“I cannot express in one word, without vision there is nothing at all.”

— Ayana Tsega, 24, Gondar, Ethiopia

Through ORBIS training, Ayana became one of his country’s first optometrists. He now leads the ORBIS-supported optometry program at Gondar University, from which 37 new practitioners graduated in 2010.
Dear Friends,

In an often unstable world, the steadily expanding work of ORBIS has been a beacon of hope for millions of people confronting the threat of preventable blindness.

By maximizing efficiency and impact of core programs, we enable partner countries and institutions to increase their capacity to prevent and treat the leading causes of vision loss.

Even more, we empower doctors, nurses, biomedical engineers and others to deliver vision care of the highest quality, fulfilling their own dreams to prevent and cure blindness.

Fiscal year 2010 highlights include expanding pediatric eye care in Ethiopia, India, South Africa and Zambia, where we delivered training and equipment to some of the world’s poorest communities. In doing so, we treated or provided needed eye care services to thousands of children.

And for the first time, ORBIS is responding to the immense unmet need for pediatric eye care in sub-Saharan Africa, working with regional experts, local groups and other vision and development agencies to ensure that no child is consigned to a life in darkness.

By keeping our focus on the best use of our Flying Eye Hospital, country and hospital-based programs and Cyber-Sight®, ORBIS leverages our unique array of assets to achieve the most important goals of all: fewer blind people today, hope for millions more tomorrow.
Global Mission: Immediate Impact

ORBIS envisions a world in which avoidable blindness is eliminated. A nonprofit humanitarian organization, we work in developing countries to save sight through hands-on training, public health education, improved access to quality eye care, and partnerships with local health care organizations to prevent and treat blindness.
ORBIS International is a nonprofit humanitarian organization that works in developing countries to save sight worldwide. ORBIS prevents and treats avoidable blindness through hands-on training, public health education, improving access to quality eye care and partnerships with local health care organizations.

ORBIS is dedicated to the prevention of blindness ... the saving of sight ... the delivery of training ... the transfer of skills... and the creation of a world where quality eye care, education and treatment are available to every human being and avoidable blindness is eliminated.

THE ORBIS FLYING EYE HOSPITAL

The world’s only airborne ophthalmic training and surgical facility is the focal point of our education and advocacy. During training programs, ophthalmologists, nurses, biomedical engineers and other vision care professionals in developing nations work side-by-side with ORBIS Volunteer Faculty experts to learn new diagnostic and clinical skills and perform advanced sight-saving surgeries.

ORBIS CYBER-SIGHT*

This unique telemedicine initiative uses the Internet to connect doctors throughout the developing world with volunteer ophthalmologists in the developed world for professional mentoring and consultation on patient cases and eye care techniques. Cyber-Sight also provides free access to E-Learning modules for ongoing education and accreditation.

HOSPITAL-BASED TRAINING PROGRAMS AND FELLOWSHIPS

ORBIS provides intensive specialized training at local partner hospitals as well as the world’s leading eye care institutions, which increases the number and quality of skilled eye care professionals in developing nations. A cadre of 450 ORBIS Volunteer Faculty brings world-class expertise in a wide range of eye care disciplines.

COUNTRY PROGRAMS

ORBIS develops and implements comprehensive eye care and blindness prevention programs in Bangladesh, China, Ethiopia, India, Vietnam, Latin America, the Caribbean and South Africa. In addition to offering the strategic advantage of our training platforms, our support to local partners includes renovating clinics, creating referral networks for screening and treatment, rural outreach programs, implementing public and in-school education campaigns, distributing medicines and introducing quality assurance measures into hospital practices. Each of these activities contributes to lasting improvement in eye care infrastructure and services.

