Our Vision
“That All Who Look May See”

Our Mission
To give each person the opportunity for the best possible vision by innovating solutions for vision impairment and sharing results through relevant educational channels to reach a global audience. We expand possibilities and enrich lives by optimizing sight.

BOARD OF DIRECTORS
Officers:
Francis W. Price, Jr., MD, Chair;
Bill Grube, Vice President;
Michael Dickerson, Treasurer;
Philip Gibson, Secretary

Members:
Jim Butler, Terry Coyle, David Huse, Don Hutchinson, Robert Grimm, Michael Mullen, Toula Oberlies, Monica Rosenfeld
Dear Friends,

We are pleased to share that with the help of our dedicated Board, the Cornea Research Foundation completed a Strategic Planning Process this year that will propel us forward and help showcase our focus and direction to our many supporters. **We expanded our Vision (“That All Who Look May See”), honed our Mission Statement, and identified 5 Strategic Imperatives: Research, Education, Communication, Philanthropy and Board Engagement.** We further identified the key goals for each imperative and metrics with which to measure progress. Following are highlights of specific goals and initiatives that we consider crucial to our mission of enriching lives by optimizing sight.

Our first strategic imperative is Research. In the past 26 years, the Foundation has tracked the progress of **thousands** of patients, helped pioneer small incision corneal transplants and conducted more than 100 innovative clinical research studies. These efforts have given countless people back the use of their eyes, putting them back to work and improving their quality of life. Looking forward, there’s still much to do.

Our primary Research Goal is to drive advances in cornea transplant outcomes. We have made incredible advances, yet important questions remain. Why do transplants fail at an accelerated rate after glaucoma surgery? How can we reduce the side effects from the medications that prevent transplant rejection? How can we better target refractive outcomes to make people’s vision more functional, and when possible, minimize the need for glasses after a transplant?

To address the first of these questions we sampled fluid from the eyes of patients who had undergone different types of glaucoma surgery. Using cutting edge analytical techniques we found that different glaucoma procedures produced profound and distinctive changes in a fluid called the aqueous humor that bathes the sensitive inner layer of the cornea. This is providing important new insights to help us improve transplant survival.

Our landmark studies comparing different anti-rejection eye drops have shown that **we can reduce steroid strength and dosing frequency** much earlier than previously thought for DMEK recipients. This dramatically reduces the side effects and our rejection episode rate is still astoundingly low (<1%) after DMEK, even with earlier steroid reduction.

While DMEK is much more reproducible than earlier transplant methods at minimizing the need for glasses, it is still not as reproducible as cataract surgery. To take transplant outcomes to the next level, we purchased a
state-of-the-art corneal imaging device so that we can learn to predict more precisely how the corneal shape will change in eyes following DMEK.

Our second key Research Goal is to provide new vision restorative treatments to patients through clinical studies in collaboration with partners around the globe. As an example, we are making a concerted effort to find better treatments for dry eyes, which plague many of our patients. Dry eye problems are more prevalent in women and tend to increase with age and after eye surgery. We’re very excited about some promising new treatments we’re evaluating.

Education is a complementary strategic imperative, because it profoundly affects the success of our goals to provide the best vision care through research. Without education to medical providers and users, research has little impact. Our goal is to empower both doctors and patients with the knowledge and tools necessary to provide and receive the best patient care.

We provide intensive training to eye surgeons on the latest surgical techniques through hands-on courses. We document our findings in peer-reviewed journal articles and give presentations worldwide. In addition, we host courses for optometrists (often the first point of contact for eye care) and provide thousands of hours of continuing education so they can appropriately identify complex vision problems.

One very important goal for us is to educate patients and the community on various eye conditions and current treatments. We regularly meet one-on-one with transplant recipients and provide information and videos on our website and through additional educational channels across the web. This year we are launching a new website with more features in order to meet our educational goals more effectively, so please be sure to visit www.cornea.org in January to see the updates!

Within the Strategic Plan, we developed goals and benchmarks for the remaining imperatives, Communications, Philanthropy and Board Engagement. The success of the Foundation’s two key strategic imperatives—Research and Education relies heavily on the success of these critical internal components.

Our small staff works hard to ensure every dollar is spent wisely with 90% going directly to research and education. We cannot thank you enough for your support and we look forward to what the future brings so “That All Who Look May See!”

