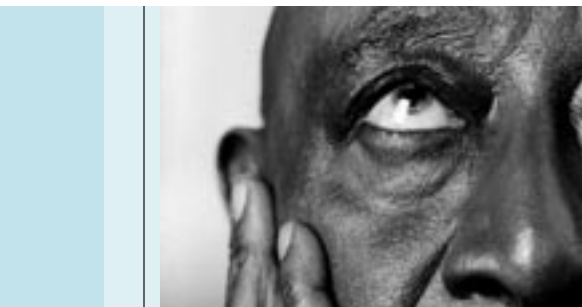


THE GIFT OF SIGHT



ANNUAL REPORT
2001-2002

EYE CARE
AMERICA®

A Public Service Foundation of the
American Academy of Ophthalmology



I like to get involved with organizations that can effect change, and that is what attracted me to EyeCare America three years ago. It is not an organization that simply arms people with information on eye care and leaves the rest up to them. There are actual mechanisms in place to assist people at risk for eye disease who may not seek care otherwise, and physicians ready to give of their time and expertise in order to save people from needless vision loss. What an advantage for people in need—thousands of volunteer ophthalmologists across the United States who want to help those who cannot afford to help themselves!

EyeCare America is a perfect example of mobilizing people to effect change.

Harry Belafonte
SINGER, ACTOR, ACTIVIST
BOARD MEMBER, EYECARE AMERICA

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*Executive Director
EyeCare America
San Francisco, CA*

ANNUAL REPORT
APRIL 1, 2001 – MARCH 31, 2002

OUR MISSION

To reduce preventable blindness and severe visual impairment by raising awareness, educating and facilitating eye care for the public.



Ronald E. Smith, MD
CHAIR



Brad A. Wong
EXECUTIVE DIRECTOR

This year marks a milestone in the life of The Foundation of the American Academy of Ophthalmology, or what used to be known as The Foundation of the American Academy of Ophthalmology. We have undertaken a process to develop a new identity that will resonate well with all of our audiences and communicate our mission and goals as effectively as possible. We are now EyeCare America, with the endorsement line, “A Public Service Foundation of the American Academy of Ophthalmology.”

We have been shifting our focus increasingly to that of public service, in addition to continuing to raise philanthropic support for the Academy’s education and quality of care activities. We thought—and our research confirmed—that we could much more effectively communicate with all of our audiences, including Academy members, the public, ophthalmic industry, non-ophthalmic corporations, grant-making foundations, service organizations and the media, with a more recognizable and memorable identity. We sought input throughout the process from the Academy Board of Trustees, the Foundation Board of Directors, staff, community and business leaders and samples of people that mirror our target publics.

EyeCare America has been the umbrella label for all of our public service projects, and is a name that has worked very well for us in that capacity. It already carries a great deal of goodwill among the public, donors and our 7,800-plus member volunteers. While we considered other name candidates—in fact, more than 200—we determined that elevating this established program name to an organizational identity was the best long-term decision. On behalf of EyeCare America’s board, we are excited about the opportunities for success that the new EyeCare America name brings to our public service, education and fundraising efforts.

While it was important to create our new identity, it was equally important to continue to convey our relationship to the Academy. Our endorsement line of “A Public Service

Foundation of the American Academy of Ophthalmology” not only maintains our link, but also communicates that the Academy and the profession of ophthalmology are committed to helping eliminate avoidable blindness.

The day-to-day work certainly has not stopped while we have undergone this process. In fact, all of our programs have made significant progress during the past fiscal year. We are proud to report that more than half of the Academy’s members serve as public service volunteers; the Glaucoma Project, now known as the Glaucoma EyeCare Program, has recruited 341 volunteer ophthalmologists who are ready to see patients in the program’s two pilot states; the Museum of Vision has reached more than 1.4 million people through its collection, educational and historical resources and exhibits; and International Public Service has continued to reach ophthalmologists in low-income nations by sending more than 830 boxes of updated educational materials to training programs in greatest need.