FISCAL YEAR ACHIEVEMENTS

* Doctors Trained ............................................. 4,108
* Nurses, Health Workers and Others Trained .......... 24,397
* Patient Examinations or Screenings ................. 3,390,931
* Eye Surgeries Performed ................................ 124,089
* Patients Medically or Optically Treated .......... 3,271,159
* Multi-Year Country Programs ......................... 65
* Short-Term Hospital-Based Programs ................ 50
* Flying Eye Hospital Programs ...................... 8
* Cyber-Sight Learning Courses Completed .......... 3,544
* Cyber-Sight E-Consultations ...................... 1,747

Since 1982, ORBIS has carried out programs in 89 countries, enhancing the skills of more than 280,000 eye care professionals and providing treatment to more than fifteen million blind and visually impaired people.
“There’s nothing like the wonder of giving someone in a developing country the chance to see.”

— Dr. Hunter Cherwek
2010 Medical Director

2010 FLYING EYE HOSPITAL PROGRAMS
Niamey, Niger | Kaduna, Nigeria | Kampala, Uganda | Dalian, China | Jakarta, Indonesia*
Surabaya, Indonesia* | Da Nang, Vietnam

* First Indonesian programs since 1982
**A GLOBAL ICON OF HOPE**

A unique and powerful tool in the fight against avoidable blindness, the ORBIS Flying Eye Hospital brings dedicated eye care professionals to developing nations around the world for two to three weeks of training and surgical demonstration, teaching local doctors, nurses, biomedical engineers and technicians the skills to bring the gift of sight to their own patients.

The Flying Eye Hospital conducted eight programs in 2010, including its first visit to Indonesia since the DC-8 aircraft’s inaugural year in 1982. During a combined 3.5 week medical program in both Jakarta and Surabaya, 38 eye care professionals from local hospitals received hands-on surgical training, with special emphasis on ocular oncology and reconstructive plastic surgery.

*To learn more about the Flying Eye Hospital point your smartphone QR Code Reader to the image above or visit www.orbis.org/FlyingEyeHospital.*

**IN THE WINGS**

The current DC-10 aircraft, the second incarnation of the Flying Eye Hospital, has been in service since 1992. Its successor, an MD-10 generously donated by FedEx, is undergoing an extensive conversion utilizing a first-of-its-kind modular design concept, which will drastically reduce cost while increasing medical capacity. This next-generation Flying Eye Hospital will be more efficient and have a longer range than its predecessor and will serve ORBIS for the next two decades or longer.
In Africa, about 26.3 million people are visually impaired; 5.9 million of those are blind.

Adult cataract is the major cause of blindness.

Trachoma, a leading cause of blindness in some areas in Africa, is also more common in women than in men.
Children with strabismus have misaligned eyes and are unable to look in the same direction or focus on the same thing. Beyond making a child self-conscious, “crossed eyes” also hamper education and cause reduced vision. If ignored, Strabismus can also lead to abnormal head posture and even faulty development of the bony structures of the face.

It was from that vantage point that five-year-old Esther Nassli encountered the ORBIS Flying Eye Hospital during its medical teaching and training program in Kampala, Uganda in March 2010. Despite the daunting aircraft in front of her, Esther was all smiles as she met the doctors who would change her life forever.

“Esther’s eyes were extremely crossed because the medial rectus muscles that move the eyes closer to the nose were severely overacting,” explained Dr. Dan Neely of the Indiana University School of Medicine.

The treatment for Esther’s strabismus was a surgical detachment of the affected muscles and subsequent reattachment further back on each eye. This weakened their relative strength and allowed the eyes to attain straight ahead gaze.

After the procedure, Esther was given a pair of ORBIS sunglasses to shield her sensitive eyes from the bright sunlight streaming through the plane’s windows.

“When she realized she could see everything in focus,” recalls Dr. Neely, “she danced around the recovery room in joyful abandon. It was magical.”

Thousands of children worldwide suffer from some form of strabismus. In 2010 Esther was one such child helped by ORBIS, and the instruction received by local hands-on trainees promises more children will be treated because of ORBIS.

Watch our Eye Report on Esther’s amazing story by pointing your smart phone QR Code Reader to the image at the top or visit www.orbis.org/Uganda.

