Donations to the International Eye Foundation are Tax-Deductible

INTERNATIONAL EYE FOUNDATION
7801 NORFOLK AVE., BETHESDA, MD 20814 (301) 986-1830

... Giving the Gift of Sight

the International Eye Foundation
In Memoriam

John Harry King, Jr., M.D.
Founder and Medical Director
1930–1986

John Harry King, Jr. was a friend, physician, officer, teacher, and gentleman of brilliance and compassion. He was ophthalmologist to both princes and paupers. He treated the peoples of the former streets of Hong Kong to the holders of the highest office in this land—all with the same mercy and grace. He was the recipient of innumerable honors and awards throughout his distinguished career and the master of many accomplishments, not the least of which was the development of the first successful, and to this day the only, long-term preservation method for eye tissue. In his own mind, his greatest achievement was the International Eye Foundation, which we support in his name and in his memory.

He dared to dream of a world with “peace through sight,” and he approached that dream through the founding and direction of the IEF. For twenty-five years, he sustained and built an organization which, through its teaching and training programs, is currently capable of treating over 500,000 annually. His dream will not cease in his absence, but will be carried on in his spirit.

Barry Goldwater
United States Senate

George M. Bunker
Chairman of the Board
1980–1985

George Bunker was a man of extraordinary talent and ability in which his many superlative achievements in the world of finance and industry will forever attest. Over the years, however, his dedication and devotion to the programs and the ideals of the International Eye Foundation meant as much or more to him than any of the many accolades received from the world of industry. Even during his last months George held numerous meetings in his home with directors and staff of the IEF to ensure the continuity and to safeguard the resources and the future of the organization whose Board he had chaired for many years.

The International Eye Foundation remembers with affection and lasting gratitude the loyalty and earnest attachment of George Maverick Bunker, Chairman Emeritus.

David P. Cloe
Chairman of the Board

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It is a lonelier but no less compelling road we travel to “Give the Gift of Sight.”
This year we mark the Silver Anniversary of the International Eye Foundation and the report on our 25th year of operations is one of promise and excitement. But it is also marked by sadness at the passing of the two people responsible for the creation and subsequent growth of the IEF. Dr. John Harry King, Jr., our founder and leader for a quarter century, died in March, 1986. I would only add to Senator Goldwater’s tribute that his vision provided the focus for our first 25 years, and his legacy to the world will continue in the form of the competent eye care that has been institutionalized in many countries. The past year also saw the passing of Mr. George M. Banker in November, 1985. George, our founding chairman, gave generously of his time and talent, and his advice and counsel will be missed. Our accomplishments in our first 25 years of operation are a tribute to these two gentlemen and our future will be guided by the solid foundation they developed. The accomplishments in our first 25 years have been made possible by the contributions and dedication of the many who have lent us their talents and financial support. To name them all would be impossible and to identify a few would slight the significant contributions of so many. Nevertheless I must single out four people whose contributions are most noteworthy.

Mrs. Jane Lewis, who has been with us for nearly 20 years, knows more about the IEF than any other person and is indispensable. She keeps our headquarters running efficiently and effectively and is the essential link among all the foundation’s elements.

Dr. Larry King, currently our Medical Director, volunteers considerable time from his other pursuits to further the IEF’s aims, and supports the IEF in many ways. His dedication to our ideals is responsible for the success of many of our programs, particularly in Latin America.

Dr. Larry Schwab, who will head our new program in Zimbabwe, has dedicated his professional life to the IEF’s goal of a world without blindness. In naming him Outstanding Alumnus for 1985, the University of West Virginia Medical School recognized his outstanding achievements in bringing quality eye care to the poor of Africa.

Mr. William M. Carrigan, the Secretary of the Board of Directors, has done more financially than anyone else to make our work possible. However, the value of his guidance and counsel far exceeds his considerable financial contributions.