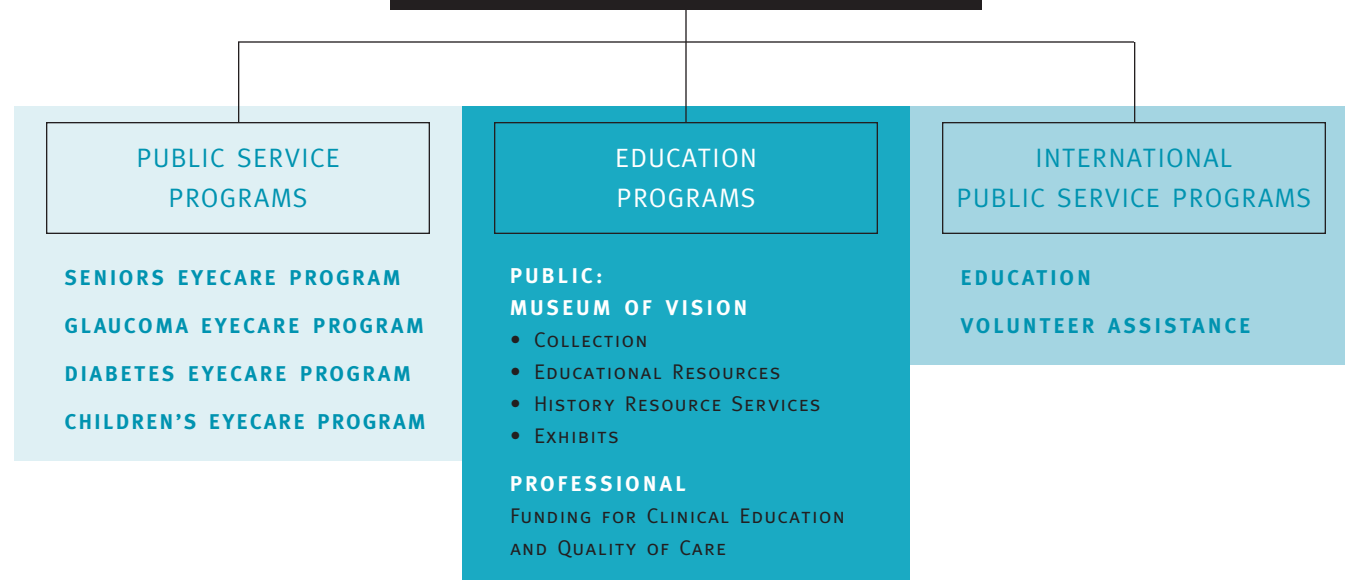
We may have a new name—a master identity, if you will—but our programs and initiatives operate as they did before. EyeCare America is the one strong, memorable identity that represents all the programs and activities; each program will be identified by simple yet descriptive language that illustrates exactly what they do. For example, the former National Eye Care Project, our public service program for people 65 years or older, is now known as the “Seniors EyeCare Program” and so forth. The names will work with our master identity, rather than compete with it.

We appreciate your interest in and work with EyeCare America. The steps we have taken in the fight against avoidable blindness have been possible because of you—our volunteers, partners and donors. We are eagerly anticipating our future and hope you will continue to be part of this critical endeavor.

EYECARE AMERICA

A PUBLIC SERVICE FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY

EyeCare America



EYECARE AMERICA COMMITTEES

PUBLIC SERVICE PROGRAMS

STEERING COMMITTEE

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Richard P. Mills, MD
David J. Noonan
Michael R. Redmond, MD
Martin Wand, MD
C.P. Wilkinson, MD
Brad A. Wong

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 Patricia A. Eretto, MD
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 Kenneth B. Fischer
 William Howard Koon II
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 Herbert D. Sledd

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 Harry A. Quigley, MD
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MUSEUM OF VISION

MUSEUM DIRECTORS

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David J. Noonan
James G. Ravin, MD
J. William Rosenthal, MD
George O. D. Rosenwasser, MD
Stanley M. Truhlsen, MD
John W. Tull, MD
Brad A. Wong

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 Christopher F. Blodi, MD
 Robert W. Enzenauer, MD
 Barrett G. Haik, MD
 James Ravin, MD
 William H. Spencer, MD
 H. Stanley Thompson, MD

Collection Committee

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 Walter H. Marshall, MD
 J. William Rosenthal, MD
 George O. D. Rosenwasser, MD
 John W. Tull, MD

Executive Committee

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 Barbara A. Blodi, MD
 Jay M. Galst, MD
 Linda M. Lawrence, MD
 Stanley M. Truhlsen, MD
 Brad A. Wong

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 Barbara A. Blodi, MD
 Linda M. Lawrence, MD
 J. William Rosenthal, MD

Resource Development Committee

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 John F. Bigger, MD

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STEERING COMMITTEE

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H. Dunbar Hoskins Jr., MD
Marilyn T. Miller, MD
David J. Noonan
Stephen A. Obstbaum, MD
Timothy R. G. Sear
Al Sommer, MD, MHS
Kenneth D. Tuck, MD
Brad A. Wong

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 Robert Ritch, MD
 James B. Sprague, MD
 James E. Standefer, MD
Consultants:
 Akef El-Maghraby, MD
 Gottfried O.H. Naumann, MD
 Victoria Sheffield

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 Celso Tello, MD
 Elias I. Traboulsi, MD

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 John P. Whitcher, MD
Consultant:
 Suzanne Gilbert, PhD, MPH

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 John W. Collins, MD
 Baxter F. McLendon, MD
 Marilyn T. Miller, MD
 Stephen A. Obstbaum, MD
 Brad A. Wong

PUBLIC SERVICE PROGRAMS

SENIORS
EYECARE
PROGRAM

GLAUCOMA
EYECARE
PROGRAM

DIABETES
EYECARE
PROGRAM

CHILDREN'S
EYECARE
PROGRAM



SENIORS EYECARE
PROGRAM

Last fiscal year, the Seniors EyeCare Program, formerly the National Eye Care Project®, helped more than 8,000 people gain access to eye care from one of EyeCare America’s 7,800-plus volunteer ophthalmologists or receive eye health resource assistance and educational materials. We implemented the first patient satisfaction survey in five years and had over 92% of respondents indicating they had received excellent or good service through the program.

Special thanks to the Knights Templar Eye Foundation, Inc., co-sponsor of the Seniors EyeCare Program since 1995.



William Jackson Jones, DDS

PRESIDENT, KNIGHTS TEMPLAR EYE FOUNDATION, INC.

The Knights Templar Eye Foundation provides assistance to those at risk for losing their sight who cannot pay or do not receive adequate assistance from existing resources. Our mission is very similar to that of EyeCare America and, specifically, its Seniors EyeCare Program, which is why we began our relationship more than six years ago. It has been a pleasure accomplishing what we have because I know we can make a stronger impact working together on our shared mission to prevent avoidable blindness.