AN ETHIOPIAN NURSE BECOMES A TRAVELING EYE CARE PRACTITIONER:
“It MUST HAVE BEEN FATE”

Twenty-seven-year-old Sister Habiba of the southern Ethiopian city of Arba Minch believes that caring for the vision of her countrymen was her destiny.

Once a nurse with virtually no training in eye health, Sister Habiba was drawn to the work of filling her region’s eye care void since childhood, when she looked after a beloved aunt who was blind.

“I would watch her struggle, and wished I was the kind of doctor who could help.”

Fortunately for Habiba, an opportunity presented itself—ORBIS offered her the chance to be an Integrated Eye Care Worker (IECW). The head of the Arba Minch Health Center, where the position was available, wanted to appoint the nun right away based on her impressive reputation as a nurse. But it was decided that the more democratic course would be to fill the position by lottery. That is when fate interceded a second time to grant Habiba’s wish.

“All of my colleagues said there could be no other outcome,” Habiba remembered. “It was as if I had willed my name to be chosen.”

Now Habiba traverses her region to bring quality eye care to people who have never had it before, or who were forced to travel great distances to find it. Like a traveling salesman, she moves from one remote kebele (rural health post) to another, dispensing vision screening and medicine and even performing surgery to remove cataract or correct trichiasis, the painful end stage of trachoma infection that causes eyelids to turn inward.

Other diseases within her newfound diagnostic prowess include glaucoma, strabismus and astigmatism. Those cases beyond her modest supply of medicine and surgical equipment are referred to the ORBIS-funded Arba Minch Health Center. Patients must journey an average of eight hours on foot to reach the center—the same journey Habiba has now taken dozens of times.

In the year since becoming an IECW, Habiba has performed about 100 surgeries. But it is those she has yet to perform that concern her most.

“So many blind people have given up hope of ever seeing again,” she says. “Awakening that hope is the most wonderful gift I can imagine giving.”
The two most common causes of blindness in Asia and the Western Pacific are cataract and uncorrected refractive error. Other causes are cornea, childhood blindness, DR and glaucoma.

Southeast Asia and Western Pacific account for 73% of moderate to severe visual impairment and 58% of blindness.
SI xty-Eight Hours In the Life of a Newborn Waiting to See

For many facing preventable blindness, the logistics of obtaining care are as complex as the care itself. Even rudimentary treatment can be a hundred miles away—an impossible distance for people with little means. Sophisticated surgeries can require journeys of days or weeks.

ORBIS works to eliminate these obstacles by training eye care workers to bring quality vision screening and simple surgical expertise directly to remote villages. And in certain cases, we dispatch transport teams, as we did last December for eight-month-old Zhang Jun and his family.

Doctors at Jun’s county-level hospital diagnosed Zhang’s congenital bilateral cataracts as incurable. Completely blind, his outlook was transformed when he was sponsored by ORBIS to receive surgery at the more advanced prefecture hospital.

A new chapter of life unfolded in a 68-hour odyssey, carefully captured in photographs by excited participants.

14:50, December 16, 2010: Jun’s father, Zhang Chaoxi, walks an hour to the nearest village where cellular service is available. He waits four hours as an ORBIS team travels from Mengzi, the site of the closest hospital with the capacity to restore Jun’s vision.

15:42, December 16, 2010: After the rugged trek along a muddy mountain road, the group arrives at the Zhang family home. Jun’s mother, He Deqiong, herself blind in one eye, prepares dinner. In China, it is not uncommon for multiple family members to suffer from blindness, and for only one to receive treatment.

05:00, December 17, 2010: At sunrise, the group re-crosses the muddy road to begin the six-hour drive to Mengzi. Jun cries. It is dark again as they arrive and Jun receives an exam and an appointment to be the first patient the next morning.

09:36, December 18, 2010: Jun sleeps deeply under general anesthesia, enabling doctors to check the congenital cataracts in each of his eyes. A short while later, they implant a folding intraocular lens into one of Jun’s eyes through a 3-mm incision. The procedure, called phacoemulsification, requires a high level of proficiency, particularly with pediatric patients, and is a core element of ORBIS training. A younger doctor in training observes via an assistant’s microscope.

