Your tax-deductible contributions, gifts, and bequests make these programs possible.
The International Eye Foundation, Inc.

The International Eye Foundation was founded in 1960 by Dr. John Harry King, Jr., an internationally known corneal surgeon, to provide eye tissue donated by Americans to curably blind people in developing countries.

As the extent and socio-economic impact of blindness became more widely recognized, the role of the IEF was expanded. The purpose of the IEF today, as stated in its by-laws is:

... the promotion of peace through the prevention and cure of blindness worldwide ... through a program of fellowships, surgical teaching missions, research, and distribution of ocular tissues ... and other educational, scientific, and charitable projects ...

The first surgical team was sent by the IEF in October, 1961 to Hong Kong and was led by the IEF’s founder, Dr. J. H. King. The IEF was at this time known as the International Eye Bank and was affiliated with CARE-MEDICO.

In 1969, the IEF was incorporated as a separate entity and registered with the U.S. Internal Revenue Service as a non-profit, humanitarian organization under Section 501(c)(3) of the IRS code, maintaining this status to this date.

In 1972, the IEF was registered with the U.S. Department of State as a private voluntary organization and began receiving significant grants for the implementation of programs in the prevention and cure of blindness in developing countries. Since then, the IEF has received substantial program support from the U.S. Agency for International Development, including their largest grant ever awarded for a national program for the prevention of blindness. This grant, given in 1976 for $1.25 million, was in support of the IEF’s Kenya Rural Blindness Prevention Project. An additional $2.07 million phase of the Kenya Rural Blindness Prevention Project was launched in 1980, also with substantial support from U.S.A.I.D.

Since its inception in 1960, the IEF has continued to grow at a steady rate, expanding its operations, and shifting the focus of its activities. Today, the IEF is in the forefront of organizations working to eliminate preventable blindness around the world.
Message From the Founder

The IEF is a unique organization—a small, public foundation, non-sectarian and non-governmental, volunteering its abilities in the worldwide fight against preventable blindness and to upgrade eye surgical care throughout the world. The aim of the IEF's programs, in addition to the elimination of preventable blindness, is to help others in the developing world to help themselves. This is a "two-way road;" it is not only a humanitarian effort by those with specialized ophthalmic skills, it also makes ophthalmology a potent worldwide diplomatic force.

We are deeply involved in teaching and in trying to help others. The IEF has become well known and highly respected over the past 23 years. With the continued assistance of our supporters, it will do more in the years to come.

The supporters of the IEF could well have written these words of Louis Pasteur, a scientist dedicated to helping the unfortunate of all nations:

"One does not ask of one who suffers, 'What is your country and what is your religion?''
"One merely says, 'You suffer; this is enough for me. You belong to me and I shall help you.'"

John Harry King, Jr., M.D.
Founder and Senior Medical Director

IEF Annual Report for the Fiscal Year 1982-1983

Summary of Activities

The past year has been an especially busy one for the IEF, marked by expansion and shifts in focus of existing programs and the launching of a number of new efforts. The 1982-1983 fiscal year was one of growth and development for the IEF, continuing its tradition of helping others to help themselves.

During the 1982-1983 fiscal year, major emphasis was placed on the development of collaborative programs. In Malawi, the International Ophthalmic Training Center enrolled its first class of paramedics to receive their training in ophthalmology. The graduates of this training course will work in rural areas bringing specialist eye care to areas previously either underserved or completely unserved. The course participants, who are drawn from a number of countries in central and southern Africa, are receiving support from the IEF, the World Health Organization (WHO), the Royal Commonwealth Society for the Blind (RCSB), and the government of Malawi. The IEF is also collaborating with the RCSB on projects in Kenya and the Caribbean and with WHO on the production of educational materials for distribution around the world. Sir John Wilson, the founder of the Royal Commonwealth Society for the Blind and past president of the International Agency for the Prevention of Blindness, was named honorary consultant to the IEF's medical advisory board, further strengthening the IEF's collaborative efforts.