The past 25 years have seen substantial growth and change in the IEF. Originally established as the International Eye Bank, a part of the CARE/ MEDICO network, the first programs dealt with the transfer of corneal transplant and eye banking technology. In fact, Harry King was one of the founders of the Eye Bank movement. In the early 1970’s, as the focus of the international health community shifted to primary health care, the IEF’s programs made a dramatic shift from a curative focus to a preventive/promotive emphasis. Our approach to the problems of blindness and eye disease will continue to evolve as we identify new approaches to our solution.

As we look into the future we see continued growth and development. During the next year we will be initiating major programs in Ethiopia and Zimbabwe. The Ethiopia program, which will be carried out in conjunction with Helen Keller International and the Addis Ababa University Faculty of Medicine, represents the first major eye care program funded by USA for Africa and Live Aid/Band Aid. Our program in Zimbabwe will be carried out in conjunction with the Royal Commonwealth Society for the Blind, an agency with which we have cooperated extensively in the past in Africa and the Caribbean. This is the first formal joint program undertaken by our two agencies.

In May, we announced the formation of our new Training and Technical Assistance Division which will provide eye care expertise to other organizations and governments. This unit will also help to identify and acquire further expertise as needed to adequately complete all aspects of our projects.

The past year has brought a new sense of urgency to our need to increase our proportion of private support. The foreign aid reductions called for by Congress, and the cutbacks in Federal spending in general, will almost certainly mean reduced levels of government support for our programs. Optimistically, we can expect government support to fall off by at least 15 percent in FY ’87 with further reductions in the following years. We are now planning and implementing fund raising strategies for the years ahead, including more aggressive efforts directed at corporations and foundations. Of course, the support of individuals will remain the cornerstone of our private funding efforts.

The year ahead promises to be even busier than the one just ended. Requests for new eye care programs and assistance are received on what seems a daily basis. With the continued support of the IEF’s friends, we will continue giving the gift of sight in the year to come.

As I look back on the past year I am struck by the ebb of sadness, accomplishments and new thrusts that we have experienced. We remain confident that we will be able to grow and mature from the solid foundation provided by Harry and George and continue to pursue Harry’s dream of “peace through the prevention and cure of blindness.”

John R. Bahnun
President and Executive Director
Malawi

Malawi continues to be the focus of substantial IEF activity, with two programs operating during the past year.

In September, the “Program for the Reduction of Childhood Mortality” in the Lower Shire Valley was formally begun, with funding under the Congressional Child Survival Initiative through U.S.A.I.D. This program seeks to address some of the health problems confronting children and women in this impoverished, underdeveloped area. In particular, activities will center on ways to reduce the incidence of vitamin A deficiency, trachoma, measles, and diarrhea diseases. The first three of these are all potentially blinding conditions, and all but trachoma all too often lead to death, particularly in young children. This program uses a combination of public education, training of health workers, and provision of medical services and supplies to accomplish its objectives.

The Lower Shire Valley is located in the southern end of Malawi, and is surrounded on three sides by Mozambique. It is semi-arid, with little agricultural potential once away from the Shire River. One of the activities being undertaken by the IEF program is the rehabilitation of boreholes. There are about 1,500 of these in the valley, with as many as 75 per cent out of commission at any particular time. Project staff will select several boreholes in areas most affected by lack of clean water for rehabilitation. It is expected that having clean water available will, by itself, have a significant positive impact on the health of the affected populations. This activity is being supported by a grant from the Nestlé Corporation of Switzerland.

In addition to the program in the Lower Shire Valley, the IEF continues to provide eye care services and ophthalmic training for the Southern Region of Malawi from its base at the Queen Elizabeth Central Hospital in Blantyre. IEF ophthalmologists provide clinical and surgical services and supervise the work of several specialist ophthalmic medical assistants at rural health facilities. These two ophthalmologists also teach in the regional training course for Ophthalmic Medical Assistants operated by the Ministry of Health at Lilongwe. This course provides specialist training in ophthalmology for medical assistants from throughout the southern Africa region.