11:11 – 2:30, December 18, 2010: Dr. Zhang Hong of Honghe Prefecture First People’s Hospital begins three hours of surgery, successfully implanting a new lens in Jun’s other eye.

09:56, December 19, 2010: After being trapped in darkness for eight months and 68 hours, Jun opens his working eyes for the first time. His first image is of the joyful tears in his parents’ eyes.

ADVANCED LASER SURGERY GIVES TWO-YEAR-OLD A FIGHTING CHANCE

The potentially fatal ocular cancer known as retinoblastoma is little known to most of America, where it is readily cured for all but four percent of patients. Worldwide, the mortality rate for this disease is 50 percent or higher, especially in countries unable to perform the laser surgery needed to fully remove cancerous tissue.

In Indonesia, ongoing education about early detection has lowered the mortality rate to 40 percent, a number ORBIS hopes to continue to lower. In 2010, during an almost one-month medical program, the ORBIS Flying Eye Hospital facilitated an ocular oncology clinic for the first time in Jakarta. This training program contributed to skill building for early detection and treatment in children with this potentially life-threatening eye disease.

Clinic leader Dr. Brian Marr of Memorial Sloan-Kettering Cancer Center in New York spent a week consulting on local cases and, in one instance, performing surgery on a two-year-old girl named Azzara.

“Retinoblastoma is a tragic disease, because the eye tumors it causes can quickly become inoperable,” says Dr. Marr. “Once they break through the eye, they can multiply in size and prove fatal. The overwhelming goal is early detection so tumors can be treated while within the eye itself.”

Azzara was born with retinoblastoma in both eyes. Prior chemotherapy proved unsuccessful and forced removal of her right eye. Chemotherapy reduction was conducted on her left eye, but a persistent tumor remained. Dr. Marr demonstrated to a team of local doctors how to remove the remaining tissue successfully through laser surgery.

Dr. Marr used the local hospital’s laser to treat the tumor, an effort he likened to “painting a house with a toothbrush.” The lack of a more appropriately sized laser made the procedure far more difficult.

However, the success of Azzara’s surgery changed her life as well as her vision, and points the way to successful treatment of more cases of the world’s most common and potentially deadly form of ocular cancer.

To learn more about Retinoblastoma and ORBIS’s work in Jakarta, point your smart phone QR Code Reader to the image above or visit www.orbis.org/Retinoblastoma.
A GIRL’S LEARNING POTENTIAL RESTORED BY A NEEDED PAIR OF EYEGLASSES

For many American children, eye exam day is a chance to laugh, joke and even make fun of the strange screening machines. But for the many diagnosed with astigmatism or other vision problems, it is also the beginning of their restored opportunity to achieve full academic potential.

In countless schools in the developing world, vision day never comes. And students like nine-year-old María de los Ángeles Romero Cornelio of Parte Alto Trujillo, Peru, are left to squint in silence, unsure of what is happening and afraid to mention it to their teachers or parents.

ORBIS started a project in 2010 in northern Peru to combat refractive error and enable María to get the vision attention she needed. Once a high-performing student, especially in math, her academic performance deteriorated as she lost the ability to see the blackboard or finish reading assignments. Even receiving extra tutoring didn’t help.

So when doctors and nurses from the Instituto Regional de Oftalmología (IRO), one of ORBIS’s long term country partners, arrived in Trujillo at María’s school, it was the answer to her prayers.

Her in-school eye examination revealed sharply diminished visual acuity in both of her eyes. Fortunately, María’s visual acuity could be fully corrected by prescription eyeglasses, which the doctor soon ordered.

The day her glasses arrived, María was at school early. IRO nurses told children and parents how to care for the glasses, the importance of wearing them routinely and the role of annual vision exams in maintaining eye health. María and her mother hung on every word.

Glasses now a regular part of her wardrobe, María’s grades have rebounded. So have her dreams to become a math teacher.