The collaborative efforts undertaken by the IEF have been important in developing new sources of support for IEF-initiated programs, and it is hoped that more opportunities for such mutually beneficial collaboration will be forthcoming. In addition to efforts to work with other organizations, the IEF has also continued to encourage the development of programs that will join neighboring countries in shared activities to combat blindness.

Full-time staff continued existing long-term programs in Kenya, Malawi, Guinea, Puerto Rico, and Saint Lucia, and new IEF staff members helped launch programs in Saudi Arabia, the Dominican
Republic, and Egypt. The program in the Dominican Republic is of special significance since this marks the first time that IEF has been able to fully staff such projects with nationals of the countries concerned.

During the past year, the IEF has also continued to play a major role in the provision of training and consultancy services. Three Egyptian physicians were granted fellowships for further training in the U.S.A. Three Honduran physicians also received training fellowships. In addition, 18 fellowships were granted to participants from the Caribbean and Central America to attend the Basic Science Course in Ophthalmology at the University of Puerto Rico. Two Egyptian physicians were sponsored by the IEF for educational trips to the U.S.A., and one Mauritian and one Egyptian were sponsored by the IEF to attend the annual conference of the International Association for the Prevention of Blindness (IAPB) in Baltimore in November. IEF staff and volunteers made a number of consultancy trips during the year, in addition to their work in regular IEF programs. These included trips to Guinea, Saudi Arabia, Honduras, Dominican Republic, Philippines, Hong Kong, and Ecuador. The IEF places great value on the talents of its experienced pool of volunteers, and over the past year has utilized the services of both physicians and paramedical ophthalmic workers in providing expert advice and training in developing countries.

The IEF has continued to expand and develop its programs in developing countries and is increasingly being recognized as the cornerstone for the development of effective blindness prevention and treatment programs in countries with limited health resources.

This was also a significant year for the IEF headquarters in Bethesda, which underwent a major reorganization. Mr. John R. Babson was named President and Executive Director in early 1983. Dr. Robert H. Meaders and Mr. Jack W. Swartwood were named Medical Director and Administrative Director, respectively, and Ms. Victoria M. Sheffield was named Director of Training. Mr. Babson joined the IEF after his retirement from the position of Corporate Vice President of the Ingersoll-Rand Company, and Ms. Sheffield returned to the headquarters after three years with the IEF’s project in Kenya. The reorganization and expansion of the headquarters staff reflects both the IEF’s growth during the last fiscal year and anticipated growth over the year to come.

---

**Program Activities**

**Honduras**

In Honduras, the IEF continues to assist in the training of nurses, nurse auxiliaries, and their tutors to provide suitably trained health personnel at the first-referral level, who would, in turn, be able to train, supervise, support, and provide referral for primary health workers providing primary eye care in rural areas. The program this year extended to the provision of training for rural school directors in mass visual acuity screening in schools. A total of four hundred and thirty nurses and nurse auxiliaries were trained in primary eye care. The IEF made use of 36 Peace Corps nurses who were trained to act as counterpart instructors in each of the regions of the country and to provide on-going instruction in the nursing schools. In addition, 14 ophthalmologists and 16 general physicians were trained in various levels of eye care. During the year, the IEF staff member in the country completed her assignment and returned to the U.S.A. She, along with the IEF’s Deputy Medical Director, made training consultancy visits to Honduras to follow-up on the teaching activities initiated by the project. Also during the year, three Honduran physicians received training fellowships from the IEF, and one was sponsored by the IEF to attend the Basic Science Course in Ophthalmology at the University of Puerto Rico.
A significant amount of program support for Honduras during the last fiscal year was received from the Public Welfare Foundation of Washington, D.C., the Charles T. Campbell Foundation of Pittsburgh, PA., and U.S.A.I.D. (through the matching grant program).

Puerto Rico

The main focus of the IEF’s involvement in Puerto Rico has been the provision of training for health care professionals (both doctors and nurses) in order to provide suitably trained personnel for the Spanish-speaking countries of the Caribbean Basin and Central and South America. The training program, operated in collaboration with the University of Puerto Rico, is unique in providing a complete course of training in basic science, blindness prevention, and national program development in Spanish.