Sincerely,

Francis W. Price, Jr., MD and Marianne O. Price, PhD
While the Cornea Research Foundation is located in the heartland of America, our research and education efforts has a global scope of impact. We strive to provide the latest information to all stakeholders in vision care—ophthalmic surgeons, optometrists who are often the first to identify an eye condition and lastly, to individuals seeking information about their vision problems.

We provide education to countless eye surgeons each year through numerous publications in leading industry journals and report our findings at live presentations at meetings around the globe. To date, more than 800 surgeons have taken hands-on Cornea Courses held in our Indianapolis surgery center. Additionally, we host an optometry seminar that draws 200 optometrists each year allowing them to earn continuing education to maintain their licenses.

In addition to our professional education efforts, we reach thousands of people through the web as they visit www.cornea.org, to learn about newer surgical procedures that improve recovery time and result in better outcomes for conditions such as Fuchs’ dystrophy and keratoconus, among others. Hundreds of patients travel to Indianapolis from abroad and throughout the United States to benefit first hand the skilled surgeons at Price Vision Group, our partner in research.
Treasurer’s Report
with Michael W. Dickerson

For the fiscal year ended June 30, 2014, the Cornea Research Foundation of America reported total revenue of $717,386. This compares to total revenue of $637,031 for the same period last year. Most of the difference was a result of increased study related revenue and a modest increase in contributions. Our fundraising events, the Golf Outing and Cornea Research Luncheon, continue to grow each year.

Expenses totaled $638,584 as compared to $557,348 for the same period a year ago. The increased expenses were primarily the result of a study in which we provided prescription steroid eye drops to patients in order to remove financial barriers and ensure compliance with the drop regimen.

The Foundation strives to be a good steward of donated funds and other generated revenue. For the past fiscal year, 90% of our expenses were the direct result of funding research and education programs dedicated to improving cornea transplant outcomes and improving treatments for other vision problems.

By successfully managing the reported revenue and expenses for fiscal 2014, the Foundation posted a $78,802 increase in net fund assets that further strengthened its financial position. Furthermore, the Foundation continues to meet the charity accountability standards set by Guidestar and the Better Business Bureau’s Wise Giving Alliance.
Our Sources of Income

Revenue for Fiscal Year Ending June 30, 2014

- Research Study Income: 28.96%
- Contributions: 40.06%
- Interest Income: 0.60%
- Seminar Income: 4.88%
- Golf Classic Sponsorship and Other: 8.21%
- In-kind Contributions: 17.29%

Revenue for Fiscal Year Ending June 30, 2013

- Research Study Income: 24.66%
- Contributions: 42.24%
- Interest Income: 0.66%
- Seminar Income: 7.77%
- Golf Classic Sponsorship and Other: 9.82%
- In-kind Contributions: 14.85%
How We Steward our Funds

Expense Ratios
Fiscal Year Ending June 30, 2014

- Research & Education Program Services: 90.43%
- Management and General: 4.33%
- Fundraising: 5.24%

Expense Ratios
Fiscal Year Ending June 30, 2013

- Research & Education Program Services: 89.22%
- Management and General: 4.41%
- Fundraising: 6.37%
Cornea Research Foundation of America  
STATEMENTS OF FINANCIAL POSITION  
Year ended June 30, 2014 and 2013

**ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
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<tr>
<td>Cash and cash equivalents</td>
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<td>Investments</td>
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<td>Accounts receivable</td>
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<td><strong>Total current assets</strong></td>
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<td>PROPERTY AND EQUIPMENT, AT COST</td>
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<tr>
<td>Property and equipment</td>
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<tr>
<td>Less accumulated depreciation</td>
<td>(67,219)</td>
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<td><strong>Property and equipment, net</strong></td>
<td>$52,532</td>
<td>$625</td>
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<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$757,492</strong></td>
<td><strong>$642,465</strong></td>
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**LIABILITIES AND NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td>CURRENT LIABILITIES</td>
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<tr>
<td>Accounts payable</td>
<td>$64,775</td>
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<tr>
<td>Accrued payroll and other liabilities</td>
<td>$20,999</td>
<td>$47,245</td>
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<tr>
<td><strong>Total current liabilities</strong></td>
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<td>NET ASSETS</td>
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<tr>
<td>Unrestricted</td>
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<td>$586,466</td>
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<tr>
<td>Temporarily restricted</td>
<td>$5,750</td>
<td>$6,450</td>
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<tr>
<td><strong>Total net assets</strong></td>
<td><strong>$671,718</strong></td>
<td><strong>$592,916</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td><strong>$757,492</strong></td>
<td><strong>$642,465</strong></td>
</tr>
</tbody>
</table>