“María will be an educator with special sensitivity to learning problems similar to her own,” says ORBIS’s Perry Athanason. “That’s another way that a single pair of eyeglasses touches the future of countless people.”

PREMATURE NEWBORN SPARED DANGERS OF RETINOPATHY OF PREMATURENESS

At 14 months of age, Fischer Valentino Muñiz Centeno of Cuzco, Peru is a bundle of energy, eager to explore. At home he reaches for the newspaper, his cousins and his reflection in a mirror.

“He’s a very happy and social boy,” his mother says. “He’s very curious about everything and not timid at all.”

A year ago, Valentino’s future was not so bright. Born at 31 weeks’ gestation and weighing just 3 lbs 1 oz, he spent his first days in a mechanical incubator receiving oxygen therapy to help him breathe. Because of his low birth weight, doctors knew that he was at risk for the development of Retinopathy of Prematurity (ROP), a common and potentially blinding condition in premature babies.

Across Latin America, advances in medical care and technology are enabling more premature infants to survive. However, an unintended consequence is that many may go blind because of ROP, which occurs when premature birth gives blood vessels within the retina insufficient time to develop. Improper management of oxygen in the incubator is also a major contributor to ROP-related blindness.

Because Valentino was born at Cuzco’s Hospital Adolfo Guevara, a facility without the equipment needed to treat ROP, he was transferred to Lima, where he could receive the laser surgery necessary to stop the growth of abnormal blood vessels on his retina.

Because the hospital has a very good ROP program set up by Instituto Damos Vision (IDV), an ORBIS-supported partner, Valentino was discharged within 10 days and continued to be monitored as an outpatient until his retina was fully stabilized.

ORBIS 2010 PROGRAMS IN LATIN AMERICA AND CARIBBEAN

Peru | Latin America | Haiti | Jamaica
The April 2010 ORBIS Flying Eye Hospital program in Dalian, China was the first where teaching cases were selected for surgery in advance instead of after the plane’s arrival. This was made possible by a new application of ORBIS Cyber-Sight, which enabled the Volunteer Faculty to assess potential cases transmitted to them by doctors in Dalian before jointly making final decisions.

“Advance screening has dramatically improved the process,” says Dr. Edward O’Malley, a pediatric ophthalmologist from Grosse Pointe, Michigan and a longtime ORBIS Volunteer Faculty. “It has made the first day of plane programs more productive.”

Among the dozens of patients eventually chosen for the Dalian program was seven-year-old Lehan, a resident of the host city.

**Step 1: Patient selection by partner**

Pre-screening started in mid-March when Dr. Fan Hua selected Lehan, a 7-year-old boy, for his highly unusual case of strabismus. It misaligned both of his eyes, tilted his head severely to the right, and afflicted his left eye with amblyopia.

**Step 2: Examination and case submission**

Dr. Hua took digital photographs of Lehan’s eyes and used Cyber-Sight to send the case to Dr. Ed O’Malley, Senior Staff Ophthalmologist, Department of Ophthalmology, Henry Ford Medical Center in Michigan, a strabismus specialist who would be volunteering during the program.

**Step 3: Dr. O’Malley studies the case and responds**

“This case likely involves paralysis of two vertically acting muscles, one in each eye. It will require surgery as well as treatment for amblyopia. The parents should be told more than one surgery could be needed.”

**Step 4: Dr. O’Malley has new ideas**

After a few days of further consideration, Dr. O’Malley offers additional opinions about the head tilt and suggests that Dr. Hua photograph the back of Lehan’s eye, looking for torsion.

**Step 5: Dr. Hua responds**

“The amount and direction of torsion in these pictures confirm your suggestion that this could be muscle weakness in both eyes.”

**Step 6: Dr. O’Malley responds**

“Congratulations on a fine workup. I look forward to meeting Lehan and working with you next week.”

**Result:**

Dr. Hua learned how to diagnose and treat bilateral superior oblique palsies. Lehan had successful surgery from a world-class expert. And Dr. Hua learned diagnostic skills he can apply to other patients and share with colleagues.