Seventeen physicians from Honduras, Argentina, Brazil, Colombia, Venezuela, Bolivia, Ecuador, Dominican Republic, Haiti, Peru, Chile, Guatemala, Uruguay, Paraguay, and El Salvador participated in this course under IEF sponsorship during the year under review.

Significant support for this program was provided by the William M. and Ramona N. Carrigan Family Endowment for Blindness Prevention in the Americas which was established at the IEF by the Carrigan family, long-time supporters of IEF activities in the Americas. The other source of support for this program was the U.S.A.I.D. matching grant program.

Dominican Republic

The Dominican Republic project was launched this year under the direction of Señora Milagros Colon de Lopez, R.N., C.O.M.T. under a grant provided by U.S.A.I.D. The project focuses on providing training in primary eye care for general physicians, nurse trainers, nursing supervisors, auxiliaries, and health promoters. The U.S.A.I.D. support of this program will continue until October, 1984.

Saint Lucia

At the beginning of the 1982-1983 fiscal year, Dr. Bradford Shingleton took over responsibility for the direction of the Saint Lucia project from Dr. John A. Distler. This was the final year for support of the program under the original U.S.A.I.D. grant. This project has continued to have a dual focus on the provision of training in primary eye care and blindness prevention and the development of effective therapeutic services on Saint Lucia and several neighboring islands. During the past fiscal year, seven third-year ophthalmology residents from the Massachusetts Eye and Ear Infirmary (MEEI) spent six week rotations providing clinical and surgical care under the supervision of Dr. Shingleton.

The eye care services on Saint Lucia have expanded tremendously since the beginning of the project. Daily eye clinics are now held at the Victoria Hospital, and most outlying hospitals and health centers have eye coverage at least one day per month. As a result of training provided under this project, rural health personnel are now able to provide community education in primary eye care and blindness prevention.
One Saint Lucian general physician, Dr. Emsco Remy, was selected under the project to undergo training in general ophthalmology and eventually assume responsibility for project activities. He is being trained under Dr. Anthea Connell, an internationally recognized ophthalmologist based in Barbados. A significant aspect of this has been the international goodwill that it has generated throughout the Caribbean by the regular provision of much-needed eye care services.

**Montserrat**

While there was no formal program on Montserrat, the IEF was active in providing training and support on the island. Two nurses from Montserrat received training in primary eye care and blindness prevention on Saint Lucia and are now, in turn, providing training and clinical support at home. In addition, a follow-up survey of glaucoma on the island was conducted by Dr. Singleton (IEF-Saint Lucia) and Dr. Dorothy Scott (Pittsburgh, PA.). This follow-up survey confirmed the results of the earlier survey which had revealed a glaucoma rate nearly three times that found in the U.S.A. for those over 40 years of age.

**Guinea**

The first IEF consultant ophthalmologist in Guinea, Dr. Samir Saleebi, completed his tour late in 1982, and was replaced by Dr. Jean-Paul Heldt, who is scheduled to remain in Guinea for two years. This project, like other IEF-sponsored projects, has a dual emphasis on training and the provision of clinical services. To date, a number of Ministry of Health general physicians and clinical officers (called "majors" in Guinea) have received ophthalmology training under the project.

Work is still in progress on completing the eye center designated last year by President Sekou Touré, with all costs so far being met by the Guinean Ministry of Health (with the exception of ceramic tiles and plans, which were donated by the IEF). The completion of this facility will be a major boost to the provision of eye health care services in the country since there has been no such facility available in the past.

In Guinea, it has been necessary to place major emphasis on the development of curative services prior to focusing on prevention and promotion training due to the fact that until the advent of this project, eye health care services were virtually nonexistent in the rural areas of the country. Under these circumstances, the development of prevention training programs must be delayed until basic curative services have been extended to more parts of the country. With advice and assistance from the IEF, the Ministry of Health is now in the process of developing a plan for the development of eye care services in Guinea which will lead to the implementation of a national blindness prevention program. As part of its assistance, the IEF has provided diagnostic and therapeutic equipment and commodities to facilitate efficient delivery of available eye care services.