Kenya

During the year under review, the IEF continued to support the activities of the joint Ministry of Health/Kenya Society for the Blind Primary Eye Care and Blindness Prevention Education and Training Unit. This unit, operated by Ophthalmic Clinical Officers John Macharia and Lucy Nyagathii under the supervision of the Kenya Society for the Blind, provides training in primary eye care and blindness prevention to health workers, school teachers, and community groups from throughout the country.

The IEF has cooperated with the Royal Commonwealth Society for the Blind in providing the materials needed to enable the unit to carry out its training responsibilities. Special thanks are due to Miss P. J. Martin, the RCSB Administrator in Nairobi for her cooperation and assistance in the absence of a full-time IEF staff member there.

Guinea

The IEF continues to support the ophthalmic program of the Government of Guinea’s Ministry of Health. The opening of the National Ophthalmic Training and Referral Centre in Conakry was delayed, but is expected early in 1987.
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Honduras

During the past year, the IEF continued to provide training support for the Ministry of Health's ophthalmic program. Much of this training was provided by Dr. Lawrence M. King Jr., the IEF's Medical Director. Dr. King provided a series of lectures to ophthalmologists at San Felipe Hospital in Tegucigalpa. Further training was provided by Dr. George Beauchamp, of Cleveland, Ohio, Dr. David Davis, of Hayward, California, and Ms. Tamara Oberbeck, the former IEF project director in Honduras.

The IEF initiated a new program in the town of San Pedro Sula in January, 1986. The project involves the development of ophthalmic services at the Leonardo Martinez Hospital, the principal government hospital in the area. Basic equipment and surgical instrumentation have been provided to assist the hospital in expanding its eye care services. This program has been made possible through the generous support of Mr. William M. Carrigan, the Secretary of the IEF's Board of Directors.

Puerto Rico

The primary emphasis of the IEF's program in Puerto Rico as in the past, is the provision of training for health care professionals, both physician and paramedical, in order to provide suitably trained personnel for the Spanish-speaking countries of Latin America and the Caribbean. The IEF supported training program under the auspices of the University of Puerto Rico and coordinated by Dr. William Townsend, Dr. Manuel Miranda, and Mrs. Millagros Colon de Lopez, is unique in providing a complete course in basic ophthalmic science, blindness prevention, and national eye care/blindness prevention program development in Spanish.

Since IEF support for this program began in 1968, over 525 physicians have been trained and are now providing a variety of services in their home countries. The IEF has supported participants from virtually every Latin American country.

The support of this program by the IEF is made possible through the generosity of the William M. and Ramona N. Carrigan Family Endowment for Blindness Prevention in the Americas.

Saint Lucia

The IEF's collaborative program with Massachusetts Eye and Ear Infirmary continued to provide eye care services and training on Saint Lucia during the past year. In July, Dr. Roger Mason of Howard University, developed a survey program on the prevalence of glaucoma on the island. The survey will be undertaken over a six month period and will involve examining in excess of 3,000 people. It will provide detailed cross-sectional information on the prevalence of glaucoma and its associated risk factors in the black population of Saint Lucia.

Information gathered by the survey will be used by the IEF and the Ministry of Health to develop a sustainable glaucoma intervention program utilizing existing MOH personnel and facilities.

Support for this survey has been provided by U.S.A.I.D. through Howard University and by Chibret International.

One aspect of the IEF program in Honduras will provide eye care assistance to benefit Miskito Indian children.

In addition to upgrading this service facility, the IEF is providing financial support to enable two Honduran physicians to undertake specialized ophthalmic training in Guatemala. The first individual has been identified and will begin this training in the fall of 1986.

The IEF has also been working closely with the Peace Corps to develop a primary eye care system. In April Ms. Oberbeck trained 20 Peace Corps volunteers who will be working as rural health educators and nutrition promoters throughout the eight regions in Honduras so that they will also be able to provide primary eye care training in the course of their normal work. Also in coordination with the Peace Corps, Ms. Oberbeck conducted two courses in June in visual screening for 90 elementary and special education teachers from all over Honduras to promote the establishment of routine visual screenings throughout the local school system.