See independent accountants’ review report and accompanying notes.
## Financial Statement of Activities

Cornea Research Foundation of America

### STATEMENT OF ACTIVITIES

<table>
<thead>
<tr>
<th>Revenue and Contributed Support</th>
<th>2014 Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Totals</th>
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<tbody>
<tr>
<td>Contributions</td>
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<td>$ 287,369</td>
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<tr>
<td>Research study income</td>
<td>207,834</td>
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<td>207,834</td>
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<tr>
<td>Seminar income</td>
<td>29,272</td>
<td>5,750</td>
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<tr>
<td>Golf classic sponsorship and other</td>
<td>59,786</td>
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<tr>
<td>Book and CD income</td>
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<tr>
<td>In-kind contributions</td>
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<td>124,012</td>
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<tr>
<td>Interest income</td>
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<td>4,270</td>
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<tr>
<td>Net realized and unrealized loss on investments</td>
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<td>(1,329)</td>
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<tr>
<td>Net assets released from restriction</td>
<td>6,450</td>
<td>(6,450)</td>
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<tr>
<td><strong>Total revenue and contributed support</strong></td>
<td>$ 718,086</td>
<td>(700)</td>
<td>$ 717,386</td>
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### Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2014 Unrestricted</th>
<th>Temporarily Restricted</th>
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<tr>
<td>Program services</td>
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<td>Supporting services</td>
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<tr>
<td>Management and general</td>
<td>27,642</td>
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<td>27,642</td>
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<tr>
<td>Fundraising</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td>638,584</td>
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### Change in Net Assets

<table>
<thead>
<tr>
<th>Change in Net Assets</th>
<th>2014 Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Totals</th>
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<tbody>
<tr>
<td>79,502</td>
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<td>(700)</td>
<td>78,802</td>
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### Net Assets, Beginning of Year

<table>
<thead>
<tr>
<th>Net Assets, Beginning of Year</th>
<th>2014 Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>586,466</td>
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<td>6,450</td>
<td>592,916</td>
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</table>

### Net Assets, End of Year

<table>
<thead>
<tr>
<th>Net Assets, End of Year</th>
<th>2014 Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 685,988</td>
<td>$ 5,750</td>
<td></td>
<td>$ 871,718</td>
</tr>
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</table>
Cornea Transplant Tracking

How we got our start. Since 1988, we have been tracking long-term cornea transplant patient outcomes. We now have records on more than 8,000 patients in what is known as the Cornea Transplant Database, the largest such database in the Americas.

This database has assisted in making many discoveries by allowing us to see trends—what’s working well and what’s not working so well, so we can continually refine surgical techniques and patient care resulting in better outcomes. We use this database to assist us in identifying areas in which more research is needed. Here are just a few examples illustrating how this database has proven invaluable:

1. **Dr. Price was an early pioneer of small incision transplants** (DSEK and DMEK). Our database helped prove that **these newer methods are safer and provide much faster visual recovery** than full thickness transplants, which had been the previous standard of care.

2. We showed that cataract surgery can be combined safely with DSEK or DMEK thereby allowing patients to have cataract and corneal problems treated at the same time. A single surgery is safer, easier for people, and more cost effective than separate surgeries.

3. Many of our patients have conditions that cause both corneas to go bad. We’ve demonstrated that we can safely treat the second eye with DMEK just one week after the first so that people can get back to work and resume daily activities sooner.

4. Transplant rejection has long been a leading reason for transplant failure. Our data has proven that **DMEK has a far lower risk of being rejected by the recipient** than earlier transplant techniques.

5. Taking advantage of the low risk of rejection with DMEK (<1% risk), we’ve shown that we can safely reduce the strength and dosing frequency of anti-rejection medication and **reduce medication-associated side effects**.

