?

I didn't spend a lot of time interacting with patients, however I was mentored by Dr. Vinohar Balraj. Dr. Vinohar would often take me to local sites where he conducted research, and discuss the evolution of healthcare in the area and the ways the private sector and public sector are often at odds. For example, the government stated that most children in Tamil Nadu are being vaccinated while data revealed the opposite. So through data collection CMC was able to present the statistics to the government; the diligence of CMC researchers led to more vaccinations, and therefore positively impacted children's health in surrounding areas.

How important is CMC Vellore to global health education and research?

CMC is known worldwide as a forerunner in community health and developing community health programs. I met students from all over the world – Europe, Canada, Malaysia, African countries – who came because of CMC's reputation, but also because of CMC's impact in various regions all over the globe. CMC has mobile clinics in rural and tribal areas through Community Health & Development (CHAD) and in the city ghettos through the Low Cost Effective Care Unit (LCECU). There are many nurses and doctors making home visits. Researchers gather data in the communities they are serving and then develop solutions to fit those needs, rather than implementing generic healthcare that may not benefit specific populations. It's obvious that CMC's work stems from a solid knowledge of and relationship with the communities they are serving.

How has your time at CMC impacted your work here in the US?

I went to CMC to see what community health looks like in a very different setting. I didn't have a specific interest in specializing in global health. It's incredible to see the commitment CMC doctors have; I didn't get the impression that there's a high turnover rate. I saw doctors who've been there for years, dedicating themselves to their communities. I'd love to work in such a clinic in the US, one with a strong relationship to surrounding populations. The research methods I learned have given me a vital framework for analysis, as I can now gauge why certain methods are effective and why others are ineffective. My time at CMC was invaluable, and I am eager to apply the praxis I learned to post-graduate work here in the US.

The Vellore CMC Foundation would like to thank Anita Mathews for her time and work at CMC.

University of Penn nurses
with CMC College of
Nursing Dean
Dr. Selva Titus Chacko
(seated middle) and
Dr. Muecke (seated right)



UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE & COLLEGE OF NURSING

University of Pennsylvania's medical and nursing students are encouraged to pursue global health education and research opportunities at CMC Vellore. Doctors are offered two month visits in clinical/community-based service or clinical research in CMC's Indian Clinical Epidemiology Network (IndiaCLEN) unit. The College of Nursing has enjoyed a unique relationship with CMC since 2008 when Dr. Marjorie Muecke, Professor and Paul G. Rogers Ambassador for Global Health Research at Penn, met CMC faculty members at a public health conference in India. Dr. Muecke wrote to us recently about her experiences bringing Penn nurses to CMC:

"Two of the most attractive and important aspects of CMC Nursing are the focus on community development and the presence of nurse-managed clinics. My interest has always been on community medicine and working with low-income and otherwise disenfranchised communities here in the US, and many of my students have similar aspirations, choosing community over hospital nursing. When visiting CMC they are able to witness the power of nursing first-hand. They are always impressed and intrigued by the psychiatry practice in rural community health at CMC, as many have never considered the need to care for the mental health of families with a terminally ill member.

I like to take American students to countries that are doing nursing better than we are. It challenges their expectations and also mitigates their Western perceptions of "third-world" countries. Often, American or European students study abroad under preconceived notions that they are rescuing the poor and dying. CMC stops this perception in its tracks! This is a world-renowned institution of higher learning and community care. CMC has had several pioneering doctors and its community health program is second to none.

Lastly, the legacy of Dr. Ida S. Scudder is alive and powerful, even to non-religious students. All students are told that the institution is Christian, but most do not understand the magnitude of that. They typically believe the school will be Christian in culture but not in practice.

Once there they are able to see how faith drives the work of the doctors and nurses at CMC, just as it did for Dr. Ida S. Scudder so many years ago. My students comment on the kind, respectful manner of doctors and nurses, and the genuine happiness arising from deep contentment. It is apparent they are motivated by faith to love what they do. Though I am officially retired, I remain an adjunct professor and will continue to travel to CMC with UPenn nursing students."