GLAUCOMA
EYECARE PROGRAM

Just eight months into the pilot phase in Massachusetts and Virginia, the Glaucoma EyeCare Program has made rapid progress. The program is designed to raise awareness about the disease’s risk factors—including family history, advancing age and race—and provide access to care for people at increased risk for glaucoma.

Partnering with state societies in each of the pilot states has helped advance the program during the pilot phase. Leta Serafim and Cathy S. Wright, state society executive directors in Massachusetts and Virginia, respectively, have conducted volunteer recruitment campaigns, which have resulted in 341 volunteer ophthalmologists. They have also coordinated communications efforts with EyeCare America to ensure that all audiences—media, physicians, legislators and the public, to name a few—are aware of the program.

Having saved his sight from glaucoma, Senator John Glenn served as spokesman for the Glaucoma EyeCare Program in a public service campaign consisting of television, radio and newspaper spots that encouraged anyone at risk for glaucoma to visit their ophthalmologist. The message has reached more



Martin Wand, MD

CHAIR, GLAUCOMA EYECARE PROGRAM

Like other eye diseases associated with aging, glaucoma can be treated effectively IF detected early. Preventing avoidable blindness by raising awareness of glaucoma’s risk factors was our motivation behind launching a new pilot program in January 2002. Our message is simple—if you are at risk for glaucoma, you need to seek appropriate medical eye care. Disseminating that message was the challenge. How could we most effectively reach populations at increased risk?

Since having a parent, sibling or child with glaucoma increases one’s risk, the program committee partnered with Pharmacia Ophthalmology to optimize communication with ophthalmologists as well as patients with glaucoma and their at-risk family members.

than nine million people through electronic and print media outlets during the last three months of this fiscal year.

The Glaucoma EyeCare Program is made possible in part through the generosity of Pharmacia Ophthalmology, who has co-sponsored the pilot phase. The program is endorsed by the American Glaucoma Society and state ophthalmological societies.

DIABETES
EYECARE PROGRAM

The Diabetes EyeCare Program continues to expand, following on the heels of the Diabetes Eye Exam Initiative, an historic partnership with the Centers for Medicare & Medicaid Services (CMS), formerly HCFA, created to ensure that all Americans with diabetes were aware of their increased risk for eye disease. The initiative targeted all known Medicare beneficiaries with diabetes by sending information that described their specific risk and encouraged them to call



EyeCare America’s helpline to see if they qualified for eye care.

The Diabetes EyeCare Program is designed to increase awareness about diabetic eye disease, provide eye care education and facilitate eye care.

CHILDREN’S
EYECARE PROGRAM

The Children’s EyeCare Program is in the developmental stage. It educates parents and primary care physicians about the importance of early childhood eye examinations and treatment.



Mr. Atma Tyagi, a 78-year-old patient who underwent cataract surgery, sums up his experience with the program, “My eyesight has improved a lot and I feel blessed...But for you and (my doctor) I might still be groping in the darkness and stumbling throughout the rest of my life.”

Tyagi’s ophthalmologist, Dr. Jerome Gabry, Silver Springs, MD, has gotten a similar sense of satisfaction by volunteering. “I’m pleased I’m able to assist (program) patients so they feel they have a better quality of life. What makes volunteering (for the program) worthwhile is all the grateful patients.”

Jerome Gabry, MD
EYECARE AMERICA
VOLUNTEER
OPHTHALMOLOGIST

Atma Tyagi
EYECARE AMERICA—
REFERRED PATIENT



THANKS TO OUR VOLUNTEERS

EyeCare America's public service programs are successful because of the dedication of its volunteer ophthalmologists, who are well represented across the country. We initiated a new volunteer recognition program during the American Academy of Ophthalmology's Annual Meeting in November 2001. All of the 7,800-plus volunteers who were in attendance were invited to visit the EyeCare America booth to receive their certificate of appreciation. Additionally, volunteers were encouraged to wear special recognition ribbons during the Annual Meeting, which illustrated the significant number of Academy members who support EyeCare America's public service programs. We are grateful to have more than half of the Academy's membership volunteer for our programs.

We are pleased to announce our 172 public service volunteers who have enrolled since our last annual report. We have made every effort to provide a complete and accurate listing of our new volunteers. Please accept our sincere apologies if we have made a mistake or omission. Should you notice incorrect information, please contact us at 877.887.6327 and we will gladly correct our records.

Thomas M. Aaberg, Sr., MD, FACS
 Chad D. Albright, MD
 Robert G. Alexander, MD
 Orlando Alvarez, MD
 Maida P. Antigua, MD
 Andrew M. Barrett, MD
 Tad D. Baum, MD
 Edward F. Becker, MD
 Anat Benjamin, MD
 Gail A. Bernard, MD
 Catherine C. Betor, MD
 Evelyne Bouchard-Kindy, MD
 Christina I. Braun, MD
 Brian K. Bredvik, MD
 Linda R. Brown, MD
 Richard D. Brown, MD
 Robert S. Brown, MD
 Steven R. Bullard, MD
 Usha K. Bulusa, MD
 Norman T. Byers, MD
 Timothy L. Byers, MD
 Phillip J. Calenda, MD
 Ronald E. Capstack, MD
 John M. Carroll, MD
 Jon C. Caster, MD
 Pamela S. Chavis, MD
 David K. Chow, MD, FACS
 Patricia A. Cosgrove, MD, MPH
 Joanne Crenshaw, MD
 John W. Crofts, MD
 Kathleen T. Cronin, MD
 H. Holland Crosswell III, MD
 Donna R. Daufenbach, MD
 Ximena De Sabra, MD
 Linda B. Dressler, MD

