MAKING AN IMPACT

MEDICAL CARE DEVELOPMENT, INC. Improving the health and well being of people
What do 300 elderly and special needs adults living in Maine, 67 million Americans with high blood pressure and millions of vulnerable people in sub-Saharan Africa all have in common?
We are an organization that has gone from a start-up, Maine-based health initiative to becoming a provider of choice for Maine adults with special needs and a nationally and internationally active public health network of hundreds of committed, experienced individuals accomplishing extraordinary things on a daily basis …

We are proud partners with some of the most dynamic, dedicated organizations in Maine, the United States, and around the world …

We are innovation making an impact to improve people’s lives …

We are MCD.

MCD’s Executive Team

Mark Battista, President & CEO
Joseph Carter, Director, MCD International
DonnaLee Cloutier, Executive Administrator and Assistant to the President
Maureen Conley, Director, MCD Community Living
Eric Dimbleby, Director, IT
Edward Miles, Chief Financial Officer
Kevin Norwood, Director, Human Resources
Kathleen Perkins, Director, MCD Public Health

Our Mission

To improve the health and well being of people both nationally and internationally by:

Partnering with communities, organizations, and governments;

Developing and operating creative, compassionate, and practical programs; and

Providing technical advice and assistance to enhance the capacity of others.
Dear friends and colleagues,

MCD’s approximately 800 employees make a difference in people’s lives, every day. Whether it’s malaria prevention in sub-Saharan Africa, helping a frail, older person or an intellectually disabled 30-year-old live a more robust and independent life, keeping kids away from alcohol and drugs, or providing management and support services to smaller organizations so they can focus more on their own mission, we’re putting in place innovative solutions that work. And we want to do more, because there’s so much more to be done.

• We celebrate, but are not satisfied, that our malaria programs reduce morbidity and mortality among children and pregnant women, because we believe that better outcomes can be achieved.

• We’re encouraged, but not satisfied, that many teens are making wiser choices about drugs — because our recognized collaborative programs could be established in so many more locations.

• We’re gratified, but not satisfied, when a vulnerable person becomes more able, not less, more robust, not less, feels more respected as an individual, not less — because so many more can have those outcomes.

• And, we’re glad, but not satisfied, to be helping smaller organizations function more efficiently and be more mission-focused — because we now have the capacity to help many more.

These successes are our inspiration; these continuing gaps are the dissatisfactions that spur us on.

We feel an urgency to champion new and innovative solutions for unmet needs, replicate best practices that already work well, do more good for more people. We want MCD to generate greater impact. Working together and with your help, we’ll do that.

Finally, a huge thank you to our wonderful and skilled employees, from Madagascar to Silver Spring, Maryland, to Skowhegan, Maine — they are MCD’s heart and soul, guided by their own compassion and respect for others, abiding by MCD’s standard of conduct, and going the extra mile for those we serve. Sincere thanks also to our funders and donors and many collaborating partners, all who help us extend our impact, and our committed, passionate, all-volunteer Board of Directors.

We hope you will be touched by what MCD is accomplishing, but more importantly, by our commitment to do much more, and that if you can, you’ll consider a donation to further our impact.

Sincerely yours,

Evelyn Kieltyka
Board Chair

Mark Battista
President and CEO
Bioko Island Malaria Vaccine Initiative
MCDI is collaborating with Sanaria and Marathon Oil Company to lay the ground work to conduct malaria vaccine trials in Equatorial Guinea in collaboration with WHO AFRO and the Ministry of Health of Equatorial Guinea. It is anticipated that a mass trial could occur by 2017.
According to the U.S. Census Bureau, 98% of U.S. businesses have fewer than 100 employees, and only 47% offer benefits.

Maine’s Department of Health and Human Services’ Office of Elder Services predicts that “in another 10 years, Maine will have the highest percentage of residents over age 65, second only to Florida.”

According to the CDC, 1-in-3 American adults have high blood pressure, putting them at increased risk for heart attacks, strokes, heart failure and kidney disease.

The World Health Organization estimates there were 219 million documented cases of malaria world-wide in 2010. That year, 660,000 people died from the disease, many of them children in Africa. That is at least 1,800 deaths a day.

Find out how we are making an impact in Maine on page 10.

See what MCD Community Living is doing to enhance the quality of seniors’ lives on page 8.

See how MCDPH is making an impact on page 10.

