



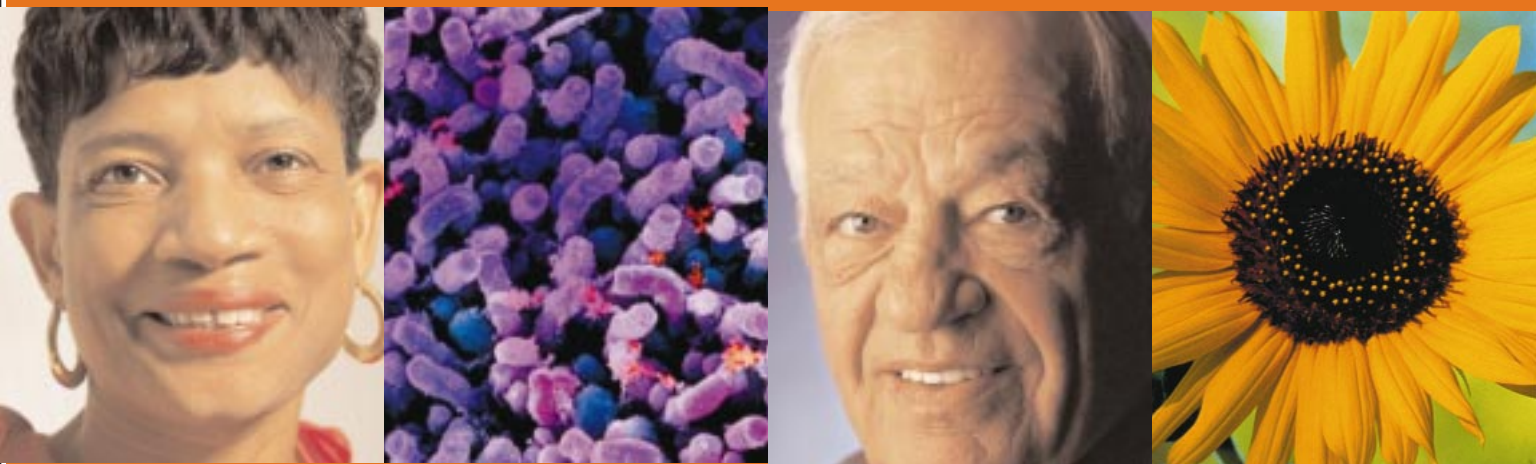
THE FOUNDATION FIGHTING BLINDNESS

THE FOUNDATION FIGHTING BLINDNESS
2002 ANNUAL REPORT

inspired

BY THE PEOPLE
DEDICATED TO THE
cures

The urgent mission of The Foundation Fighting Blindness is to discover the causes, treatments, preventions and cures for retinitis pigmentosa, macular degeneration, Usher syndrome and the entire spectrum of retinal degenerative diseases.



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On The Cover: Alan Brint at three years old. Alan is blind from Leber congenital amaurosis, a severe form of retinitis pigmentosa. Alan, who lives in Chicago with his parents, Betsy and David, has already learned to read Braille and use a cane.

A MESSAGE FROM OUR TRUSTEES

Medical science IS THE MOST

DIFFICULT OF HUMAN ENDEAVORS.

IT TESTS THE LIMITS OF INTELLECT AND RESOLVE.

IT HUMBLER THE ABLEST OF PRACTITIONERS.

IT DEMANDS *heroic efforts* TO GLEAN

EVEN THE SMALLEST INSIGHTS.

HOWEVER, ONCE IN A GREAT WHILE,

SCIENTISTS MAKE *extraordinary breakthroughs,*

CREATING NEW REALITIES THAT JUST YESTERDAY

WERE THE PROVINCE OF OUR HOPES AND DREAMS...

(continued)

(continued from previous page)

...SOMETIMES, THESE ADVANCES ARE *fortuitous*,

RESULTING FROM ACCIDENTS AND CHANCE.

OTHER TIMES THEY ARE THE RESULT OF *hard work*
AND *determination*, MAKING THE REWARD THAT

MUCH SWEETER AND, IN OUR CASE, “SHAGGIER.”



(left to right) Gordon Gund, Harriet Finkelstein,
Peter Whinfrey, Edward Gollob

Thanks to an experimental gene therapy treatment, dogs born blind can see! This initial success has spurred researchers to develop gene therapy treatments for a number of diseases. New pharmaceutical agents are entering clinical trials. Implantable artificial retinas are being tested in humans. A novel treatment using retinal pigment epithelial cells is at last leveraging years of transplant research. We now possess the knowledge to treat and possibly cure these insidious diseases.

The ability to restore sight borders on the miraculous. However, in this case, the miracle is one of hard work and perseverance. Miracles happen when people believe in something not yet possible. And, The Foundation is extremely fortunate to have the support of many who believe in a future where blindness can no longer cast its shadow.