Finally, the IEF has provided eye care training to selected health personnel working with local groups such as Friends of the Americas and MOPAWI, an organization that works exclusively with the Miskito Indians. A particular concern for that group has been to train community health workers to be able to identify and treat as appropriate xerophthalmia, a potentially blinding eye condition resulting from Vitamin A deficiency. This latter activity is generously supported by F. Hoffman LaRoche Corporation of Switzerland.

Surgical training is a major component of the joint IEF/Massachusetts Eye and Ear Infirmary project on Saint Lucia.
Eastern Caribbean Ophthalmic Training Program

The Caribbean Basin is characterized by a large number of disparate countries scattered over an enormous area. Taken separately, these countries have few resources to devote to health care, particularly to eye care. However, thanks largely to sustained outside technical and financial assistance from a number of international agencies, a fairly comprehensive, self-sustaining regional system of eye care is emerging. The IEF’s regional training program for the Caribbean has contributed significantly to this process.

The Eastern Caribbean program was conceived with two ultimate aims in mind: to develop the ophthalmic skills of local medical personnel on those islands which had inadequate, if any, eye care; and to stimulate the University of West Indies (UWI) to establish an advanced degree in ophthalmology so that eye care specialists could be trained locally.

Since 1983, the IEF has been directly involved in an effort to establish a formal course of study for general practitioners from the Caribbean leading to a Diploma in Ophthalmology at the Barados Campus of the UWI. The IEF has collaborated with a number of other agencies, including the Royal Commonwealth Society for the Blind, Operation Eyesight Universal, and the Caribbean Council for the Blind, to promote this program. While the IEF assumed responsibility for training six candidates from the islands of Saint Lucia, St. Vincent, St. Kitts, Grenada, Dominica, and the Central American nation of Belize, the RCSB supported the training of candidates from other countries, including Barbados, Guyana, and Tortola.

In February, 1986, the first class of candidates from the training program in Barbados sat for the Diploma in Ophthalmology exams under the auspices of the Royal College of Surgeons of Great Britain. Both candidates supported by the IEF from Grenada and St. Vincent, passed the exam, one with distinction. Having successfully completed these examinations, both physicians are now providing regular eye care on their home islands. Qualified to train other health workers in primary eye care and blindness prevention, they have both begun to train hospital and district nurses and community health workers in the skills necessary to recognize, treat, and refer eye conditions.

During the year under review, two other physicians, one from Dominica, and one from Belize, have been undergoing training in Barbados. They are expected to sit for the Diploma in Ophthalmology exams early in 1987.

Significantly, the UWI has now granted formal approval to an advanced training program in Ophthalmology and will, in the near future, begin offering its own Diploma in this specialty.

The IEF has also continued holding refresher and in-service training for nurses with the aim of strengthening and extending the region’s system of referral for eye care. Ms. Tamara G. Oberbeck, an IEF training specialist, visited the islands of St. Lucia and Montserrat where she conducted two-week-long courses designed to train previously trained nurses as trainers themselves. The two groups of nurses already trained by the IEF comprised a core group of trainers in primary eye care and blindness prevention. These in turn trained another 60 district nurses in primary eye care.

In November, Ms. Oberbeck spent a week working with the Eastern Caribbean Project Director Miss A.M.S. Connell, FRCS, developing standardized teaching materials and curricula for future training courses for nurses throughout the Caribbean Basin.

The IEF-sponsored training program for the Eastern Caribbean has done much to promote the development of an efficient, appropriate eye health care system in the region. This program has been supported by a grant from the U.S. Agency for International Development and a grant from the Public Welfare Foundation.

Grenada

The IEF program for the development of eye care services on the island of Grenada continued under the able leadership of Dr. May Khadem. Dr. Khadem has developed a highly successful training program for health workers on the island, at the same time expanding her clinical outreach activities to cover the entire country. An evaluation conducted during the year under review commended Dr. Khadem’s work in promoting Grenada’s self-sufficiency in eye care through her training activities.