Mark T. Eggleston, MD, MS
 Timothy J. Ehlen, MD
 David J. Eilers, MD
 Troy R. Elander, MD
 Babak Eliassi-Rad, MD
 Judith A. Englert, MD
 Suzanne M. Everhart, DO
 Mark David Falls, MD
 Aaron M. Fay, MD
 Karen F. Fitzgerald-Shelton, MD
 Patrick J. Fitzpatrick, MBBS
 Richard Fleckner, MD
 Eric J. Fleischer, MD
 David J. Forster, MD
 Roddy Frankel, MD, PhD
 Stephen R. Fransen, MD
 Douglas J. Fraser, Jr., MD
 Mark J. Fritz, MD
 Fotios N. Ganiats, MD
 Gerald R. Gaul, MD
 Francis T. Geissler, MD, PhD
 Daniel M. Geller, MD
 Avtar T. Ghuman, MD
 James M. Gordon, MD
 James R. Gordon, MD
 Stephen R. Griebel, MD
 Paul M. Griffey, MD
 Jacqueline D. Griffiths, MD
 James M. Grisolano, Jr., MD
 David E. Grosz, MD
 Andrew F. Hall, MD
 John F. Hannon, MD
 Gary D. Haynie, MD
 Christian L. Hess, MD
 Ralph B. Hester III, MD

Michael W. Hines, MD
 Andrew J. W. Huang, MD, MPH
 Michael J. Hudock, MD
 Sungjun J. Hwang, MD
 Robert W. Jacey, MD
 Leslie S. Jones, MD
 Arthur J. Jordan, Jr., DO
 John R. Karickhoff, MD
 Kian M. Kaz, MD
 Keith Kellum, MD, DVM
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 Carlos Manrique-de-Lara, MD
 John P. Martin, MD
 Ayman Z. Matta, MD
 Donna L. Maxfield, MD
 Marybeth McAteer, MD
 Robert S. McCormick, MD
 Brian J. McKee, MD
 William M. McLaughlin, Jr., DO
 Norman B. Medow, MD, FACS
 Samir A. Melki, MD, PhD
 Mark D. Meyer, MD

Two EyeCare America champions, Dr. Kenneth D. Tuck and Cathy S. Wright, of the Virginia Society of Ophthalmology, were awarded the Virginia Health Quality Center's "Quality Patron Award" for their blindness prevention work in Virginia.

Both Dr. Tuck and Ms. Wright were instrumental in implementing EyeCare America's CMS Diabetes Eye Exam Initiative, a national year-long program that assisted people with diabetes in getting necessary medical eye care. As part of the Diabetes Initiative, Dr. Tuck also collaborated on a brochure concerning the importance of eye care for prevention, which is still in circulation. In addition to her work, Ms. Wright implemented a statewide awareness campaign for the project, garnering significant attention in various trade and consumer publications.