Faith requires constant renewal to remain steadfast. At a time of unparalleled scientific opportunity, September 11th and its aftermath have unleashed forces beyond our control, exposing our faith and our resolve to harsh

elements. Despite a redoubling of efforts, The Foundation fell short of its fundraising goals. For the first time in FFB's history, we reduced the research budget. Instead of funding additional projects, we scrambled just to meet ongoing research commitments.

And yet, despite great adversity, we have been graced by the actions of true believers. Linda Lechner, a volunteer and friend of The Foundation, whose daughter, Katie, has Usher syndrome, is a true believer. At the end of September, in the midst of chaos and panic, Linda took the first available flight from her hometown in Indiana to present The Foundation with generous donations and proceeds from bake sales totaling over \$13,000!

Over the last year, we have continued to take solace from people, who, like Linda Lechner, remain focused on the best impulses of the human spirit. Some of these people are dealing with unimaginable pain and loss and yet are still redirecting their grief to perform unbelievably selfless acts of kindness, compassion and generosity.

In late spring, the family of the late David Garcia sent memorial donations to The Foundation Fighting Blindness totaling over \$10,000. David, who worked at the World Trade Center, had retinitis pigmentosa. A letter accompanying the memorial tributes from David's wife, Deborah, and their two children, Davin and Dylan, described their pain and loss.

Despite their grief, Deborah wrote, "The donations were made possible by countless people who wanted to assist our family in this unbelievably tragic event. We hope this money may assist The Foundation in soon finding a cure." In the face of devastating loss, the magnitude of the Garcia's gesture speaks volumes about the capacity for goodness in us all.

In times of uncertainty, charities usually suffer. The coming year may not be any easier. If we're not careful, we can all too easily lose faith and become sidetracked by adversity. But, as Linda Lechner and the Garcia family have demonstrated, adversity can also strengthen us.

Let's draw strength from each other and rekindle the hope and joy that is rightfully ours. With dedicated volunteers, generous donors, and talented scientists, miracles are happening before our very eyes!

Gordon Gund
Chairman

Edward H. Gollob
President

Harriet L. Finkelstein
Vice Chairman

Peter K. Whinfrey
Senior Vice President

A MESSAGE FROM OUR CHIEF EXECUTIVE OFFICER

As each of us reflects back upon our experiences, it is easy to recall those individuals who have motivated us throughout our lifetime. For some of us, it is an inspirational family member. For others, it might be a special teacher. Still others choose public personalities—perhaps someone who has shown tremendous strength and courage through adverse conditions.

At The Foundation Fighting Blindness, the people we serve continuously motivate us. Time and time again, I encounter remarkable individuals who are blind, or who have a child who is losing their sight, yet they remain courageous, passionate about life, and optimistic about the future.

Several of these inspirational individuals are featured in this year's annual report. People like Adam and Liz Stone who live courageously every day with Usher syndrome, the leading cause of deaf/blindness in the world. People like Denice Brown, who is affected by RP yet remains steadfast in her mission to help others. And famed hockey legend Bernie "Boom Boom" Geoffrion, who refuses to let macular degeneration dampen his indomitable spirit.



It is their courage and the courage of millions of others that remind each of us at FFB of the important work entrusted to us. While our scientific accomplishments continue to accelerate at an unprecedented rate, more work is needed to finish the job. For that reason, we recognize that we must

dramatically increase our revenue to keep up with the pace of research. To that end, we adopted a new strategic plan—one that challenges us to raise more than \$129 million by 2008!

To add perspective, this figure is roughly equivalent to the amount of money raised in our first 28 years of existence.

Aggressive? Yes, but we know that through sound strategic planning, collaborative initiatives, perseverance, and your continued commitment, The Foundation will realize its goal.

To help create greater visibility for the Foundation and our mission, we are completely revamping our website www.blindness.org in the upcoming year. Not only does the site have a whole new look and improved navigation, but it also includes new features such as audio content buttons, chat rooms and threaded bulletin

boards. We believe our new website will better serve our constituency and bring new visitors, encourage increased revenue by streamlining event registration, encourage corporate sponsorships, and make online donations easier than ever.

“WE RECOGNIZE THAT WE MUST

DRAMATICALLY *increase* OUR REVENUE TO
KEEP UP WITH THE PACE OF *research*.”

We are also excited about plans to work together with Macular Degeneration International (MDI). With more than 15,000 members, MDI provides support to those affected by age-related macular degeneration and Stargardt disease. As the saying goes, there is strength in numbers and we believe that through this partnership we can intensify our efforts in the fight against blindness.

We also recognize that ensuring that the National Eye Institute (NEI) receives substantial funding is key to accelerating research. Last year, thanks to aggressive letter writing campaigns and personal visits to Capitol Hill, the bill to double the budget of the National Institutes of Health (NIH) again passed both the House and the Senate. Increased funding for the NIH means increased funding for the NEI and that ultimately translates to additional resources for retinal degenerative diseases.