Find out how MCDI is making an impact on page 12.
MCD Corporate — 19 individuals working in our Portland and Augusta, Maine offices in the HR, Finance, Administrative and IT functions

MCD Community Living — More than 500 dedicated employees serving 300+ special needs Maine residents across the state

MCD PH — 40 highly qualified public health professionals and support staff who are passionate about our mission to improve the health and well-being of people

MCD International — includes a staff of 24 in our Silver Spring, Maryland headquarters and anywhere from 100-250 courageous and committed individuals working as far afield as Equatorial Guinea and the island of Madagascar

MCD Corporate Services: Eric Dimbleby, IT Director

“I don’t think we ever turn down an opportunity,” says IT Director Eric Dimbleby. In addition to in-house technical support and training, the department works directly with each division, empowering MCD’s capabilities with innovative software like CareTracker, SharePoint, and GIS mapping, while working on new partnerships and emerging technologies as opportunities arise. “We’re putting ourselves out there.”

MCD Community Living: Maureen Conley, Director

“We’re not just a place to live, we offer a sense of community and home.” For Community Living Director Maureen Conley and her staff, that means providing safe and supportive living environments for a wide variety of residents living in communities all around Maine. With a combination of state-of-the-art technology, innovative approaches and practices, and a staff committed to setting the standard for quality, compassionate care designed to help people live with assistance, “we’re transforming the daily lives of our residents and their families.”

MCD Public Health: Kate Perkins, Director

“I am particularly proud of the role we have had in substance abuse prevention. We just found out that our “21 Reasons” program is one of the nine top performing Drug Free Community grantees in the country based on outcome data, such as reductions in adolescent binge drinking. This year, MCDPH will be working on different programs in all six New England states, New York, Michigan, Illinois, Hawaii, and with at least two American Indian tribes in the mid-west. There is a lot of great work to do and more people seem to realize that we are the ones they want to fund to do it.”

MCD International: Joseph Carter, Director

Impact can be hard to measure when you’re tackling problems on a global scale, but for MCDI Director Joseph Carter and his team, documented examples of impact can be cited. “In Equatorial Guinea a 65% reduction in all-cause mortality among children under five has been achieved as a result of the Bioko Island Malaria Control Project, while the MCDI sanitation project in Madagascar has been recognized by the Global Sanitation Fund as one of its most successful projects in promoting community led total sanitation.”
MCD COMMUNITY LIVING

A healthy community is one in which every person feels included, particularly the elderly and the vulnerable. Working to foster partnerships that create safe, supportive living environments for special needs populations, MCD Community Living is making an impact on hundreds of lives in Maine.

We are working to redefine a model of care, from “assisted living” to “living with assistance” — an important difference — by helping aging seniors, people living with mental health challenges, and individuals with intellectual or developmental disabilities remain as active and engaged in their communities as possible.

We see the impact of our work every day: in the happiness of our residents, the gratitude of their families, the tireless dedication of our employees, and the enthusiasm of our growing ranks of volunteers.

Because finding new and better ways to help all members of our community live fuller and more productive lives means a healthier future for us all.

VOLUNTEER TODAY!
Homes for Those Struggling With Mental Illness

45 Residents in 7 homes
Region: Biddeford to Bangor
Employees: 80

“Not just a place to live but a way to live.”

With an average age of 65, most of the residents in our Mental Health Homes suffer from Schizophrenia or Schizoaffective Disorder, Bipolar Disorder, or Major Depressive Disorder, with many also experiencing secondary mental illnesses or disabilities that include Traumatic Brain Injuries, Post Traumatic Stress Disorders, Anxiety and Substance Abuse. Many residents arrive after being found living alone, unable to care for themselves, or from state institutions or local hospitals, where they may have ceased caring about themselves or the people around them. By helping them regain some degree of independence while assisting with their treatment and recovery, we help our residents rediscover their own self-worth as well as the value of their loved ones, friends, and neighbors.

Homes for Adults With Intellectual and Developmental Disabilities

77 Residents in 19 homes
Region: Skowhegan and Norway
Employees: 263

“Believing in the power of helping people help themselves.”

Inside 19 home-like facilities located in the Norway and Skowhegan region, 77 individuals with significant intellectual, physical, and behavioral challenges requiring a high level of care are enjoying a quality of life they might never have experienced, thanks to a dedicated team of professionals who bring innovation and dedication to deliver quality, compassionate care that makes a positive impact. They are working to set the standard of care for the developmentally disabled by:

• providing compassionate, individualized care that acknowledges each resident’s unique needs and encourages their abilities;
• using advanced technology like CareTracker to deliver better, more responsive care; and
• believing in the power of helping people help themselves.