This project is unique for the IEF and for health assistance programs in general since one of the major cooperating partners in the project has been the Martin Marietta Corporation and its affiliated Halco (Mining) Company, together with the consortium in Guinea of which Halco is a member, the Compagnie des Bauxites de Guinée. Shipment of equipment from the U.S.A., local housing, local transportation, and a variety of administrative and technical support services have been provided by this group. It is hoped that this project can serve as a model for future IEF projects in other countries where major corporate support can be enlisted.

**Kenya**

The IEF’s Kenya Rural Blindness Prevention Project continued as the leading national blindness prevention project in Africa under the grant provided for project support from U.S.A.I.D. During the last year, the IEF technical staff in Kenya has continued to provide valued advice to the Ministry of Health on the future development of eye care services in the country. One major accomplishment of the past year has been the reorganization of Kenya’s National Prevention of Blindness Committee. IEF staff in Kenya were responsible for developing many of the policy documents which the Ministry of Health in Kenya
is now using to implement its recently developed Five-Year Plan for the Development of Eye Care Services. Thanks in large part to the IEF project, the Ministry of Health has now recognized blindness as one of the major preventable health problems in the country and is taking substantial action to combat it.

Before her departure in early 1983, the project's Field Training Specialist, Ms. Victoria M. Sheffield, C.O.M.T., was able to train two Kenyan counterparts to carry on her training responsibilities. These two Kenyans, both Ophthalmic Clinical Officers, will undergo training in Community Eye Health at the Institute of Ophthalmology (London) under the sponsorship of the Royal Commonwealth Society for the Blind (RCSB), and will form the nucleus of a primary eye care/blindness prevention education and training unit in the Ministry of Health. This will be the first unit of its kind in Africa.

Educational materials developed by the IEF Kenya project continue to be distributed throughout Africa and to Asia and South and Central America. New training materials developed over the last year have included a curriculum with teaching aids for use in the Rural Health Training Centers, which provide in-service training to rural health workers.

The U.S.A.I.D. grant under which the Kenya project has been operating is scheduled to expire in the next fiscal year, and it is hoped that other sources of support will be found to enable this innovative project to continue its efforts to eliminate preventable blindness in Kenya.

**Malawi**

The IEF currently has two ophthalmologists stationed in Malawi. Dr. Teferra Tizazu is located in Lilongwe at the Kamuzu Central Hospital, and Dr. Larry Schwab (formerly with IEF projects in Kenya and Ethiopia) is at the Queen Elizabeth Central Hospital in Blantyre. In both hospitals, the functions of the ophthalmologists are to: 1) provide specialist eye health care; 2) train ophthalmic auxiliaries to serve in the rural areas of the country; and 3) supervise the activities of ophthalmic medical auxiliaries in the areas for which they are responsible.

The Malawi project is a model of inter-agency cooperation and collaboration. Late in the year, the Southern African Sub-regional Ophthalmic Training Center, initiated by the IEF and the Government of Malawi, enrolled its first class of medical auxiliaries for training in ophthalmology. Students were drawn from Malawi, Botswana, Lesotho, Zambia, Zimbabwe, and Swaziland, and are supported by the RCSB, WHO, the IEF, and the Government of Malawi. All of these agencies and the Malawi Government are providing both material and financial inputs to support this training center, the first of its kind in the world.

In addition, plans are underway for a collaborative study of nutritional eye disease in children, and blinding eye disease in adults to be conducted by the IEF, the Malawi Ministry of Health, Johns Hopkins University, Helen Keller International, and WHO. The study will be conducted in the Lower Shire Valley of Malawi, and project personnel are presently working with all participants to develop the necessary framework of the study and plan the actual implementation early in the next fiscal year.

The President of Malawi, His Excellency Dr. Hastings Kamuzu Banda, continues to maintain his interest in the newly revived eye care services in the country and has given great political support to the activities of this project.
Egypt

The past year has seen significant shifts in the focus of the IEF’s activities in Egypt. The Ophthalmological Teaching and Exchange Program implemented by the IEF and the U.S. Navy at Rod El Faraq Eye Hospital in Cairo was completed, and a new primary eye health care and training project was initiated in the Khalifa Zone of South Cairo.