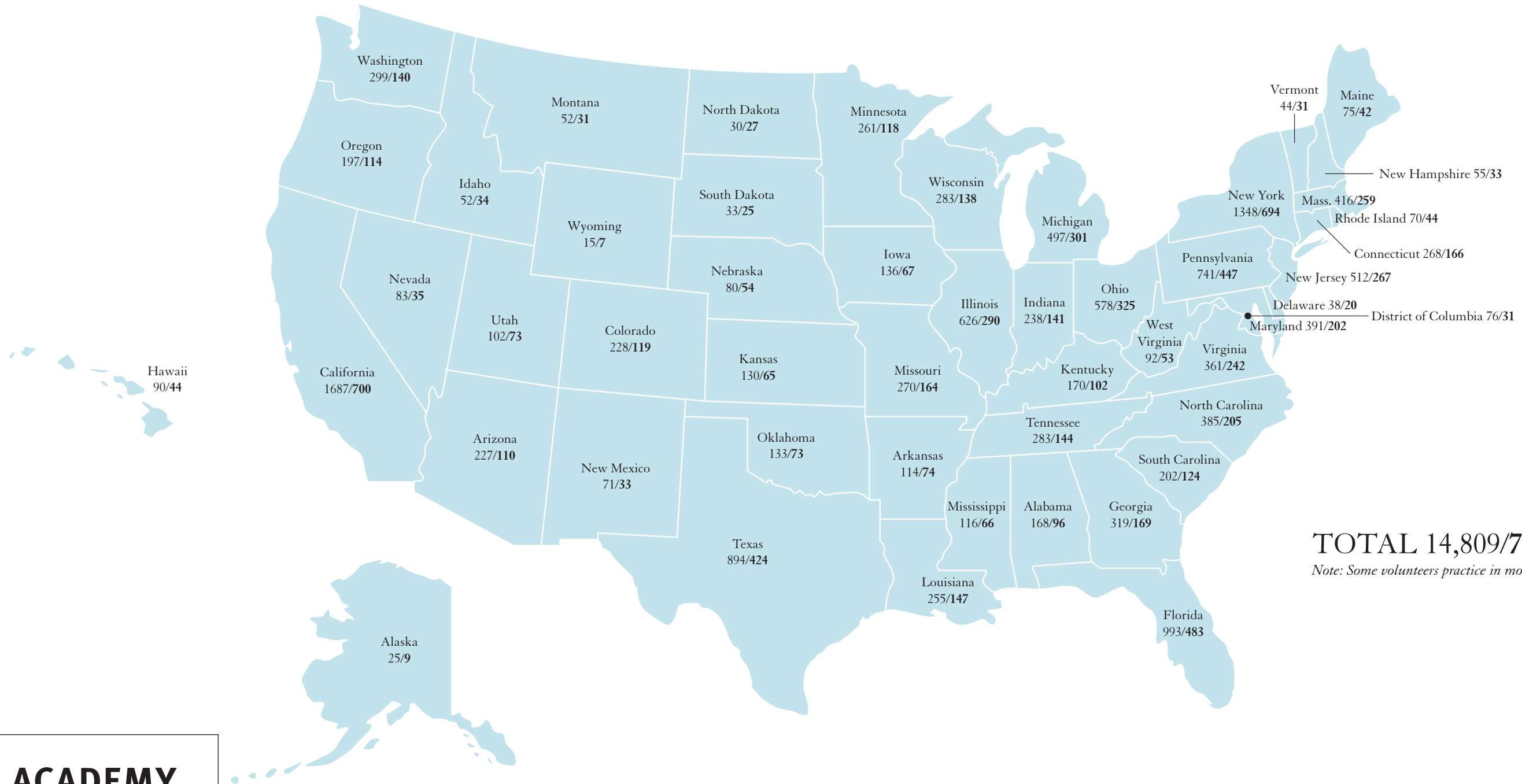
Dr. Tuck, president of the Foundation of the Medical Society of Virginia and EyeCare America board member, and Ms. Wright, executive director of the Virginia Society of Ophthalmology, are truly the kind of champions needed in the fight against avoidable blindness.

Anne Elizabeth Miller, MD
 Patrick D. Moore, MD, FACS
 Richard W. Morton, MD
 Leslie B. Moskowitz-Elfenbein, MD
 Sean F. Murphy, MD
 Alvaro O'Byrne, MD
 Maureen T. O'Dea, MD
 Violet Osunsanya, MD
 Mary J. Oyen, MD
 Rachna D. Patel, MD
 Sanjay K. Patel, MD
 Peter Paulus, MD, FRCS
 Raz D. Penmatcha, MD
 James W. Pickrell, MD
 Heidi C. Piper, MD
 Alan J. Pollack, MD
 C. Gary Pramhus, MD
 B. Andre Quamina, MD
 A. Melinda Rainey, MD
 Paul A. Raskauskas, MD, FACS
 Darrell S. Reisner, MD
 Bonnie L. Reshefsky, MD
 Adam C. Reynolds, MD

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 Richard R. Robinson, MD
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 David J. Seidman, MD
 Sirtaz S. Sibia, DO
 Janice M. Sinclair, MD
 Satindarpal Singh, MD
 Keith A. Skolnick, MD
 David M. Sloan, MD
 Daniel J. Smith, MD
 Jeffrey A. Sorkin, MD
 Jay Bennett Stallman, MD
 John A. Stefano, MD

Matthew Thomas Stich, MD
 Thomas I. Strinden, MD
 Jason Sullivan, MD
 Roberto N. Sunga, MD
 Michael G. Tedford, MD
 Joseph F. Territo, MD
 Steven B. Thom, MD
 Joseph J. Timmes, Jr., MD
 Daniel J. Townsend, MD
 Connell J. Trimber, MD
 John T. Ward, MD
 Ann A. Warn, MD, MBA
 Kevin Jerome Watt, MD
 Deana S. Watts, MD
 M. Roy Wilson, MD
 Glenn L. Wing, MD, FACS
 John D. Wright, Jr., MD
 Hope R. Yongsmith, MD
 Perry W. Younger, MD
 Matthew Weinstein Zanger, MD
 Jeffrey John Zuravleff, MD





TOTAL 14,809/7,802 (52%)

Note: Some volunteers practice in more than one state.

ACADEMY MEMBERS

VOLUNTEERS IN SERVICE TO THEIR STATES

MAP KEY

California 1687/700

STATE | TOTAL PUBLIC SERVICE VOLUNTEERS
 TOTAL ACADEMY MEMBERS

EDUCATION PROGRAMS

PUBLIC: MUSEUM OF VISION

- COLLECTION
- EDUCATIONAL RESOURCES
- HISTORY RESOURCE SERVICES
- EXHIBITS

PROFESSIONAL

FUNDING FOR CLINICAL EDUCATION AND QUALITY OF CARE



Beth Porter

MANAGER, EXHIBITION SERVICES, ASSOCIATION OF SCIENCE-TECHNOLOGY CENTERS (ASTC), THE ORGANIZATION THAT MANAGES THE *ANIMAL EYES* TOUR
When the Museum of Vision decided to create an exhibit about how animals see, principal developers did the work necessary to ensure they were meeting their audiences' needs. They hit their mark when the exhibit *Animal Eyes* started traveling with us about four years ago—and they're continuing to hit it today.