“When one resident began living at MCD’s home, he isolated himself (and) would speak in one word answers. Smiles and laughing were signs of distress and a warning of dangerous behavior … he is now a valued participant at his work program location and is socially appropriate and engages with customers … listens to others and has been initiating activities as well as conversations with his peers and staff.”

— MCD Community Living House Manager

“Not for many of our residents, coming out of state institutions, we’re not just a place to live, but a way to live that is focused on recovery and choice. We have a new resident in one of our group homes, an artist, who hasn’t painted in years. Now he says he’s thinking of picking up his brush again.”

— MCD Community Living Assistant Division Director Darcy Dumont

Arbor Terrace, Berwick Estates, Biddeford Estates & Pinewood Terrace Assisted Living Facilities

196 Residents in 4 communities
Employees: 145

“Giving our residents the independence they desire and the health support they need.”

“To help residents be as happy and healthy as possible, they need to stay as independent as possible,” says Community Living Resident Wellness Director Brittnee Greenleaf, voicing the kind of innovative approach that is redefining Assisted Living at the national level and in Maine. Having earned her Masters degree studying the effects of reduced mobility and cognitive functioning in the elderly, she is using her training to help improve the quality of life at all four of our residences for the elderly.

“It’s as much about changing minds as changing behavior,” she says. “We focus on convincing people that their lives can be improved. One resident who needed to be lifted out of a chair can now get up on her own and relies less on her walker. You see how much an exercise program can improve well-being.”

“When you hear the Community Living people talk about what they do and the impact of what they do … taking care of someone’s parent … giving someone back their dignity and independence … amazing, inspiring stories.”

— Evelyn Kieltyka, MCD Board Chair

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CARETRACKER > High technology impacting high-touch care

Used by more than 3,000 organizations in 50 states, the electronic documentation system CareTracker — fully implemented in 2012 by MCD Community Living — allows all members of a caregiving team access to a wealth of information about an individual’s goals, behaviors, medical conditions, and more.

“We have reached new levels of accountability, which is a good thing for our clients, as they will be the ones who ultimately benefit the most from better care and manageable data that can be easily analyzed.” — MCD IT Director Eric Dimbleby
Small Employer Worksire Wellness
Funded by: Maine Health Access Foundation
Partner: Greater Somerset Public Health Collaborative

While worksite wellness programs have grown tremendously over the last few decades, most small businesses have not addressed their employees’ health at a level to realize any significant return on investment primarily due to a lack of financial incentives, time, and resources. In Maine, nearly 90% of companies have less than 20 employees — in Somerset County, that number is as high as 95%. In addition, health statistics show this county has high rates of obesity, poor eating habits, and higher smoking rates than the rest of the state.

Seeing an opportunity, MCDPH partnered with the Greater Somerset Public Health Collaborative to develop a community-based, worksite wellness program model for sole proprietors and small businesses with fewer than 10 employees. Collaborating with insurers, brokers, employers, and health providers, we defined wellness objectives, tested a prototype for a worksite wellness tax credit, and marketed a small worksite wellness add-on for health insurance providers.

Initially serving just 23 small businesses and 104 employees, the program’s impact has been great, garnering support from employees, businesses, and brokers. With federal Community Transformation Grants, MCDPH is now partnering with the Downtown Center at the Maine Development Foundation to replicate the program in 20 other downtown communities. The Healthy Maine Streets initiative will continue to “organize the demand side,” supporting more than 200 small businesses in 15 counties across Maine.

“The synergy between the public health and downtown (re)development is powerful; we describe this as making the vitality of the people who work downtown part of the revitalization.”
— Kala Ladenheim, MCD Public Health

21 Reasons

Named one of the top 9 high performers out of 683 Drug Free Coalitions nationwide, 21 Reasons is making a positive impact on the lives of teenagers in Maine. Currently in its eighth year of federal funding, 21 Reasons uses an evidence-based coalition approach that engages law enforcement, school personnel, businesses, city councilors, media outlets, parents, and youth to create community-level change.

Resulting data is promising. In today’s Portland:
• 95% of parents feel that it is very important for them to try everything possible to prevent their teens from drinking alcohol;
• 90% of businesses checked by the Portland Police department do not sell alcohol to minors; and
• 67% of Portland’s high school seniors report NOT drinking alcohol.