The Khalifa project, which received substantial support from U.S.A.I.D., will assist the Ministry of Health in upgrading the eye health care capabilities of a wide range of physicians, paramedical health workers, and members of the communities involved and will develop promotive, preventive, and therapeutic primary eye care and other programs within the framework of the Egyptian Ministry of Health’s existing and planned Urban Health Services Delivery Project. One of the major activities of this project will be the conduct of a blindness prevalence survey in the South Cairo Zone which will provide useful data for planning and delivery of services to the zone’s two and a half million people.

In addition, the project will identify health workers and others for training in primary eye care and blindness prevention and develop appropriate curricula and teaching aids for providing both professional and community-based education on primary eye care and blindness prevention. It is anticipated that this project will be replicated throughout the urban areas of Egypt in the near future. As such, it is hoped that this project will serve as a model for the development of similar projects throughout the developing world.

Saudi Arabia

The IEF was involved in two major activities in the Kingdom during the past year. The first of these was the conduct of an exercise in the country to determine equipment and staffing needs for the new King Khaled Eye Specialist Hospital (KKESH) in Riyadh. That the IEF was asked to provide these services was concrete recognition of the expertise of the IEF’s professional staff.

In addition, plans were started for a county-wide survey of blindness prevalence, which will be conducted in the next year. An IEF staff member was sent to Saudi Arabia late in the year to finalize plans for the survey and will remain in the Kingdom for a period of fourteen months. The results of this survey, surely one of the most difficult ever conducted, will provide a basis for rational planning of eye care delivery services, a major priority of the Saudi government.
The International Eye Foundation Inc.

Board of Directors
Mr. George M. Bunker, Chairman*
   Former Chief Executive Officer, Martin Marietta Corporation and Chairman, Bunker Ramo
Mr. William M. Carrigan, Treasurer*
   Real Estate Development
Mr. David P. Close, Secretary*
   Attorney, Dahlgren and Close, Washington, D.C.
Mr. John R. Babson*
   Former Corporate Vice President, Ingersoll-Rand
Mr. Kenneth R. Giddens
   President, WKRG-TV, Mobile, Alabama
Mrs. Kenneth R. Giddens
Mr. John C. Griffin
   Vice President, Customer Relations, Sheller-Globe Corporation
Mrs. John C. Griffin
Mr. William Amory Jewett*
   Executive Director, Council for the United Nations University
Mrs. Florence S. Mahoney
   Philanthropist
Mrs. A. Loring Siegener
   Vice President, Scripps Foundation
Mrs. William T. Spence
   Philanthropist, Board Member, CARE-MEDICO
*Indicates members of the Executive Committee

Executive Staff
President & Executive Director .................. Mr. John R. Babson
Senior Medical Director .................... John Harry King, Jr., M.D.
Medical Director ....................... Robert H. Meaders, M.D.
Deputy Medical Director ................... Lawrence M. King, Jr., M.D.
Administrative Director ................... Mr. Jack W. Swartwood
Administrative Assistant .................. Mrs. Jane D. N. Lewis

The International Eye Foundation Inc.

Advisory Council
Mr. Herbert C. Blunck
Mrs. Samuel E. Bogley
Mr. Charles Camalier, Jr.
Mrs. Charles T. Campbell
Mr. C. Thomas Clagett, Jr.
General Mark W. Clark
Mr. John W. Kornmeier
Daniel B. Langley, M.D.
The Hon. Hector Luisi
Mr. A. Lothrop Luttrell
Mr. Martin F. Malatkey, Jr.
Mrs. Elizabeth Mize
Mr. Kenneth Montgomery
Mr. Mandell J. Ourisman
Mr. J. Donald Rauth
Mr. J. Robert Sherwood
The Hon. Marion H. Smoak
General Arthur G. Trudeau
Mr. Webb Hayes, III
Mr. Edwin K. Hoffman
Mr. Bob Hope
The Hon. True Davis
Mr. George W. DeFranceaux
Mr. J. Hunter Drum
Mr. Henry A. Dudley
The Hon. Mark Evans Austad
Mrs. Palen Flagler
Mr. John Paul Floyd
Maj. Gen. George Olmsted
General William W. Quinn
Mr. Samuel Scrivener, Jr.
The Hon. Felthan Watson

Mrs. Charles T. Campbell and Mr. and Mrs. William M. Carrigan, long time supporters of the IEF programs to combat blindness.
Society of Eye Surgeons of the International Foundation

The Society of Eye Surgeons is the medical branch of the International Eye Foundation. Its members provide a pool of talented medical professionals who volunteer their services in support of the IEF’s worldwide programs. 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.