We started touring *Animal Eyes* upon its completion in 1999. We could tell immediately from audience reaction that this was an exhibit that got people excited—excited to learn what they could while exploring the exhibit and excited to continue learning even after they'd gone. Enthusiasm levels are just as high today as they were in the beginning, so it is clear that the time and effort spent in research and preparation are still paying off.

PUBLIC: MUSEUM OF VISION

The Museum of Vision™ has made many changes during the year, all designed to continue educating more audiences about the eye, vision and the history of ophthalmology. In addition to hiring a new director and establishing four new committees, the museum revised its 13-year-old collection management policy and installed a collection database to ensure that information on the 10,000-object collection is readily available to staff and researchers, currently at EyeCare America offices and soon on EyeCare America's web site.

COLLECTION | Each year the museum acquires many items for its collection, including artifacts, archival materials and rare books. A personal history often accompanies each donation to the museum, making for not only an interesting collection, but one with a rich and varied background.

Robert Graham stumbled upon an old pair of shooters glasses once used for target shooting at close range. Graham discovered that they had been handed down for three generations in his late wife's family. He wrote the museum to say how pleased he was to learn that they, being unique enough and in good condition, could become part of the Museum of Vision's collection for many more future generations to enjoy.

In addition to acquiring new items, the museum actively lends its collection to other museums. During this fiscal year, the museum continued its loan of eye charts to the Ellis Island Immigration Museum, which exposed more than 1.3 million people to a small part of ophthalmic history.

EDUCATIONAL RESOURCES | The museum introduces many visitors to the world of vision through its educational resources that are available to physicians, teachers and parents interested in teaching children about the eye, vision and ophthalmology.

More than 4,000 families and school audiences experienced *Discover Your Eye Q!*® and *Art and Vision: Seeing in 3-D*™, the museum's hands-on, portable exhibits, in nine venues nationwide.

HISTORY RESOURCE SERVICES | The museum's history resource services assists with a wide range of historical research requests. Each year hundreds of Academy members, non-ophthalmologist physicians, teachers, parents, children and members of the general public take advantage of the Museum of Vision's educational resources by directing specific inquiries to staff; conducting on-site historical research; and accessing photos.

EXHIBITS | Nearly 40,000 people toured the award-winning *Animal Eyes*™ exhibit in one of three two-month runs in venues across the country, including Sacramento, CA; Minneapolis, MN; and Hartford, CT. The 2,000-square-foot exhibit is in its second three-year tour, thanks to a grant from Alcon Laboratories, Inc. for refurbishment and to the Association of Science-Technology Centers, who manages the tour.

American Academy of Ophthalmology Annual Meeting attendees were treated to *Spectacular Spectacles*, the museum's exhibit at the meeting in New Orleans, which highlighted the museum's 200-piece collection of Chinese vision aids.



PROFESSIONAL

EyeCare America and the Academy have a shared mission to ensure the best possible eye care for the public. To that end, EyeCare America raises funds to support the Academy's professional education activities, so ophthalmologists have access to the latest information on new treatment advances and best practices. In fiscal year 2001-2002, EyeCare America directed more than \$1,371,000 for an array of educational products and programs, including courses on retina, topics of interest to young ophthalmologists, an HIV/AIDS monograph and web-based initiatives designed to facilitate physician interactive online education.



INTERNATIONAL PUBLIC SERVICE PROGRAMS

EDUCATION

VOLUNTEER ASSISTANCE

EDUCATION

International Public Service strives to increase access to eye care in areas of greatest need through education and volunteer assistance.

The Rotary Club Host Project more than doubled its participants from its inaugural year. Twelve carefully selected ophthalmologists from developing nations were sponsored by eight Rotary Clubs to come to the United States for a two-week professional, educational, social and cultural immersion, beginning with the first week in the hosting Rotary Club's community and concluding with the second week at the Academy's Annual Meeting. After acquiring new knowledge, skills and techniques and establishing new relationships, the guests returned home, poised to share their experiences with colleagues in order to enhance patient care on an ongoing basis.

International Public Service provides much-needed educational materials to individuals and institutions in greatest need, including ophthalmology training programs, university and hospital libraries, charitable agencies, ophthalmic societies and others. This year 832 boxes of clinical materials were distributed to 323 recipients in 56 nations.

