A Global Reach

Founded as a 501(c)3 non-profit organization by Francis Price Jr., MD in 1988, the Cornea Research Foundation of America is a research and education center with 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 identify problems associated with vision loss and research ways to improve surgical treatments, medication and more to give people the best possible vision. We have many strategic goals including:

- **Pioneer improvements in corneal transplantation to improve outcomes for patients**
- **Provide new vision restorative treatments to patients through clinical studies**
- **Lead education for ophthalmic surgeons, optometrists and patients**

The 2014-2015 annual report provides a birds eye view of our organization, from our financial information, research studies, educational presentations, publications and papers, special events, and lastly, recognition of our many generous supporters without which none of this would be possible. Thank you for taking the time to learn more about our organization and please contact us at 317-814-2993 or info@cornea.org if you have any questions regarding the information in this report.
Two Landmarks in Corneal Transplantation Reached

After helping to pioneer small-incision transplant techniques known as DSEK and DMEK, we now have groups of patients celebrating their 10-year anniversary with DSEK and 5-year anniversary with DMEK. We’ve been pleased to find that the long-term graft survival rates are excellent in both groups.

Our long-term results with these pioneering patients have been eagerly awaited by the eye care community because of our reputation for excellent follow up and rigorous analysis.

Education & Training as Core Initiative

To share the latest surgical techniques with surgeons from around the world, we hosted 8 advanced surgical training courses. Research fellowships were provided to foreign ophthalmologists and college internships were provided to local students hoping to become doctors. We also provided continuing medical education to almost 200 optometrists.

More than 89% of Funds Raised Support Research & Education

We strive to be the best stewards of donated funds and generated revenue. For the past fiscal year, 89% of our expenses were the direct result of funding research and education programs dedicated to improving transplant outcomes and treatments for other vision problems.
The Indianapolis Business Journal hosts the annual Health Care Heroes Awards that honors a company or individual primarily responsible for a scientific discovery or for the development of a new procedure, device or service that can save lives or improve quality of life for a large number of people. The Cornea Research Foundation was nominated in their Advancements in Health Care category for DMEK. At the Awards Breakfast held at the Conrad on March 6, 2015, the Foundation was announced the winner. "We feel honored to have been chosen as the winner in Advancements in Health Care," said Marianne Price. She continued, "It has been through the voluntary assistance of cornea transplant recipients participating in our studies to track longitudinal data of transplant outcomes, the generous support of our donors who fund this research and the dedicated work of the doctors at Price Vision Group that have led us to such a revolutionary cornea transplant procedure."
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.

Under the Strategic Leadership of Drs. Francis and Marianne Price, along with a dedicated Board of Directors, 2014-2015 marked the first year our 5-year Strategic Plan was implemented. With a revised mission and vision that closely aligns with our strategic initiatives including:

1. Research
2. Education
3. Communication
4. Philanthropy
5. Board Engagement

We outlined Goals and Actions with Measurable Metrics to track our progress.

Our Vision: “That All Who Look May See”℠
For the fiscal year ended June 30, 2015, the Cornea Research Foundation reported total revenue of $692,026. This compares to total revenue of $717,386 for the same period last year. Most of the difference was a result of decreased in-kind contributions and a modest decrease in cash contributions. Study related revenue saw a $40,000 increase over the prior year due in part to the timing of several large sponsored study payments. Our Cornea Classic fundraiser continues to see positive attendance and results.

Expenses totaled $585,639 as compared to $638,584 for the same period a year ago. The decrease in expenses was primarily the result of the completion of a study in 2014 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, 89% 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 2015, the Foundation posted a $106,387 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.
Our Sources of Income

Revenue for Fiscal Year Ending June 30, 2015

- Contributions: 39%
- Seminar Income: 5%
- Golf Outing & Sunday for Sight: 8%
- In-kind Contributions: 12%
- Interest Income: 0%
- Research Study Income: 36%

Revenue for Fiscal Year Ending June 30, 2014

- Contributions: 40%
- Seminar Income: 5%
- Golf Outing & Luncheon: 8%
- In-kind Contributions: 17%
- Interest Income: 1%
- Research Study Income: 29%
How We Steward our Funds

Expense Ratios
Fiscal Year Ending June 30, 2015

Research & Education Program Services 89%
Management and General 5%
Fundraising 6%

Expense Ratios
Fiscal Year Ending June 30, 2014

Research & Education Program Services 91%
Management and General 4%
Fundraising 5%
## Balance Sheet