Through use of ORBIS information technology like Cyber-Sight, Volunteer Faculty can initiate patient examination and establish a working relationship with their overseas partner weeks before a Flying Eye Hospital program. This method of pre-screening benefits all participants: the patient receives maximum care from the Volunteer Faculty’s expertise, the partner doctor has an enriched learning experience and the ORBIS Volunteer Faculty has an expanded opportunity to serve.
Global Scope

GLOBAL CAUSES OF BLINDNESS

- Cataract (clouding of the lens) .................................................. 39%
- Uncorrected Refractive Error (correctable by spectacles) ... 18%
- Glaucoma (conditions affecting the optic nerve) ................. 10%
- Age-Related Macular Degeneration ...................................... 7%
- Corneal Opacities (caused by scarring and clouding) .......... 4.3%
- Diabetic Retinopathy ............................................................. 4%
- Childhood Blindness .......................................................... 3%
- Trachoma (infectious eye disease) ......................................... 3%
- Other causes ........................................................................ 11%


SOCIAL RELEVANCE

In 2010, ORBIS continued to build its social media platforms to connect donors, doctors, interested parties and myriad others to program news, capacity advances, events and other organizational information, including the powerful human stories that are the true definition of our impact.

PUBLIC VISIBILITY

Key to ORBIS’s mission is public education and wide-scale understanding of the scope of the world’s blindness challenge and the steadily increasing resources and advances with which to eliminate it. The ORBIS Flying Eye Hospital is a frequent object of media attention, but it is ORBIS people—dedicated Volunteer Faculty, aspiring local doctors in training, visionary in-country partners—who inspire the most moving reports.
**STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**

*Year ended December 31, 2010 with Summarized Information for 2009*

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Totals 2010</th>
<th>Totals 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPPORT AND REVENUE</strong></td>
<td></td>
<td></td>
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<tr>
<td>Special events revenue</td>
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<td></td>
<td></td>
<td>$2,964,764</td>
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<td>Less: Direct costs</td>
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<td><strong>Net fundraising events</strong></td>
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<td>Contributions</td>
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<td>$500</td>
<td>25,556,745</td>
<td>30,895,316</td>
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<tr>
<td>Gifts-in-kind and contributed professional services</td>
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<td></td>
<td>55,444,625</td>
<td>25,081,749</td>
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<td>Investment income (loss)</td>
<td>454,475</td>
<td></td>
<td></td>
<td>454,475</td>
<td>618,070</td>
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<tr>
<td>Other</td>
<td>72,959</td>
<td></td>
<td></td>
<td>72,959</td>
<td>56,673</td>
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<tr>
<td><strong>Net assets released from restrictions</strong></td>
<td>3,322,668</td>
<td></td>
<td></td>
<td>3,322,668</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total support and revenue</strong></td>
<td>$81,587,684</td>
<td>$2,211,627</td>
<td>$500</td>
<td>$83,799,811</td>
<td>$58,605,933</td>
</tr>
</tbody>
</table>

|                |              |                        |                        |              |              |
| **EXPENSES**   |              |                        |                        |              |              |
| Program services | $69,459,756  |                        |                        | $69,459,756  | $43,200,039  |
| Management and general | 5,823,410   |                        |                        | 5,823,410    | 2,027,599    |
| Fundraising     | 5,668,965    |                        |                        | 5,668,965    | 5,406,097    |
| **Total expenses (including gifts-in-kind of $51,417,955 in 2010 and $25,525,633 in 2009)** | $80,952,131 | -                       | -           | $80,952,131  | $50,633,735  |
| **Excess of support and revenue over expenses** | $635,553     | $2,211,627             | $500                   | $2,847,680   | $7,972,198   |

|                |              |                        |                        |              |              |
| **OTHER CHANGES** |              |                        |                        |              |              |
| Reduction in value of inventory due to obsolescence | (478,329)     | -                       | -                       | (478,329)    | (1,585,629)  |
| **Change in net assets** | $157,224     | $2,211,627             | $500                   | $2,369,351   | $6,386,569   |

|                |              |                        |                        |              |              |
| **NET ASSETS** |              |                        |                        |              |              |
| Beginning of year | 25,881,682    | 12,032,500             | 429,454                | 38,343,636   | 31,957,067   |
| End of year      | $26,038,906  | $14,244,127            | $429,954               | $40,712,987  | $38,343,636  |