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

Through this partnership students have the opportunity to not only experience tertiary care on hospital wards in Vellore, but also primary care in village and mobile clinics and visits to the world-famous leprosarium where Paul Brand, MD did his pioneering work on hand and reconstructive surgery after nerve damage. Students participate in three one-week rotations at CMC sites of their choice alongside CMC faculty and medical students as well as other visiting students from around the world. Students participate in ward rounds, clinics, demonstrations, lectures and seminars. For those students interested in primary health care in rural settings, the departments of Community Health and Development (CHAD), Rural Unit for Health and Social Affairs (RUHSA) and the Low Cost Effective Care Unit (LCECU) welcome UT students.



The partnerships that are forged by CMC Vellore and visiting students result in lifelong appreciation of the global healthcare community we live in.

Dr. Jami Eiden from the University of Texas Health Science Center, in the field at CMC.

CINCINNATI CHILDREN'S

Medical students at Cincinnati Children's Hospital Medical Center of the University of Cincinnati College of Medicine have a Global Child Health Pathway option that is meant to inspire post-residency training in the field of global health. Participants complete at least two global health rotations in addition to completing the Global Child Health curriculum, journal clubs, and a global health project. CMC in Vellore is one of six international sites where faculty, fellows and residents pursue projects. Dr. Mark Steinhoff, a Foundation Board member who was actually born at CMC, leads research in Vellore and mentors students who visit CMC as part of their training.



CMC Director Dr. Sunil Chandy (left) and Dr. Mark Steinhoff



Dr. Meredith Hawkins visits CMC frequently, researching the origins of “Lean Diabetes” with her research partner Dr. Nihal Thomas (not shown)

ALBERT EINSTEIN COLLEGE OF MEDICINE

Dr. Meredith Hawkins (Foundation Board member, Professor of Medicine and Director of the Global Diabetes Institute at Albert Einstein College of Medicine) has been partnering with Professor Nihal Thomas and the Endocrinology Department at CMC for the past five years. Together, these teams have been investigating a novel, poorly understood form of diabetes known as Malnutrition-modulated Diabetes Mellitus (MMDM), or “Lean Diabetes,” which is thought to be caused by malnutrition in utero or in early childhood development. The scarce available medical literature about Lean Diabetes reports a significant burden of the disease in regions of India with a higher prevalence of malnutrition. For the past three years the teams in New York and India have been collaborating to study patients with Lean Diabetes using highly sophisticated hormone infusion studies – considered the gold standard for analysis of human metabolism. Of note, CMC is the only center in India with the capacity to perform these highly involved studies, which include biopsies of fat and muscle and special imaging of liver, muscle and pancreas. The ultimate goal of this project is to generate a conclusive, comprehensive disease profile of Lean Diabetes that will help to characterize and properly manage the disease.

The collaboration between the Endocrinology Departments at Einstein and CMC has been highly fruitful. The Endocrinology Department at CMC receives some of the most complex cases from around India and surrounding countries. This diverse and compelling patient population, in addition to the sophisticated technology available and the highly dedicated healthcare providers and researchers, makes CMC an ideal partner for research collaboration, healthcare capacity building, medical education, and high quality medical care delivery on a large scale. Doctors and nurses from both Einstein and CMC have engaged in a travel exchange to collaborate

on research activities and to learn about the practice of medicine in different environments. The partnership between the two institutions has permitted doctors and nurses from CMC to accompany members of the Einstein team to educate providers in countries like Kenya and Thailand, where the international team has developed a special curriculum using CMC’s diabetes management textbook, currently in its sixth edition. After completion of this current study, the two teams hope to continue to conduct diabetes-related research, as well as to pursue means of expanding institutional research capacity on a long term basis.*

*Reprinted with permission from the Albert Einstein College of Medicine web site.



CMC nurse Mercy Inbakumari educates elderly patients about diabetes at India Home in Queens, NY during her visit to Albert Einstein College of Medicine in April 2013.