Cornea Research Foundation of America  
**STATEMENTS OF FINANCIAL POSITION**  
Year ended June 30, 2015 and 2014

### ASSETS  

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$445,312</td>
<td>$391,161</td>
</tr>
<tr>
<td>Investments</td>
<td>292,669</td>
<td>301,449</td>
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<tr>
<td>Accounts receivable</td>
<td>25,499</td>
<td>12,350</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>763,480</td>
<td>704,960</td>
</tr>
<tr>
<td><strong>PROPERTY AND EQUIPMENT, AT COST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property and equipment</td>
<td>141,926</td>
<td>119,751</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(88,150)</td>
<td>(67,219)</td>
</tr>
<tr>
<td><strong>Property and equipment, net</strong></td>
<td>53,776</td>
<td>52,532</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$817,256</td>
<td>$757,492</td>
</tr>
</tbody>
</table>

### LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$18,864</td>
<td>$64,775</td>
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<tr>
<td>Accrued payroll and other liabilities</td>
<td>20,287</td>
<td>20,999</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>39,151</td>
<td>85,774</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>777,355</td>
<td>665,968</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>750</td>
<td>5,750</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>778,105</td>
<td>671,718</td>
</tr>
</tbody>
</table>

### TOTAL LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$817,256</td>
<td>$757,492</td>
</tr>
</tbody>
</table>
### Financial Statement of Activities

**Cornea Research Foundation of America**

**STATEMENT OF ACTIVITIES**

**Year ended June 30, 2015**

<table>
<thead>
<tr>
<th>REVENUE AND CONTRIBUTED SUPPORT</th>
<th>2015</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
<td>Totals</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>$265,878</td>
<td>$</td>
<td>$265,878</td>
<td></td>
</tr>
<tr>
<td>Research study income</td>
<td>247,916</td>
<td>-</td>
<td>247,916</td>
<td></td>
</tr>
<tr>
<td>Seminar income</td>
<td>35,714</td>
<td>750</td>
<td>36,464</td>
<td></td>
</tr>
<tr>
<td>Golf classic sponsorship and other</td>
<td>55,442</td>
<td>-</td>
<td>55,442</td>
<td></td>
</tr>
<tr>
<td>In-kind contributions</td>
<td>83,311</td>
<td>-</td>
<td>83,311</td>
<td></td>
</tr>
<tr>
<td>Interest income</td>
<td>2,784</td>
<td>-</td>
<td>2,784</td>
<td></td>
</tr>
<tr>
<td>Net realized and unrealized gain/(loss) on investments</td>
<td>231</td>
<td>-</td>
<td>231</td>
<td></td>
</tr>
<tr>
<td>Net assets released from restriction</td>
<td>5,750</td>
<td>(5,750)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue and contributed support</strong></td>
<td>697,026</td>
<td>(5,000)</td>
<td>692,026</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>530,397</td>
</tr>
<tr>
<td>Supporting services</td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>25,489</td>
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<tr>
<td>Fundraising</td>
<td>29,753</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>585,639</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHANGE IN NET ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>111,387</td>
<td>(5,000)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS, BEGINNING OF YEAR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>665,968</td>
<td>5,750</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS, END OF YEAR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$777,355</td>
<td>$750</td>
</tr>
</tbody>
</table>
Identifying Causes of Keratoconus & 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.

Corneal strengthening treatments for Keratoconus

In adolescents and young adults the cornea sometimes weakens and bulges outward causing visual distortion. This condition is called keratoconus, which literally means “cone-shaped cornea”. We have conducted a series of studies over the last 8 years 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. A global consensus document now recommends this as a first line treatment for keratoconus. It has not yet received FDA approval for routine use in the USA. We have studies underway with conventional and accelerated treatments.

Determining whether 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 discovering that the transplant technique called DMEK has a remarkably low risk of rejection, we initiated a study in which we give DMEK recipients a choice: stop the anti-rejection eye drops at one year or continue the eye drops for a second year. We continue to examine the transplant and the eye pressure regularly. The findings will help us determine how to prevent rejection while minimizing medication-associated side effects for DMEK recipients.

Fuchs’ Dystrophy and Color Vision

Our Fuchs’ dystrophy patients frequently comment on how much brighter and clearer colors appear after their transplant surgery, so we have initiated a color vision study to measure this effect.