Our proven results are instrumental in convincing transplant surgeons to adopt these newer techniques and improve outcomes for patients worldwide.
Determining when it is safe to stop anti-rejection medication

Traditionally we have asked cornea transplant recipients to keep using low-dose corticosteroid eye drops indefinitely to prevent transplant rejection. After observing that DMEK had such a low risk of rejection, we initiated a study in which we give DMEK patients a choice: stop the corticosteroid eye drops at one year or continue the eye drops for a second year. Either way, we continue to examine the transplant and the eye pressure regularly. So far the risk of rejection has remained very low, even in the patients who discontinued steroid eye drops at one year. We believe the findings from our anti-rejection medication studies will allow us to greatly reduce the incidence of future glaucoma development in cornea transplant patients.

Corneal strengthening treatments for Keratoconus

Sometimes the cornea weakens and bulges causing visual distortion. This condition is called keratoconus, which literally means “cone-shaped cornea”. We have conducted a series of studies since 2008 using riboflavin (vitamin B2) eye drops and a UV light in a treatment designed to strengthen and stabilize the cornea, to prevent the need for a cornea transplant. Studies with standard and accelerated treatments are underway.

Identifying Causes of Keratoconus and Fuchs’ Dystrophy

We are collecting corneal tissue from transplant patients for studies to help identify the underlying causes of keratoconus and Fuchs’ dystrophy. The results of these studies will hopefully result in earlier identification of these conditions and better treatment options.

New Treatments for Dry Eyes

Dry eye disease is a surprisingly common condition, affecting about 1 in 10 people. It tends to be more prevalent in women than men, increases in frequency with age, and can be a problem after different types of eye surgery. Many are unaware until they have the condition that there are different levels of dryness, varying from mildly irritating to severely debilitating. It can get progressively worse if left untreated. We are evaluating several exciting new treatments to help alleviate feelings of dry, irritated eyes.
New Treatment for Eyelid Lesions

Some children suffer from painful lesions on the undersides of their eyelids because they were born without the ability to make a key enzyme known as plasminogen. We are evaluating eye drops that contain human plasminogen to help alleviate the symptoms, encourage healing and prevent recurrence of the painful lesions.

Artificial Iris

Some people are missing all or part of the iris, the colored portion of the eye. This can be caused by a birth defect, or the tissue-thin iris can be damaged later in life by an accident or injury. Because the iris regulates the amount of light entering the eye, a lack of one can be extremely painful on bright days. Dr. Price equates the lack of an iris to the feeling of stepping outside into the sun on a bright sunny day. Only, without an iris, your eyes never adjust to the brightness. The purpose of this study is to evaluate an artificial iris, which can improve quality of life and cosmetic appearance. The artificial iris is flexible so that it can fit through a small incision and it is hand-painted to have a very natural appearance.

LASIK/Contact Lens Satisfaction Study

The Foundation is conducting a landmark survey study to evaluate patient satisfaction and concerns with different types of vision correction methods. Over 1900 participants between the ages of 18 and 60 years old have been recruited from 22 sites across the United States plus sites in Spain, Brazil and Singapore to get a broadly representative sampling of people. The goal is to determine how visual satisfaction, visual complaints and safety compare for two popular vision correction choices: contact lens wear and laser refractive surgery (LASIK). Patients are surveyed at baseline and then once a year for the three consecutive years to measure how attitudes and satisfaction may change over time.

Fluid Analysis to Determine Why Transplants Fail

Cornea transplants typically remain clear for at least 10 years, but we’ve found that transplants often fail much sooner in patients who have had glaucoma surgery. To figure out why, we sampled the aqueous fluid inside the eye in patients who had undergone glaucoma surgery. We discovered that different types of glaucoma surgeries produce distinctive and wide-ranging changes in the aqueous fluid that bathes the sensitive back layer of the cornea. We are now analyzing this treasure trove of information to help figure out how to make transplants last longer after glaucoma surgery.
Our Founder, Dr. Francis Price, along with our Executive Director, Dr. Marianne Price, frequently travel the globe sharing research findings to improve the methods and techniques used in eye care and produce the best possible outcomes for patients around the world.

This past fiscal year, we made 34 presentations on our research in the USA and 5 other countries. During these trips we identify new study opportunities and collaborative partners are made. We are thankful to Price Vision Group and meeting organizers for sponsoring travel expenses which allow us to provide education on a global scale while utilizing more than 90% of our resources for direct research.

**The Association for Research in Vision and Ophthalmology Annual Meeting**

Otlando, FL—May 2014

1. Price MO, Tourtas T, Bachmann BO, Kruse FE, Price FW. Prospective randomized comparison of different topical corticosteroid regimens in the first year following endothelial keratoplasty.