Early in the year, Dr. Elliott McGuire, who had been participating in the IEF ophthalmic training program in Barbados, returned to Grenada to complete the clinical portion of his training under Dr. Khadem’s supervision. Dr. McGuire completed the training program in Barbados with distinction, and will be able to assume complete responsibility for the provision of eye care services in Grenada when the IEF program is completed at the end of 1987.

Saint Kitts/Nevis

Since 1985, the IEF has provided assistance to the Ministry of Health of St. Kitts/Nevis in the provision of eye care services. Existing services, already fairly well developed, had been initiated by Drs. Leo Kellerman and Alan Aker of New York, who made the initial request to the IEF on behalf of the Ministry.

The IEF now has a full-time staff member in St. Kitts working at the Joseph N. France Hospital in Basseterre. Dr. Susan Lewallen, of Boulder, Colorado, has been on the island since May.

In the year ahead, it is anticipated that the Ministry of Health will identify a candidate to participate in the training course in Barbados, eventually assuming responsibility for provision of eye care services on the island.
The IEF has announced the formation of a new division to provide short-term technical assistance in the area of blindness prevention and primary eye care. Ophthalmologists, ophthalmic nurses, opticians, and management specialists are available for short-term consultancies through this new program. Now other organizations and governments can call on the IEF to identify suitable consultants to carry out time-limited tasks in specific technical areas. These include analyzing eye care needs, planning an eye care component within programs already provided by an agency, training trainers, designing courses for community health workers, developing curricula, providing lecture-demonstrations in specific techniques for ophthalmic specialists, nurses, etc.

Besides identifying short-term consultants, the IEF provides basic teaching aids (slides, charts, manuals) for use in developing training courses for different levels of health care workers. For example, an ophthalmic technician/nurse sent by the IEF to Ecuador trained trainers and health care workers from the Peace Corps, Save the Children, CARE, Catholic Relief Services, and local groups. The specialized expertise the IEF has developed in its 25 years of working in developing countries can thus be used to ensure that eye care is readily incorporated into existing health service systems.

Zimbabwe

Early in the new year, the IEF’s Dr. Larry Schwab, currently Medical Coordinator, will leave with his family to take up his new position as the Project Director of a joint IEF/Royal Commonwealth Society for the Blind (UK) blindness prevention/eye care services project in Zimbabwe. Dr. Schwab, who has previously been stationed in Ethiopia, Kenya, and Malawi in IEF projects will be based at the Sekuru Kagwai Hospital in Harare, the capital of the central African nation. He will assist the Ministry of Health in reorganizing eye care services provided at the hospital, and, in addition, develop rural outreach programs and a variety of training activities for health workers at all levels.

Initially, the new program in Zimbabwe will cover a period of three years. The program marks the first formal joint program between the IEF and the RCSB. Previously the two organizations have cooperated in activities in Kenya, Malawi, and the Caribbean.

Ethiopia

Early in the year, the IEF renewed its ties to the small ophthalmic community in Ethiopia. Over a period of several months, a proposal for the development of a training course for ophthalmic medical assistants has been developed.

Early in 1987, the IEF will launch the Ethiopia Ophthalmic Manpower Development Program, a joint effort with Helen Keller International. Under this program, assistance will be provided to the Ethiopian Ministry of Health in the design and implementation of a training program for ophthalmic medical assistants. Those trained in the program will be able to provide a range of eye care and blindness prevention services to currently unserved rural populations.

In addition the IEF will, with HKI, provide the MOH with assistance in the distribution of Vitamin A in areas where deficiency of this essential vitamin is prevalent and with training in the prevention of vitamin A deficiency related blindness.

The Project Director will be Dr. Pavlos Quana’a, the Chief Ophthalmologist for the Ministry of Health and Head of the Department of Ophthalmology of the Addis Ababa University Faculty of Medicine. In the early 1970’s, Dr. Pavlos was an IEF Fellow and undertook a short-term training program here in the U.S.