**Financials**

**Fundraising - 7%**

**Management & General - 7%**

**86% - Program Services**

**FY10 EXPENSES**

**FY10 CASH REVENUE SOURCES**

- Affiliates - 16%
- Investment Income - 2%
- Foundations - 4%
- Special Events - 7%
- School/Merchandising - 1%
- Corporations - 13%
- Individuals - 57%
# Financials

## STATEMENTS OF FINANCIAL POSITION

### December 31, 2010 and 2009

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2010</th>
<th>December 31, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$3,004,099</td>
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<tr>
<td>Contributions receivable</td>
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<tr>
<td>Inventory of medical supplies</td>
<td>2,030,280</td>
<td>1,813,782</td>
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<tr>
<td>Prepaid expenses and other assets</td>
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<td>953,388</td>
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<tr>
<td>Short-term investments</td>
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<td>17,195,551</td>
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<tr>
<td>Long-term investments, at market</td>
<td>4,425,450</td>
<td>4,058,554</td>
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<tr>
<td>Property and equipment, net</td>
<td>8,099,904</td>
<td>5,073,774</td>
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<tr>
<td><strong>Total assets</strong></td>
<td><strong>$42,588,797</strong></td>
<td><strong>$39,708,859</strong></td>
</tr>
</tbody>
</table>

| **LIABILITIES**      |                   |                   |
| Accounts and accrued expenses payable | $1,875,810 | $1,365,223 |
| **Total liabilities** | **$1,875,810**    | **$1,365,223**    |

| **NET ASSETS**       |                   |                   |
| Unrestricted         | $26,038,906        | $25,881,682       |
| Temporarily restricted| 14,244,127         | 12,032,500        |
| Permanently restricted| 429,954            | 429,454           |
| **Total net assets** | **$40,712,987**    | **$38,343,636**   |
| **Total liabilities and net assets** | **$42,588,797** | **$39,708,859** |

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**Note:** The accompanying fiscal year 2010 financial statements do not include the financial position, results of activities and cash flows of ORBIS affiliates, however contributed income from these affiliates is included in these statements. ORBIS is a registered 501 (c)(3) non-profit organization, Federal Tax Identification Number 23-7297651. The financial information herein was extracted from audited financial statements for fiscal year 2010. Such audited financial statements are available by contacting the ORBIS Finance Department, 520 Eighth Avenue, 11th Floor, New York, NY 10018, orbis.finance@orbis.org or 1-800-ORBIS-US.
Volunteers

Eye care experts from around the world donate their time and talent in every country in which ORBIS works. We are grateful for their commitment and dedication to the restoration and preservation of sight. We wish to recognize the following Volunteer Faculty who were deployed from January 1, 2010 through December 31, 2010.

NORTH AMERICAN

Dr. Anthony Aldave  
Los Angeles, CA

Dr. W. Lee Alward  
Iowa City, IA

Dr. Balamurali Ambati  
Salt Lake City, UT

Dr. C. Roberto Bernardino  
New Haven, CT

Dr. Bradley Black  
Baton Rouge, TN

Dr. John Bonner  
Soddy Daisy, LA

Dr. Patrick Boulou  
Montreal, Canada

Dr. James Brandt  
Sacramento, CA

Ms. Sandra Burnett, RN  
Gainesville, FL

Dr. John Carter  
Winchester, VA

Dr. Keith Carter  
Iowa City, IA

Dr. Mark Cepela  
Crestview, KY

Dr. R.V. Paul Chan  
New York, NY

Dr. Steven Charles  
Memphis, TN

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