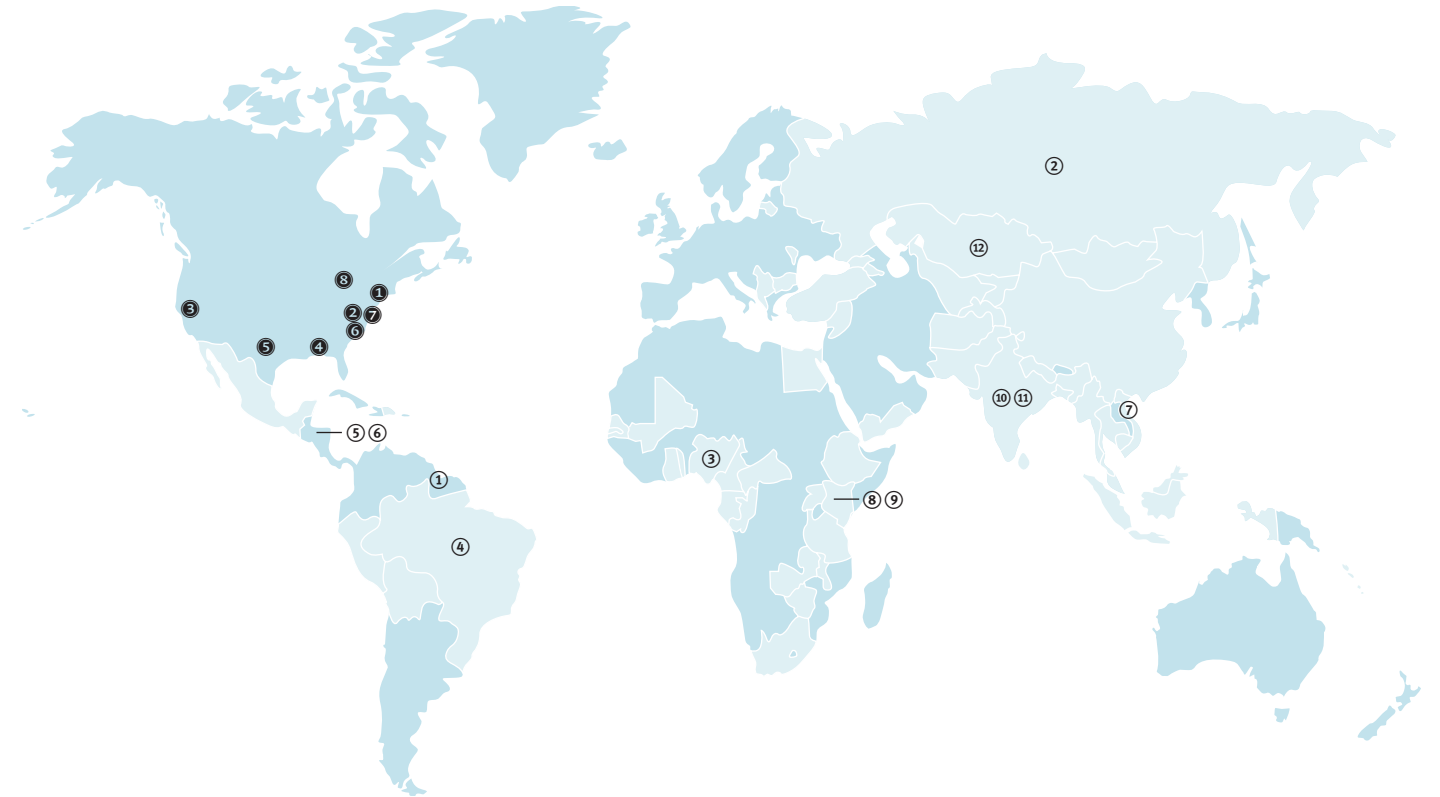
VOLUNTEER ASSISTANCE

Designed to connect ophthalmic professionals interested in volunteering their time in a developing nation with organizations and institutions that need assistance, the International Volunteer Registry provided more than 400 individuals with information on volunteer sites and assisted 110 organizations and institutions in locating volunteers. We strive to provide the critical information that will allow them to select how and where they donate their clinical and educational services. Institutions and organizations that have requested a specific type of volunteer assistance will then receive the help they need.

S. Sasikumar, MD

India's S. Sasikumar, MD, who participated in the 2001 Rotary Club Host Project, is just one example of how the program does not end when the participants leave the United States.

...But for this programme, I could never have dreamt of attending an AAO meeting. It is heartening to note that somebody is recognizing my work in this village. Because of the unknown, I had some apprehensions and doubts in the beginning about my trip to the United States and about the programme. One can get the best clarification only from another who has experienced it, and I wanted to give that to this year's participants. I contacted the participants of this year and gave them a first-hand impression. I hope this helps in maintaining some contact with the participants of the previous years. The project changed my outlook about the most developed nation in the world. I thank the people behind this project.



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The generous support of our many individual, corporate and institutional donors makes possible EyeCare America's significant accomplishments. In the past fiscal year we raised nearly \$2.3 million toward our programs and activities, including nearly \$900,000 toward the Academy's educational mission.

The Honor Roll that follows acknowledges contributions made between April 1, 2001 and March 31, 2002. We extend our sincerest gratitude for every act of generosity represented on the pages that follow.

We have made every effort to provide a complete and accurate listing of donors and gifts. Please accept our sincere apologies if we have made a mistake or omission. Should you notice incorrect information, please contact us and we will gladly correct our records.

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artners for Sight are individuals who believe in the mission of EyeCare America and have demonstrated their support with a gift of \$1,000 or more in a single fiscal year. Through their generosity, these individuals help sustain and grow the public service and education programs of EyeCare America.

A Steering Committee launched Partners for Sight in 2000. Each member of the committee made a personal contribution of at least \$1,000 and has asked their peers to make similar gifts. We are grateful

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We gratefully acknowledge the following individuals and estates for naming EyeCare America as a beneficiary in a bequest or planned gift.

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The list above acknowledges planned gifts, estate gifts and bequest expectancies about which we have been notified through March 31, 2002. If you have named EyeCare America (or the Academy or The Foundation of the American Academy of Ophthalmology) as a beneficiary in a planned gift vehicle or your estate and your name does not appear on this list, please let us know. We would be happy to correct our records and recognize your generosity as a member of the Visionaries Society. You may notify us by using the reply form and envelope found in the center of this report or via telephone at 415.561.8506.