Financial Statements

STATEMENTS OF FINANCIAL POSITION December 31, 2013 and Six Months Ended December 31, 2012

	2013	2012
ASSETS		
Cash (principally savings accounts)	\$ 68,121	\$ 173,865
Cash restricted	226,151	126,350
Investments, at market value	5,868,711	5,208,864
Prepaid expense	26,027	4,751
Grants and accounts receivable	182,910	999,126
Pledges receivable	28,119	27,230
Cash value of life insurance	-	89,572
Office equipment, at cost less accumulated depreciation of \$46,342 at December 31, 2013 and \$44,992 at December 31, 2012	52,202	550
Total assets	\$ 6,452,241	\$ 6,630,308
LIABILITIES		
Accounts payable and accrued expense	\$ 270,760	\$ 1,170,105
NET ASSETS		
Unrestricted		
Operations	(1,124,635)	(924,253)
Board designated		
Insurance fund	106,359	89,572
Net assets functioning as endowment	2,405,224	2,176,991
Total board designated	2,511,583	2,266,563
Total unrestricted	1,386,948	1,342,310
Temporarily restricted	2,835,516	2,163,382
Permanently restricted	1,959,017	1,954,511
Total net assets	6,181,481	5,460,203
Total liabilities and net assets	\$ 6,452,241	\$ 6,630,308

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
Year Ended December 31, 2013 with Summarized Information
for the Six Months Ended December 31, 2012

							Total	
	Operations	Unrestricted Board Designated	Total	Temporary Restricted	Permanently Restricted		2013	2012
SUPPORT & REVENUE								
Contributions								
Individuals	\$ 238,850	\$ 16,787	\$ 255,637	\$ 73,984	\$ 14,506	\$ 344,127	\$ 180,085	
Groups	7,888	—	7,888	7,465	—	15,353	55,431	
Foundations & corps	21,705	—	21,705	100,000	—	121,705	192,436	
Inst'l members	53,033	—	53,033	13,400	—	66,433	11,000	
Bequests	22,359	—	22,359	—	—	22,359	3,220	
Gifts in-kind	—	—	—	—	—	—	2,870	
U.S. Gov't*	—	—	—	93,037	—	93,037	208,815	
Total Contributions	343,835	16,787	360,622	287,886	14,506	663,014	653,857	
Revenue								
Interest and dividends	154	—	154	142	—	296	78	
Investment income designated for current operations	112,421	37,581	150,002	101,791	—	251,793	120,364	
Sales of books and other revenue	15	—	15	—	—	15	4	
Total revenue	112,590	37,581	150,171	101,933	—	252,104	120,446	
Net assets released from restrictions	257,226	—	257,226	(247,226)	(10,000)	—	—	
Total contributions and revenue	\$ 713,651	\$ 54,368	\$ 768,019	\$ 142,593	\$ 4,506	915,118	774,303	
EXPENSES								
Program Services								
Support for Vellore*								
India	\$ 304,455	\$ —	\$ 304,455	\$ —	\$ —	\$ 304,455	\$ 403,489	
USA	353,259	—	353,259	—	—	353,259	72,074	
Total program services	657,714	—	657,714	—	—	657,714	475,563	
Supporting Services								
Management and general	99,925	—	99,925	—	—	99,925	85,139	
Fundraising	156,394	—	156,394	—	—	156,394	195,539	
Total supporting services	256,319	—	256,319	—	—	256,319	280,678	
Total expenses	914,033	—	914,033	—	—	914,033	756,241	
Excess (deficiency) of support and revenue over expenses	(200,382)	54,368	(146,014)	142,593	4,506	1,085	18,062	
OTHER CHANGES								
Investment income in excess of amount designated for current operations	—	190,652	190,652	528,652	—	719,304	97,722	
Unrealized gain (loss) on remainder trusts	—	—	—	889	—	889	(135)	
Net change in net assets	(200,382)	245,020	44,638	672,134	4,506	721,278	115,649	
NET ASSETS								
Beginning of period	(924,253)	2,266,563	1,342,310	2,163,382	1,954,511	5,460,203	5,344,554	
End of period	\$ (1,124,635)	\$ 2,511,583	\$ 1,386,948	\$ 2,835,516	\$ 1,959,017	\$ 6,181,481	\$ 5,460,203	

*The Foundation, on CMC's behalf, has been extremely fortunate to receive capital funding from USAID/ASHA for over 20 years.

This income is booked in the year a new commitment of funds is made and remains a receivable until some future time when related work is complete and government funds are received.

Expenses shown as Program Expenses include government funds pledged in the current year as well as funds donated by individuals, churches, institutions, etc.