**American Society of Cataract and Refractive Surgery Annual Meeting**

Boston, MA—April 2014

4. Price FW, Price MO. Survey study: satisfaction with LASIK vs. contact lenses for vision correction.

5. Adebayo A, Price MO, Price FW. Evaluation of two riboflavin dosing regimens for corneal collagen crosslinking in eyes with progressive keratoconus or ectasia.
American Society of Cataract and Refractive Surgery Annual Meeting (Continued)
Boston, MA—April 2014
7. Schoenberg ES, Price FW. Price modification to Seipser suture technique for iris repair with EK.

XIII International Congress of Cataract and Refractive Surgery
Rio de Janeiro, Brazil—April 2014
9. Price FW, Price MO. DMEK: is it really worth doing it?
10. Price FW, Price MO. When should you operate on someone with Fuchs’ dystrophy 20/25, 20/60, 20/200 vision?

4th Fuchs Corneal Dystrophy Symposium
Baltimore, MD—March 2014
13. Price MO, Price FW. Endothelial cell loss comparison through 5 years with DMEK, DSEK and PK for FECD.
14. Price MO, Price FW. Risks and benefits of different corticosteroid dosing regimens after DMEK for FECD.
15. Price MO, Price FW. Endothelial keratoplasty outcomes and intraocular pressure control in eyes with and without pre-existing glaucoma.
16. Price FW, Price MO. Cataract and endothelial keratoplasty staging in FECD.
17. Price FW, Price MO. DMEK complications and management.
18. Price FW, Price MO. When DSEK is preferable to DMEK?

Hawaiian Eye 2014
Poipu, HI—January 2014
20. Price FW, Price, MO. Survey Study: Satisfaction with LASIK vs Contact Lens Correction Preliminary 1 Year Results.
Educational Presentations
July 1, 2013—June 30, 2014

9th International Congress on Corneal Cross-Linking
Dublin, Ireland—December 2013

American Academy of Ophthalmology
New Orleans, LA—November 2013
22. Price FW, Price MO. Preliminary 1-year results of LASIK vs. Contact Lens Patient Satisfaction Survey. (Received Best Paper of Session Award)
23. Price MO, Price FW. Prospective, randomized comparison of topical prednisolone acetate 1% vs. fluorometholone after EK. (Received Best Paper of Session Award)

Atlantic Eye Symposium
Halifax, Canada—September 2013
27. Price FW, Price MO. DMEK: how did we get here and where are we going.
28. Price MO, Price FW. Who is happier: LASIK or contact lens patients?
29. Price MO, Price FW. Approach to glaucoma in cornea transplant patients.

Asian Pacific Cataract and Refractive Surgery Annual Meeting
Singapore—July 2013

Intraocular Implant and Refractive Society Annual Meeting
Chennai, India—July 2013
32. Price FW, Price MO. DSEK after failed PK – results and advantages over repeat PK.
33. Price FW, Price MO. Case selection for DMEK – who is the ideal or acceptable candidate
34. Price FW, Price MO. The case for offering DMEK: improved vision, IOP and refraction data.
Central to our mission is to provide education to those in the eye care industry as well as data-minded patients seeking information about current research in the area of their condition. The Foundation has a track record of having our findings published around a dozen or so times each year in leading eye journals. Below is a listing of publications from the past fiscal year. The titles are clickable links so that you may read detailed study results and conclusions.


The Focus on Education Optometrist Seminar, held on November 9, 2013 hosted nearly 200 optometrists for seven hours of continuing education credits required to maintain their licenses. Dr. Kathy Kelley of Price Vision Group served as emcee. The annual event, sponsored and organized by the Cornea Research Foundation furthers our mission to educate eye care professionals on the latest treatment options, surgical techniques and drugs and devices for numerous eye diseases and conditions. Our speakers included Dr. Kim Reed, Dr. Matthew Feng, Michael Sacopulos, JD, Dr. Yuri McKee and Dr. Francis Price.
The Cornea Research Foundation celebrated the Sixth Annual Luncheon—featuring the “Through Our Eyes” Art Auction on Monday, September 16, 2013 in Zionsville, Indiana. The auction featured handcrafted items from professional artists, grateful patients and the visually impaired. We have many talented artists among the supporters of the Foundation! Many local business also provided gift certificates that were auctioned to raise additional funds.