“We are very excited that having data from day one enables us to show measurable change sustained over time. While we have had tremendous support from people and organizations in Portland, I am particularly proud of our former and current staff on this initiative. Each staff person has added to the success and viability of this program.”
— Kate Perkins, Director of MCD Public Health

This is not the first time 21 Reasons has received national recognition. In 2011, the program was one of only 3 coalitions recognized statewide by the National Association of State Alcohol/Drug Abuse Directors when it received the Exemplary Award for Innovative Substance Abuse Prevention Programs, Practices, and Policies.

Detection and Management of High Blood Pressure

The U.S. Centers for Disease Control and Prevention reports less than half of those with high blood pressure have it under control and by reducing systolic pressure by 12-13 points, we can reduce heart attacks by 21% and strokes by 37%.

In 2007, MCD Public Health developed a combined public health and health care intervention to improve accurate measurement and management of high blood pressure. Phase One established a statewide Blood Pressure Master Trainer Program and provided technical assistance to spread the training throughout Maine’s clinical practice setting.

Phase Two, launched in 2011, worked with statewide partners such as the Maine Practice Improvement Network, Quality Counts, Maine Primary Care Association, and the Maine Patient Centered Medical Home Pilot to give MCD Public Health a direct connection to a large number of health care systems, clinical practices, and health care providers.

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“Getting ‘back to basics’ in improving blood pressure measurement has led to improvements in patient care and had significant impact on raising the level of awareness of the importance of high blood pressure management…. One of our ultimate goals is to have health care professionals implement system change and improvements within their practice or health system.”
— Elizabeth Foley, MCD Public Health

The Drug Free Community’s national evaluation team asked the heads of the Office of National Drug Control Policy (ONDCP), Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Project Officers, and the Community Anti-Drug Coalitions of America (CADCA) for their list of top performers among the 683 Drug Free Community grantees. MCD Public Health’s 21 Reasons was named one of the top nine of 683 in the nation.
MCD PUBLIC HEALTH

At the core of all MCDPH does is our belief that health is a community issue, and that communities that “own” their health can become places in which people want to live, work, and grow old. With a commitment to bringing people and organizations together for collective impact, MCDPH is working to ensure that every member of our community — be they new arrivals, small businesses, working families, students, or retirees — has the information and the access to care they need to achieve lasting health and well-being.

DONATE TODAY!
MCD INTERNATIONAL

MCDI is committed to improving the quality and quantity of care, and to making it accessible to those in need. From our headquarters in metro Washington, D.C. to the many African countries where hundreds of dedicated employees are working, we strive to generate documented impact on the health and well-being of those benefiting from projects focused on maternal and child health, water and sanitation, malaria control and other diseases prevalent in the countries where we work.

Partnering with a wide spectrum of organizations, from grassroots community associations to multilateral donor institutions, we promote strategies, disseminate proven technologies, and introduce tools and processes that improve people’s lives in approximately 15 developing countries.

In 2012, that meant bringing improved sanitation and hygiene to a large population group in Madagascar, and working with the President’s Malaria Initiative, the Global Fund Against AIDS, TB and Malaria, and the private sector to diminish the burden of disease attributable to malaria in other African countries.

DONATE TODAY!
Global Sanitation Fund Executing Agency services in support of Madagascar Sanitation Project (2010-2015)

**Funded by:** Global Sanitation Fund

On the island of Madagascar, more than 11 million people have no access to clean and safe water, and only 11% have access to improved sanitation facilities. More than 4,000 children die every year due to unsafe water and poor sanitation.

As the Executing Agency for the 5-year project, MCDI is working to improve sanitation on a national scale through a set of interventions that include promoting CLTS (Community Led Total Sanitation), the construction of improved latrines, and the promotion of hygiene practices to include hand washing with soap.

In 2012, the Sanitation Support Fund program entered its third year of implementation. The program is now working in 13 of Madagascar’s 22 regions, with 17 local non-government organizations implementing field program activities, covering a beneficiary population of approximately 2.3 million people.

**Significant results:**
At the end of 2012, 2,769 villages had attained ODF (Open Defecation Free) status, 576,498 people were washing their hands with soap and water, and 115,860 were using improved latrines.