STATEMENT OF FUNCTIONAL EXPENSES
Year Ended December 31, 2013 with Summarized Information
for the Six Months Ended December 31, 2012

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTALS	
	<u>Support for Vellore</u>		Total	<u>Management</u>		Total		
	India	USA	Program Services	And General	Fund Raising	Supporting Services	2013	2012
Cash remittance to Vellore	\$211,418	—	\$211,418	—	—	—	\$211,418	\$191,804
Faculty fellowships	—	—	—	—	—	—	—	—
Gift-in-kind remittance	—	—	—	—	—	—	—	2,870
ASHA purchases	93,037	—	93,037	—	—	—	93,037	208,815
Salaries and wages	—	180,461	180,461	46,176	52,053	98,229	278,690	77,127
Employee benefits	—	61,897	61,897	15,838	17,854	33,692	95,589	19,975
Overhead (Office/Phone/Data)	—	20,226	20,226	5,176	5,833	11,009	31,235	11,695
Conferences/meetings/travel	—	27,004	27,004	6,910	7,789	14,699	41,703	9,038
Professional fees	—	38,157	38,157	10,971	6,507	17,478	55,635	49,088
Equipment and office maintenance	—	4,134	4,134	1,057	1,192	2,249	6,383	3,718
Supplies	—	3,646	3,646	934	1,051	1,985	5,631	2,585
Postage	—	1,213	1,213	309	350	659	1,872	972
Printing/fundraising fees	—	13,928	13,928	—	63,405	63,405	77,333	172,629
Insurance	—	—	—	5,642	—	5,642	5,642	4,346
Depreciation	—	95	95	895	360	1,255	1,350	276
Other	—	2,498	2,498	6,017	—	6,017	8,515	1,303
Total expenses	\$304,455	\$353,259	\$657,714	\$99,925	\$156,394	\$256,319	\$914,033	\$756,241

STATEMENT OF CASH FLOWS

Year Ended December 31, 2013 and Six Months Ended December 31, 2012

	2013	2012
<i>Cash flows from operating activities</i>		
Cash received from contributions	\$ 569,676	\$ 427,976
Cash received from U.S. Government	999,126	—
Interest and dividends received	106,693	62,689
Miscellaneous receipts	15	4
Grants paid	(1,141,377)	(191,804)
Cash paid for other expenditures	(691,967)	(168,666)
Net cash provided by (used for)		
operating activities	(157,794)	130,199
<i>Cash flows from investing activities</i>		
Purchase of investments (a)	(1,304,028)	(969,531)
Proceeds from sale of investments	1,505,897	1,170,995
Net change in money market fund	2,984	(151,242)
Acquisition of fixed assets	(53,002)	—
Net cash provided by investing activities	151,851	50,222
Net increase/(decrease) in cash	(5,943)	180,421
<i>Cash</i>		
Beginning of year	300,215	119,794
End of year	<u>\$ 294,272</u>	<u>\$ 300,215</u>
RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY (USED FOR) OPERATING ACTIVITIES		
<i>Change in net assets</i>	\$ 721,278	\$ 115,649
<i>Adjustments to reconcile change in net assets to net cash provided by (used for) operating activities</i>		
Depreciation	1,350	276
Unrealized (gain) loss on investments	(580,259)	31,976
Unrealized loss on remainder trusts	(889)	135
Gain on sale of investments	(281,226)	(185,337)
Dividend reinvested	(3,215)	(2,114)
(Increase) decrease in		
Grants receivable	816,216	(223,011)
Prepaid expense	(21,276)	90
Cash value of life insurance	89,572	—
Increase (decrease) in		
Accounts payable and accrued expense	(899,345)	392,535
Net cash provided by (used for) operating activities	<u>\$ (157,794)</u>	<u>\$ 130,199</u>

(a) Non-cash investing activities included herein include reinvestment of dividends to purchase additional mutual fund shares of \$3,215 and \$2,114, respectively.

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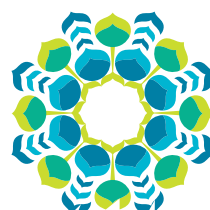
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The Vellore CMC Foundation's mission is to provide a focus for excellence and integrity at CMC through participation in and continuing support of CMC's drive to maintain excellence. The Foundation does this by: honoring Dr. Ida S. Scudder – the person 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.



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