“It surprised me how much brighter things looked through my DMEK eye! Black ink is blacker, bright colors are brighter and football fields are greener!” - Roselyn
Slow-release Drug Implant
We are evaluating a slow-release drug implant intended to reduce pain and inflammation after cataract surgery. This is one of several approaches we are evaluating to help reduce the need for patients to instill eye drops.

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 1,900 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. Areas examined include difficulty driving at night, difficulty reading small print, questions regarding starburst or halos, dry eyes, use of artificial tears and more.

“I’m very satisfied with the LASIK procedure on my eyes and am thankful for the work you do.”
- Michelle
44% of patients travel from out of town for this cutting edge surgery.
Education has a profound effect on the success of our goals to provide the best vision care to people around the world through innovative research. Our Founder, Dr. Francis Price, along with our Executive Director, Dr. Marianne Price, are frequently invited to present research findings at meetings around the world.

This past fiscal year, we made 15 presentations on our research in the USA and 2 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 89% of our resources for direct research.

**Educational Presentations**


**Moorfield’s Eye Infirmary**


2. Price FW, Price MO. The Evolution of endothelial keratoplasty: where are we headed? *(Keynote Lecture)*

**World Cornea Congress VII**

San Diego, CA—April 2015


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

San Diego, CA—April 2015
5. Price FW. Endothelial cell loss.

6. Price FW, Price MO. Glaucoma and cornea transplants. (Medalist Lecture)

7. Price MO, Price FW. Something killed every donor: is diabetes worse than another cause of death?

8. Price FW. Anterior segment fibrosis syndrome—unique to EK?

9. Feng MT, Price FW. Learning DMEK before DSEK: like learning phaco before ECCE.

10. Price FW, Price MO. Prospective study comparing patient satisfaction with LASIK and contact lenses: 2 year results.


12. Price FW. What’s the best procedure for the penetrating keratoplasty eye and the best timing?

13. Price MO, Price FW. Randomized comparison of loteprednol 0.5% gel vs. prednisolone acetate 1% solution in the first year following EK.

14. Price FW. Combined cataract surgery and EK.

15. Price FW, Price MO. Prospective study of patient satisfaction with LASIK and contact lenses: 2-year results.
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.


   **CONCLUSIONS:** Occasionally a DMEK graft needs to be replaced. If graft replacement is delayed, the patient’s cornea can undergo changes that make it harder to achieve crisp, clear vision. When a regraft is done promptly, the visual results match the excellent results obtained with original DMEK grafts.


   **CONCLUSIONS:** Combining DMEK with cataract surgery provides excellent visual outcomes. In cataract surgery we remove the natural lens inside the eye and insert a small plastic lens that is designed to minimize the glasses prescription afterwards. The corneal changes that occur in patients with Fuchs dystrophy make it harder to calculate exactly how much of the glasses prescription to include in the intraocular lens. Fortunately, DMEK helps us come closer to hitting the target refraction than earlier transplant procedures.


   **CONCLUSIONS:** This review summarizes significant cornea-related literature from 2013.

**CONCLUSIONS:** In cooperation with colleagues from the Singapore National Eye Institute, we found that patients with a rare condition called iridocorneal endothelial syndrome have an increased risk of graft failure and intraocular pressure elevation compared with other more common conditions, such as Fuchs’ dystrophy.


**CONCLUSIONS:** Loteprednol etabonate 0.5% gel was as effective as prednisolone acetate 1% solution in preventing immunologic graft rejection episodes after DMEK and was significantly less likely to cause Intraocular pressure elevation.


**CONCLUSIONS:** A new controlled point source LED glare tester demonstrated the adverse effect on visual acuity due to glare in patients with cataract, accurately simulated night driving glare issues for patients with cataracts, and was rated as easy to use and useful by investigators.

**CONCLUSIONS:** Endothelial cell loss and graft success were comparable at 6 months for paired donor corneas stored in two different donor cornea storage solutions.

8. Price FW Jr, Price MO. **To intervene or not to intervene: that is the question.** Ophthalmology 2015;122:6-7

**CONCLUSIONS:** In this editorial, we commented on an article that reported relatively poor visual outcomes after DMEK regrafts and noted that the authors typically waited over one year before performing a regraft. We prefer to regraft promptly to prevent degenerative changes from occurring in the patient’s cornea and find that our approach provides excellent visual outcomes.