Bioko Island Malaria Control Project (BIMCP) (Phase I: 2003-2008; Phase II: 2009-2013)

**Donors:** A consortium led by Marathon Oil Corporation and the Government of Equatorial Guinea

A malaria control and health system strengthening initiative under the direction of the National Malaria Control Program of Equatorial Guinea’s Ministry of Health and Social Welfare, BIMCP provides technical and management support through a team of international specialists that works in tandem with a team of national counterparts.

In addition to an International Technical Advisory Group comprised of authorities from the London School of Hygiene and Tropical Medicine, Texas A&M University, Yale University, and the Innovative Vector Control Consortium (IVCC) through the Liverpool School of Tropical Medicine, technical guidance is drawn from the World Health Organization, the President’s Malaria Initiative, and the Alliance for Malaria Prevention.

Primary interventions include: vector control through indoor residual spraying (IRS), malaria diagnosis and treatment using effective anti-malarial drugs, and the prevention of malaria in pregnancy; health promoting behaviors are supported through a robust Behavioral Change Communication component (BCC). The strengthening of local capacity and a comprehensive Monitoring and Evaluation protocol are project hallmarks.

**Significant results:**
- 69% reduction in parasitemia prevalence among children from 2 to 14 years of age
- Increasing proportion of women taking preventive therapy during pregnancy
- 63.8% reduction in all-cause mortality among children under the age of five (from 152 to 55 per 1,000) largely due to malaria control interventions

ARM3: Accelerating the Reduction of Malaria Morbidity and Mortality Project (2011-2016)

**Funded by:** United States Agency for International Development (USAID)

**Partner:** Benin Ministry of Health’s National Malaria Control Program

The ARM3 consortium, comprised of several partners, including the government of Benin and other US PVOs, seeks to increase use of key life-saving malaria interventions in support of the Benin National Malaria Strategy.

With a goal of improving malaria diagnostics and treatment protocols, as well as strengthening the national health system’s capacity to deliver and manage quality malaria treatment and control interventions, the MCDI consortium has developed a comprehensive approach that combines the training of facility-based personnel to better manage uncomplicated and severe malaria, improving quality assurance through better supervision, strengthening of the supply chain management system to ensure the availability of antimalarial drugs, and an improved malaria information reporting system.

**Significant results:**
- 100,000 bed nets procured and delivered to private sector partners
- Minister of Health personnel trained in the Integrated Management of Childhood Illness (IMCI) and the management of severe malaria
- 1,631 Ministry of Health personnel trained in Supply Chain Management to improve availability of antimalarial drugs at health facilities

**MAKING AN IMPACT IN THE NEXT FIVE YEARS**

**IMAD: Improving Malaria Diagnostics | Funded by:** United States Agency for International Development (USAID)/PMI

During the past five years, the Improving Malaria Diagnostics team has borne witness to unprecedented efforts towards strengthening malaria diagnostics. MCDI’s role as lead agency provided an opportunity to contribute to the development of global guidance for training and quality assurance for malaria diagnostics, with the team providing comprehensive technical assistance, implementation support, and global leadership, including:

- training 14,525 health workers in malaria diagnostics
- supervision visits to 3,543 health facilities in Benin, Democratic Republic of Congo, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, and Zambia
- assisting National Malaria Control Programs in Malawi and DRC to roll-out Rapid Diagnostic Tests

Work initiated under the IMaD project will continue under MalariaCare (Achieving Universal Diagnosis and Appropriate Case Management for Malaria), 2013-2018. This year the project will be working in the Democratic Republic of Congo, Ethiopia, Ghana, Liberia, Malawi, Nigeria, and Zambia. MCDI is a key partner in a consortium led by PATH under this $50 million project funded by PMI.
## FINANCIAL HIGHLIGHTS
The figures on this page depict the financial activities of Medical Care Development, Inc. for the fiscal year ended December 31, 2012.

### PUBLIC SUPPORT AND OTHER REVENUE (in thousands)

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### EXPENSES (in thousands)

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### ASSETS (in thousands)

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### LIABILITIES (in thousands)

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<td><strong>Total Liabilities</strong></td>
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### NET ASSETS (in thousands)

- **Unrestricted**: $6,215
- **Temporarily Restricted**: 304
- **Total Net Assets**: $6,519
- **Total Liabilities and Net Assets**: $23,425

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A complete copy of financial statements audited by BerryDunn, LLC is available upon request from Medical Care Development, Inc., 11 Parkwood Dr., Augusta, ME 04330.