One component of the Society of Eye Surgeons is its Consultant Board, whose members provide advice and assistance to both the Society and the IEF. Members of this board are internationally recognized ophthalmologists who support the IEF’s efforts to combat blindness.

Members of the Consultant Board of the Society of Eye Surgeons

L. P. Agarwal, India
M. Aouchiche, Algeria
Juan Arentsen-Sauer, Chile
Joaquin Barraguer, Spain
Rubens Belfort-Mattos, Brazil
Torstein Bertelsen, Norway
Jørn Bøberg-Ans, Denmark
Benjamin F. Boyd, Republic of Panama
Francisco Contreras C., Peru
Rafael Cordero-Moreno, Venezuela
Taofik Dahghous, 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
Jules Francois, Belgium
Hans Goldmann, Switzerland
Karl Hruby, Austria
James R. Hudson, England
John Harry King, Jr., U.S.A.
Tadeusz Krjawicz, Poland
R. C. K. Loh, Singapore
Keith Lyle, 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 Payrau, France
Kobchai Prommindaroj, Thailand
N. A. Puchkovskaya, U.S.S.R.
C. O. Quarcoopome, Ghana
Magda Radnot, Hungary
Mohammad H. Rizvi, Pakistan
Alvaro Rodriguez, Colombia
Raul Rodriguez Barrios, Uruguay
Samir S. Saleeb, Lebanon
Isak Salim, Indonesia
Luis Sanchez-Bulnes, Mexico
Harold G. Scheie, U.S.A.
A. M. Soliman, Egypt
Gunter von Noorden, U.S.A.
E. V. Waddy Pockley, Australia
J. A. C. Wadsworth, U.S.A.
L. E. Werner, Ireland
R. Witmer, Switzerland
International Eye Foundation
Worldwide Offices

International Eye Foundation
7801 Norfolk Avenue
Bethesda, Maryland 20814
Tel: (301) 986-1830

EGYPT
Khalifa General Hospital
Khalifa Zone
Cairo, EGYPT
Dr. Mamdouh Fahkri,
Country Representative

MALAWI
P.O. Box 2273
Blantyre, MALAWI
Larry Schwab, M.D.,
Representative
P.O. Box 30375
Lilongwe, MALAWI
Teferra Tizazu, M.D.,
Country Director

GUINEA
C.B.G. Village
Conakry, GUINEA
Dr. Jean-Paul Heldt,
Country Representative

KENYA
P.O. Box 1323
Nyeri, KENYA
Randolph Whitfield, Jr., M.D.,
Country Representative

SAINT LUCIA
Victoria Hospital Eye Clinic
Castries, SAINT LUCIA
Bradford Singleton, M.D.,
Country Representative

SAUDI ARABIA
King Khaled Eye Specialist
Hospital
P.O. Box 7191
Riyadh, SAUDI ARABIA
Dennis Ross-Degnan, MPH,
Country Representative

Financial Summary

Detailed financial information abstracted from the report of the IEF auditors can be found on page 20. It is worth noting that again this year, expenditures on support services and fund raising constituted less than eight percent of expended funds. This means that more than 92 percent of IEF expenditures go toward program services to prevent and treat blindness worldwide.