World-renowned artist Nancy Noel (www.nanoel.com) served as speaker and shared what provides inspiration for her art as well as her deep appreciation for her vision. She likes to focus on the eyes of her subjects.

Dr. Price gave a research update as all enjoyed a delicious meal prepared by the staff at The Sanctuary, home to the N.A. Noel gallery in Zionsville. The event surpassed its goal raising more than $14,000 for our research projects this coming year.
The 17th annual Cornea Classic Golf Outing, held on June 3, 2014 at Wood Wind Golf Club in Westfield, Indiana was a huge success! We raised over $45,000 to support our mission and many research initiatives to help provide people with the best possible vision. More than 80 golfers came out to support a great cause and enjoy a fun game with friends. We are thankful to the many community partners that supported the outing financially and through gifts to the auction to help us reach our goal.

**Mark your calendar today!** The 18th annual outing will take place again at Wood Wind Golf Club in Westfield, Indiana on Friday, June 5, 2015!
We thank our generous supporters.

We are thankful to the many donors, patients and friends that allow us to continue our sight saving research against diseases such as Fuchs’ dystrophy, keratoconus, glaucoma and other ocular diseases. We proudly recognize those that give our work meaning. This list represents gifts made from July 1, 2013 to June 30, 2014.

**Founder**
*Gifts $25,000 or greater*

Joseph and Geraldine La Motta  
Joseph M. & Barbara Cohen Foundation, Inc.  
The Glass Family Foundation

**Patrons**
*Gifts from $5,000 to $9,999*

Alan F. Schultz  
David Konzevik  
Roger Sawhney

**Humanitarians**
*Gifts from $10,000 to $24,999*

Anonymous  
Bill Grube  
Gaughan Family Foundation  
George and Susan Loesel  
McCrea Foundation  
Renaissance Charitable Fund  
Robert G. Clouse  
SCG Foundation  
W.H. Voll

**Benefactors**
*Gifts from $2,500 to $4,999*

Bob and Cindy Grimm  
Calumet Lubricants Co., L.P.  
Dr. Francis W. Price, Sr.  
Homewood Suites - Indianapolis at the Crossing  
Jill S. Moller  
Kenneth Swedo  
Price Vision Group  
Vanguard Charitable Endowment Program  
William & Mary Margaret O'Connor

"Thank you to you and your caring, skilled staff for their professional, yet king and superb care of me through two cornea transplant surgeries. Dr. Price thank you for using your gift to make what, for some, seem impossible, possible."

Bob
In Appreciation

Fellows
Gifts from $1,000 to $2,499
Alfred and Carol Wick
Amy G. Poster
Anonymous (2)
Carole R. Bascetta
Charlene and Gary Popson
CRM Marketing Group
David Huse, D.V.M
David Linville
Doug and Carol Moore, MD
Dr. and Mrs. Stephen Rosenfeld
Frank and Mary Ann Clifford
Fredric and Myrna Gershon
Goelzer Investment Management
Gordon and Stephanie Damron
Huntington National Bank
Indiana Lions Eye and Tissue Bank
Jewish Federation of Greater Indianapolis, Inc.
Jill Felkins
John and Mary Jane McLimans
Joyce R. Schreiber
Lenore Anderson Endowment
Marsha and Lynn Mitchell
Michael Gaughan
Nancy Fay
Nasrin Dayani
Noel D. Drury
Norwood A. Whitfield
Pat and Marvin Cave
Richard and Debra Bassett
Sidney & Lois Eskenazi
Stephen Salay
The Charles M. Uhl, Jr., and Teresa D. Uhl Family Foundation
UPS

“My eyesight since March 2013 has been well, “eye opening”. This may be the best sight I have ever had. Thank you does not say enough.”

Regina

Partners
Gifts from $500 to $999
Anonymous
Betty J. Dodson-Stevenson
Carol A. Bogosian and Lorrin L. Wagner
Drs. Francis and Marianne Price
Harold Laut
Henry A. and Barbara B. Scroggin
Izzat M. Idriss
Jamie Hayden
Jane E. Minnick
JBB, Inc.
Jerrold W. Melvin
Jerry and Mary Ellen Clifford
Jesse and Melissa Owens, OD’s
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