Ecuador

In 1985-86, the International Eye Foundation negotiated a new agreement with the Ministry of Health of this South American nation to undertake a new program of assistance. The start-up date for project activities is September, 1986. Initially, the IEF will train five MOH physicians in primary eye care and provide basic ophthalmic equipment to be used in the rural outreach posts where they work. The IEF will also be working with health personnel from various other private, voluntary organizations such as CARE, Save the Children, and Catholic Relief Services, and the U.S. Peace Corps, providing training in primary eye care and blindness prevention. This will ensure that primary eye care is incorporated into the primary health care services these groups are providing to medically underserved communities.
The Society of Eye Surgeons, the medical supporting arm of the International Eye Foundation, supports the aims and objectives of the Foundation. There are over 1,000 members from 64 countries. The Consultant Board of the Society consists of world renowned ophthalmologists from all continents. During the year just ended, the Society announced that Dr. Bjorn Thylefors, the Director of the World Health Organization's Prevention of Blindness Programme, has agreed to serve as a member of the Board.

The Society has as its purpose the promotion of the science of ophthalmic surgery among all peoples and nations through fellowships, sponsorship of teaching teams and visiting professors, and support of the IEF's programs. Short-term volunteers in the IEF programs are frequently drawn from the SES membership.

In October, the Society held its Annual Luncheon Meeting at the San Francisco Hyatt Regency, in conjunction with the annual meeting of the American Academy of Ophthalmology. Members were briefed on the status of IEF programs around the world and heard presentations by several of the IEF's project directors. In addition, the President of the Massachusetts Eye and Ear Infirmary, Dr. Ephraim Friedman, accepted the IEF's International Service and Training Award presented to honor M.E.E.I.'s involvement in the IEF/Saint Lucia program for the past several years.

Plans are currently underway for the next International Congress of the Society, tentatively scheduled for 1988.

L. P. Agarwal, India
M. Aouachiche, Algeria
Juan Arentsen-Sauer, Chile
Joaquim Barraquer, Spain
Rubens Belfort-Mattos, Brazil
Tonstein Berntsen, Norway
Jørn Bobberg-Ans, Denmark
Benjamin F. Boyd, Republic of Panama
Francisco Contreras C., Peru
Rafael Cordero-Moreno, Venezuela
Taellik Daghfous, Tunisia
Chandler R. Dawson, U.S.A.
G. De Ocampo, Philippines
A. G. Devoe, U.S.A.
Werther Duque-Estrada, Brazil
Humberto Escapini, El Salvador
Hans Goldmann, Switzerland
Karl Hruby, Austria
James R. Hudson, England
Tadeusz Krawuicz, Poland
R. C. K. Loh, Singapore
Keith Lyte, England
Hennie Meyer, Republic of South Africa
Enrique Malbran, Argentina
Michel Mathieu, Canada
A. Edward Maumenee, U.S.A.
John Clement McCulloch, Canada
G. Meyer-Schwickerath, Germany
John Clark Mustardé, Scotland
Akira Nakajima, Japan
Joseph F. Novak, U.S.A.
Cahit Orgen, Turkey
Paul Payrani, France
Kobchai Prommindoor, Thailand
N. A. Puchkovskaya, U.S.S.R.
C. O. Quarcooepem, Ghana
Magda Radmoc, Hungary
Mohammad H. Razvi, Pakistan
Alvaro Rodriguez, Colombia
Raul Rodriguez Barrios, Uruguay
Samar S. Salibey, Lebanon
Isak Salim, Indonesia
Luis Sanchez-Bolines, Mexico
Harold G. Scheie, U.S.A.
A. M. Soliman, Egypt
Bjorn Thylefors, W.H.O.
Gunter von Noorden, U.S.A.
E. V. Waddy Pockley, Australia
J. A. C. Wadsworth, U.S.A.
L. E. Werner, Ireland
Randolph Whitfield, Jr., Kenya
R. Witmer, Switzerland

John R. Bahen (L), President and Executive Director of the IEF welcomes Dr. Bjorn Thylefors of WHO as a member of the SES Consultants Board.
Detailed financial information abstracted from the report of the IEF auditors can be found on the following page. Once again this year we can take pride in the fact that our direct expenditures on program services constitute in excess of 92 percent of the total Foundation expenses. To put this in perspective, the IEF has consistently spent less than 8 percent of total funds on fund raising and administrative costs. The National Charities Information Bureau, which monitors charitable agencies for appropriate funds usage, considers up to 25 percent a reasonable proportion for these expenditures. The IEF’s record in this respect is matched by few, if any, voluntary agencies.