**CONCLUSIONS:** One of our long-term transplant patients died and kindly donated her corneas for research. This article discussed the findings and highlighted how newer small incision transplant techniques, such as DMEK, are much safer for patients than the older full thickness transplants.


**CONCLUSIONS:** In this article we reviewed the safety and efficacy of a small lens that can be implanted in the eyes of young people who are extremely near-sighted or far-sighted to eliminate the need for glasses or contact lenses.

**CONCLUSIONS:** The glued IOL technique reliably provided secure IOL fixation in the absence of capsule support and successfully treated a variety of IOL complications, aphakia, and aniridia. Minor technique modifications minimized some difficulties associated with this surgery.


**CONCLUSIONS:** Currently about one third of cornea donors have diabetes, reflecting the increasing frequency of diabetes in the aging population. We evaluated whether donor diabetes status had any affect the survival rate of full thickness corneal transplants and did not find an association. However, the eye bank determination of donor diabetes status has traditionally been based on rather limited information. Therefore, we recommended further study with more precise measures of diabetes duration and the level of blood sugar control to see if these factors influence corneal transplant success.


**CONCLUSIONS:** In Fuchs’ dystrophy, deposits called “guttae” build up on the back of the cornea, distorting vision. In addition the cells lining the back of the cornea die off. We treat this by removing the guttae and dysfunctional cell layer. Then we implant a healthy cell layer from a donor cornea in a technique called DMEK. Some have suggested that it might be possible to remove the guttae and dysfunctional cell layer without implanting any donor tissue. We compared this approach with DMEK and found that DMEK provided faster and better visual recovery.
14. Price MO, Price FW Jr, Kruse FE, Bachmann BO, Tourtas T. **Randomized comparison of topical prednisolone acetate 1% versus fluorometholone 0.1% in the first year after descemet membrane endothelial keratoplasty.** Cornea 2014;33:880-6.

**CONCLUSIONS:** DMEK has a remarkably low rejection episode rate (<1% through 1 year), as confirmed in this prospective randomized study. This provides a unique opportunity to reduce postoperative topical corticosteroid strength and thereby reduce the risk of steroid-associated complications.


**CONCLUSIONS:** This study measured the sensitive endothelial cell layer of the cornea and found that it appeared even healthier at 5 years after DMEK than it did with earlier transplant techniques. DMEK grafts are held in place with an air bubble instead of sutures, and sometimes more air is added to ensure that the graft fully adheres. We found that carefully injecting air a second time did not adversely affect the endothelial cell layer.


**CONCLUSIONS:** It is possible to monitor the trend of infectious endophthalmitis after corneal transplant or cataract surgery through examining Medicare claims databases as long as a consistent definition of endophthalmitis is used. The annual incidence of endophthalmitis was stable over time during the study period for both corneal transplant and cataract surgery procedures; however, there was a wider year-to-year variation for the corneal transplant cohort.


**CONCLUSIONS:** The iris is the colored part of the eye. It has the consistency of tissue paper and is readily damaged by trauma. This article describes an improved technique for performing iris repair together with a cornea transplant after a traumatic eye injury.
The Focus on Education Optometrist Seminar was held on Saturday, November 15, 2014 and drew nearly 200 optometrists for seven hours of continuing education required to maintain their licenses. The annual event has been held since 1992 with Dr. Kathy Kelley of Price Vision Group serving as emcee. Focus on Education is sponsored and organized by the Cornea Research Foundation and Dr. Kelley furthers our mission to educate eye care professionals on the latest available treatment options, surgical techniques and drugs and devices for numerous eye diseases and conditions.

Speakers & Topics Included:

**Michael Sacopulos, JD**—It’s Time for your Practice’s Check-up: Legal Issues that need an Annual Exam

**Yuri McKee, MD**—Management of Ocular Emergencies

**Mile Brujic, OD**—OCT in Optometry...Changing the Paradigm

**Renee Reeder, OD**—Soft Lens Management of Irregular Corneas

**Matthew Feng, MD**—Co-Management Pearls and Pitfalls

**Francis W. Price, Jr., MD**—Why Dry Eyes Make Me Cry!
The Cornea Research Foundation celebrated the Seventh Annual Luncheon—featuring the “Through Our Eyes” Art Auction on Monday, September 26, 2014 in Indianapolis, Indiana at The Mansion at Oak Hill. The auction featured hand-crafted 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 for a total of more than $10,000!