The IEF continues to place great emphasis on the need for continued assistance from its supporters around the world. Donations to the IEF, which are deductible for income tax purposes, can be made in a variety of forms, including unrestricted contributions, donations toward specific projects, and bequests in wills. In the coming year, the IEF will be placing special emphasis on the further strengthening of its endowment funds, which provide ongoing support for the continuation of the foundation's innovative humanitarian programs to combat blindness.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Services</td>
<td>$ 67,451 (2.85%)</td>
<td>75,060 (2.63%)</td>
</tr>
<tr>
<td>Fund Raising</td>
<td>120,451 (5.08%)</td>
<td>51,241 (1.79%)</td>
</tr>
</tbody>
</table>

Program Services to Prevent Blindness
Worldwide

2,182,691 (92.07%)  2,725,944 (95.58%)
# The International Eye Foundation

**Statement of Revenue and Expenditures—1982-1983**

### Public Support

<table>
<thead>
<tr>
<th>Description</th>
<th>1982</th>
<th>1983</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>291,141</td>
<td>378,266</td>
</tr>
<tr>
<td>Gifts In-kind</td>
<td>346,224</td>
<td>2,533,095</td>
</tr>
<tr>
<td>Fund Raising Events</td>
<td>27,658</td>
<td>27,802</td>
</tr>
<tr>
<td>Combined Federal Campaign</td>
<td>77,764</td>
<td>155,557</td>
</tr>
<tr>
<td><strong>TOTAL PUBLIC SUPPORT</strong></td>
<td>742,787</td>
<td>3,094,720</td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>1982</th>
<th>1983</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Grants</td>
<td>773,981</td>
<td>917,788</td>
</tr>
<tr>
<td>Dues</td>
<td>12,895</td>
<td>16,925</td>
</tr>
<tr>
<td>Rental Income</td>
<td>7,492</td>
<td>7,492</td>
</tr>
<tr>
<td>Interest and Dividends</td>
<td>13,261</td>
<td>10,388</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>—</td>
<td>8,983</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>807,629</td>
<td>961,576</td>
</tr>
<tr>
<td><strong>TOTAL PUBLIC SUPPORT AND REVENUE</strong></td>
<td>1,550,416</td>
<td>4,056,296</td>
</tr>
</tbody>
</table>

### Expenditures

<table>
<thead>
<tr>
<th>Description</th>
<th>1982</th>
<th>1983</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
<td>2,182,691</td>
<td>2,725,944</td>
</tr>
<tr>
<td>General &amp; Administrative</td>
<td>67,451</td>
<td>75,060</td>
</tr>
<tr>
<td>Fund Raising</td>
<td>120,451</td>
<td>51,241</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>2,370,593</td>
<td>2,852,245</td>
</tr>
<tr>
<td>Excess (Deficiency)</td>
<td>(820,177)</td>
<td>1,204,051</td>
</tr>
<tr>
<td>Fund Balance, Beginning of Year</td>
<td>1,702,885</td>
<td>882,708</td>
</tr>
<tr>
<td>Fund Balance, End of Year</td>
<td>882,708</td>
<td>2,086,759</td>
</tr>
</tbody>
</table>

### Balance Sheet—1982-1983

<table>
<thead>
<tr>
<th>Description</th>
<th>1982</th>
<th>1983</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Investments</td>
<td>193,752</td>
<td>436,526</td>
</tr>
<tr>
<td>Receivables and Prepaid</td>
<td>80,565</td>
<td>86,605</td>
</tr>
<tr>
<td>Vehicles, furniture, equipment</td>
<td>11,640</td>
<td>11,026</td>
</tr>
<tr>
<td>Real Estate</td>
<td>120,000</td>
<td>120,000</td>
</tr>
<tr>
<td>Donated Medical Supplies</td>
<td>409,437</td>
<td>1,324,427</td>
</tr>
<tr>
<td>Mortgage Notes Receivable</td>
<td>132,586</td>
<td>208,499</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>947,980</td>
<td>2,187,083</td>
</tr>
</tbody>
</table>

| Liabilities                        |          |          |
| Accounts Payable & Accrual Expend. | 65,272   | 100,324  |
| **TOTAL CURRENT LIABILITIES**      | 65,272   | 100,324  |

| Fund Balance                       |          |          |
| Unrestricted                       | 718,535  | 1,809,816|
| Endowment                          | 164,173  | 276,943  |
| **TOTAL FUND BALANCE**             | 882,708  | 2,086,759|
| **TOTAL LIABILITIES AND FUND BALANCE** | 947,980  | 2,187,083|