During the year just completed, the IEF experienced a slight drop in total revenue, due entirely to reductions in government grants. All other revenue categories increased substantially. This is a trend that is expected to continue, and the Foundation is now planning strategies for increasing non-government revenues to make up for the expected fall-off in government grant income.

Requests for assistance are received more quickly than we can respond. Our ability to respond positively to the many requests received each year depends on the generosity of our friends and supporters.

Donations to the International Eye Foundation can be made in a variety of ways, including unrestricted contributions, donations to support specific projects or activities, a deferred gift, or a bequest in a will. In many cases, donations to the IEF can be matched by employer matching gifts programs, thus doubling, or in some cases, tripling, their impact.

International Eye Foundation, Inc.
Direct Expenditures on Program Services for the Prevention and Cure of Blindness Constitute Over 92 Per Cent of Total IEF Expenditures

<table>
<thead>
<tr>
<th>Program Services</th>
<th>Year</th>
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<td>2.20%</td>
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| Summary Statement of Revenue and Expenses—1985–1986 |
|-----------------------------------------------|---|---|
| Year Ended 30 June | 1985 | 1986 |
| Public Support* | Contributions | 462,236 | 409,390 |
|                 | Fund Raising Events | 30,336 | 36,550 |
|                 | Combined Federal Campaign | 103,226 | 187,580 |
|                 | TOTAL PUBLIC SUPPORT | 595,798 | 633,520 |
| Other Revenue | Government Grants | 1,000,655 | 654,083 |
|                 | Dues, Rental Income, Interest and Dividends, and Miscellaneous | 53,629 | 102,374 |
|                 | TOTAL OTHER REVENUE | 1,054,284 | 756,457 |
|                 | TOTAL REVENUE | 1,650,082 | 1,389,977 |
| Expenditures | Program Services | 1,380,551 | 1,124,824 |
|                 | Support Services | 79,613 | 140,586 |
|                 | Fund Raising | 95,111 | 113,291 |
|                 | TOTAL EXPENDITURES | 1,555,275 | 1,378,711 |
|                 | RETAINED REVENUE | 94,807 | 11,276 |

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Year Ended 30 June</td>
<td>1985</td>
<td>1986</td>
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<tr>
<td>Fixed Assets</td>
<td>Furniture and Equipment</td>
<td>27,058</td>
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<td>Real Estate</td>
<td>120,000</td>
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<td></td>
<td>Mortgage Notes Receivable</td>
<td>181,533</td>
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<td></td>
<td>Total Fixed Assets</td>
<td>328,591</td>
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<tr>
<td>Current Assets</td>
<td>Cash and Investments</td>
<td>833,820</td>
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<td></td>
<td>Receivables and Prepaid</td>
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<td></td>
<td>Total Current Assets</td>
<td>881,985</td>
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<tr>
<td>Current Liabilities</td>
<td>Accounts Payable &amp; Accrued Expenditures</td>
<td>203,917</td>
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<tr>
<td></td>
<td>Total Current Liabilities</td>
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<tr>
<td>Fund Balance</td>
<td>Unrestricted</td>
<td>620,060</td>
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<tr>
<td></td>
<td>Restricted</td>
<td>386,599</td>
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<tr>
<td>NET FUND BALANCE**</td>
<td></td>
<td>1,006,659</td>
</tr>
</tbody>
</table>

*Gifts-in-kind, consisting entirely of drugs & medical supplies are not incurred here.
**Total Assets less Total Current Liabilities
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