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EyeCare America is thankful for the generosity of Academy members, grateful patients and other individuals who have made contributions in honor or remembrance of a colleague, physician, family member or friend. The list that follows recognizes tribute gifts made between April 1, 2001 and March 31, 2002. (Honoree listed first, followed by donor or group of donors in italics.)

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FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION	STATEMENT OF CHANGE IN NET ASSETS	STATEMENT OF REVENUE AND EXPENSE SUMMARIZED BY FUND
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STATEMENT OF FINANCIAL POSITION

for the year ended March 31, 2002 (with comparative totals as of March 31, 2001)

	MARCH 31, 2002	MARCH 31, 2001
ASSETS		
CASH AND CASH EQUIVALENTS	\$ 1,514,096	\$ 1,808,241
RECEIVABLES:		
Pledges, net	1,311,807	1,374,620
Investment Income	7,074	2,600
PREPAID EXPENSES AND OTHER ASSETS	2,870	
INVESTMENTS	4,171,349	4,044,707
PERPETUAL TRUST HELD BY THIRD PARTY	1,000,000	1,000,000
PROPERTY AND EQUIPMENT, Net of accumulated depreciation	18,471	19,425
TOTAL ASSETS	\$ 8,025,667	\$ 8,249,593
LIABILITIES AND NET ASSETS		
LIABILITIES:		
Accounts payable and accrued expenses	\$ 554,270	\$ 594,857
Total liabilities	554,270	594,857
NET ASSETS:		
Unrestricted	843,435	1,058,785
Temporarily restricted	2,611,991	2,608,583
Permanently restricted	4,015,971	3,987,368
Total net assets	7,471,397	7,654,736
TOTAL LIABILITIES AND NET ASSETS	\$ 8,025,667	\$ 8,249,593

STATEMENT OF CHANGE IN NET ASSETS

for the year ended March 31, 2002 (with comparative totals as of March 31, 2001)

	MARCH 31, 2002	MARCH 31, 2001
UNRESTRICTED NET ASSETS:		
Revenue and support	\$ 1,941,702	\$ 2,618,461
Net assets released from restrictions	1,116,075	307,647
Operating expenses	(3,297,938)	(2,400,085)
Non-operating income (expense)	24,811	33,701
Increase (decrease) in unrestricted net assets	(215,350)	559,724
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	986,200	1,605,160
Uncollectible contributions		(1,077,741)
Net assets released from restrictions	(1,116,075)	(307,647)
Investment income	185,793	188,364
Net realized and unrealized gains (losses) on investments	(52,510)	(359,366)
Increase (decrease) in temporarily restricted net assets	3,408	48,770
PERMANENTLY RESTRICTED NET ASSETS:		
Contributions	28,603	24,942
Increase (decrease) in permanently restricted net assets	28,603	24,942
INCREASE (DECREASE) IN NET ASSETS	(183,339)	633,436
NET ASSETS, BEGINNING OF YEAR	7,654,736	7,021,300
NET ASSETS, END OF YEAR	\$ 7,471,397	\$ 7,654,736

STATEMENT OF REVENUE AND EXPENSE SUMMARIZED BY FUND

for the year ended March 31, 2002 (with comparative totals as of March 31, 2001)

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	MARCH 31, 2002 TOTAL	MARCH 31, 2001 TOTAL
NET ASSETS, BEGINNING OF YEAR	\$ 1,058,785	\$ 2,608,583	\$ 3,987,368	\$ 7,654,736	\$ 7,021,300
REVENUE:					
Contributions, grants, and sponsorships:					
Professional Development		67,500	28,603	96,103	76,784
Public Service		315,754		315,754	1,429,163
Museum of Vision	528	18,025		18,553	14,923
International Public Service		547,347		547,347	19,030
Other	427,443	37,574		465,017	1,180,035
Investment income, net of realized and unrealized gains and management fees	24,811	133,283		158,094	(137,301)
Loss on uncollectible contribution					(1,077,741)
Contribution from AAO	1,513,731			1,513,731	1,528,628
TOTAL REVENUE	1,966,513	1,119,483	28,603	3,114,599	3,033,521
RELEASED FROM RESTRICTIONS	1,116,075	(1,116,075)	–	–	–
EXPENSES:					
Professional Development	531,000			531,000	22,531
Public Service	1,059,734			1,059,734	938,978
Museum of Vision	288,362			288,362	275,937
International Public Service	179,016			179,016	184,743
Resource Development	629,039			629,039	247,812
Administration and other	610,787			610,787	730,084
TOTAL EXPENSE	3,297,938	0	0	3,297,938	2,400,085
INCREASE (DECREASE) IN NET ASSETS	(215,350)	3,408	28,603	(183,339)	633,436
NET ASSETS, END OF YEAR	\$ 843,435	\$ 2,611,991*	\$ 4,015,971**	\$ 7,471,397	7,654,736

TEMPORARILY AND PERMANENTLY RESTRICTED FUND BALANCES ARE AS FOLLOWS:

	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED
Education Trust Fund – corpus		\$ 2,965,971
Retina Research Endowment		1,000,000
Whitney Sampson Endowment		25,000
Rosenthal Endowment		25,000
		<u>\$ 4,015,971**</u>
Education Trust Fund – investment & gains	\$ 711,237	
Public Service	1,232,740	
All Other	668,014	
	<u>\$ 2,611,991*</u>	



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