Master Gardener Sharon Gamble served as speaker sharing her talk titled “Garden Vision” featuring some lessons learned quite literally on the ground. Dr. Price provided a thorough research update.
The 18th annual Cornea Classic Golf Outing, held on June 5, 2015 at Wood Wind Golf Club in Westfield, Indiana was a huge success! We raised over $50,000 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 for the 19th Annual Outing!

Tuesday, May 24, 2016

Email info@cornea.org to reserve your spot.
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, 2014 to June 30, 2015.

**Founder**  
*Gifts $25,000 or greater*  
Joseph and Geraldine La Motta

**Humanitarians**  
*Gifts from $10,000 to $24,999*  
Anonymous  
Bill and Janet Grube  
Fredric and Myrna Gershon  
Gaughan Family Foundation  
George and Susan Loesel  
McCrea Foundation  
Richard Bassuk  
SCG Foundation  
The Glass Family Foundation

“Thank you so much for the gift of sight. Today was the first day in a year that I was able to see things clearly and be able to read out of my right eye. What a joy!”  
- Bridget

**Patrons**  
*Gifts from $5,000 to $9,999*  
David Konzevik  
Homewood Suites - Indianapolis at the Crossing  
Kenneth Anderson  
Louis Wozniak  
William & Margaret O'Connor

**Benefactors**  
*Gifts from $2,500 to $4,999*  
Calumet Lubricants Co., L.P.  
Charlotte Bess  
Dr. Francis W. Price, Sr.  
Indiana Lions Eye and Tissue Bank  
Jill S. Moller  
Joan Smith  
Kenneth Swedo  
Price Vision Group  
Robert and Cynthia Grimm  
Shannon E. Miller  
William H. and Sarah B. McNabb
In Appreciation

**Fellows**
*Gifts from $1,000 to $2,499*

Alfred and Carol Wick
Amy G. Poster
Anonymous
Arthur Bone
Barbara and Stan Binder
BMO Harris Bank
Bob and Diann Barnett
Butler Toyota Scion
Carole R. Bascetta
Cletus Oing
CRM Marketing Group
David A. Wyatt
David Huse, D.V.M
David Kendall and Amy Halseth
Dr. and Mrs. Stephen Rosenfeld
Goelzer Investment Management
Huntington National Bank
Jerry Semler
Jewish Federation of Greater Indianapolis, Inc.
John and Mary Jane McLimans
John Keane
Karen and Steven DeGennaro
Larry and Donna Henriksen
Larry Johnson
Lenore Anderson Endowment
Lynn and Marsha Mitchell
Mary J. Steward
Mike and Debbie Dickerson
Mr. and Mrs. William D. North
Norwood A. Whitfield
Pat and Marvin Cave
Peter Lang
Sidney & Lois Eskenazi
The Charles M. Uhl, Jr., and Teresa D. Uhl
The Joseph N. Gorson Foundation
UPS
William Lawless

**Partners**
*Gifts from $500 to $999*

AIP Inc.
Arthur D. Mouton
Barbara Chaplin
Bill Emerson
Bob Smelser
Carol Bogosian
Carolyn S. Huff
Carver Toyota Scion of Columbus
Donna Judge
Grange Insurance Companies
Harold Laut
Howard Josephson
Jack W. Schwarz
Jeffrey & Laurie Potrzebowski
Jerrold W. Melvin
Jose O. Matus
Joseph and Deborah DeRanieri
Leo Daprile
Marijke Raju
Mark Drury
Martin and Linda Davis
May Chambers
Michael and Joyce Lang
Michael Mullen
Nancy Toedebusch Fay
NextGear Capital
Paul and Christine Boldt
Ronald Wind
Sigmund and Kathy Masloski
Terry Coyle
Walter and Janet Gross

“I am proud to be able to participate in and support research with Dr. Price. If it were not for someone before me willing to help, I would not be able to live the life I have today.”—Susan

**Matching Gifts**

Johnson and Johnson Matching Gifts
Mead Johnson Nutrition Employee Matching Gift Fund

**Study Related Income**

Avedro
Bausch & Lomb
Case Western Reserve University
COOK
Jaeb Center for Health Research, Inc.
DrugDev Payments
University of Pennsylvania
Lexitas Pharma Services, Inc.
Clinical Financial Services
Slack
Stemnion, Inc.
Valeant
Friends
Gifts from $250 to $499

A. Arnold World Class Relocation
Anonymous
Anonymous
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