In addition to our efforts in Washington, we recognize that pharmaceutical companies and their significant funding capabilities can play a critical role in our quest to speed research initiatives. We are moving ahead with our comprehensive program to reach

out to those companies that have the potential to help us accomplish our goal.

Alice Foote MacDougall, an entrepreneur of the early 1900's, said, “Much of the success of life depends upon keeping one's mind open to opportunity and seizing it when it comes.”

At The Foundation Fighting Blindness, we are seizing every opportunity to speed the pace of research and eradicate blinding retinal diseases. Only the lack of support will slow us.

The Foundation Fighting Blindness:
Inspired by the People, Dedicated to the Cures.



Robert M. Gray
Chief Executive Officer

LIZ AND ADAM STONE: USHER SYNDROME

Liz Stone was diagnosed with profound deafness before her first birthday. Devastated by the news, her parents Evan and Jill, learned everything they could about raising a deaf child. Six years later, their second child Adam was born. Sadly, they learned that he too was deaf. With the help of special teachers, programs and schools, Adam and Liz learned to live with their hearing loss and developed into excellent, well-adjusted students. Liz soon found herself happily enrolled in college at the Rochester Institute of Technology (RIT)—a school she chose because of its large deaf community. But during her freshman year, Liz discovered that she was also slowly losing her eyesight. Both she and Adam learned they have Usher syndrome—the leading cause of deaf/blindness in the world. With no treatment or cure available for this devastating disease, the Stones took the news very hard. Now more than eight years later, Adam and Liz are dealing with their disease and are feeling hopeful about the future. Adam is following in his sister's footsteps and is now a junior at RIT. Liz is working in Seattle as the education coordinator for the Abused Deaf Women's Advocacy Services. The siblings recently received cochlear implants—special devices that could help improve their hearing. And, the entire family is very optimistic about the vision research that's taking place. "The Foundation funds some amazing work," says Jill. "I know there's a treatment out there for my children. We just have to find it."

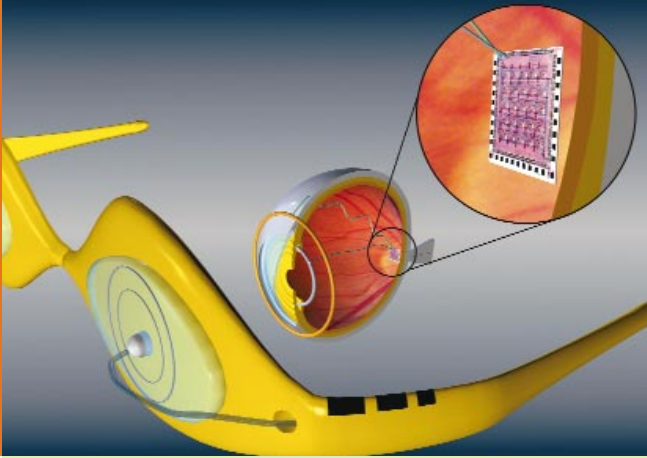




"I *know* THERE'S A *treatment* OUT THERE
FOR MY CHILDREN. *We just have to find it.*"

-JILL STONE, THE MOTHER OF LIZ AND ADAM

ARTIFICIAL RETINAL IMPLANTS ENTER THE HUMAN EYE



“THE FOUNDATION FIGHTING
BLINDNESS PROVIDED
crucial funding SUPPORT
IN THE *early phases*
OF THIS RESEARCH.”

2002 was another banner year in the field of artificial retinal implants!

Optobionics, a biotechnology company based in Chicago, enrolled additional patients in a phase one clinical trial testing the company's Artificial Silicon Retina. At the same time, Foundation-supported researchers at the University of Southern California began a phase one clinical trial to test the safety of a permanently implanted retinal prosthesis.

Drs. Mark Humayun and Eugene de Juan of the Doheny Retina Institute at USC originally conceived and pioneered this form of the retinal prosthesis. The prototype used in the clinical trial was then further developed and refined by Second Sight, LLC of Valencia, CA. Commenting on the project, Dr. Humayun said, “The Foundation Fighting Blindness provided crucial funding support in the early phases of this research. Their support helped make this clinical trial possible.”

Some of the patients in these studies have reported experiencing visual responses from the implanted devices, generating considerable excitement and hope. In the Optobionics study, patients reported seeing a brightened visual field where the device was implanted. Some patients also reported seeing crude forms. In the clinical trial conducted by Second Sight and USC, patients reported being able to perceive forms and movement.

It is very encouraging that patients in these safety studies have not experienced complications. It is even more exciting to hear subjective reports from the patients that they could perceive light, motion and forms. Previous studies performed over the last two decades have reported that blind patients can perceive crude visual responses when the retina or the visual cortex of the brain is electrically stimulated. Hopefully, this next generation of implantable devices will bring the field closer to providing useful vision to patients who are blind or severely visually impaired.

GENE THERAPY

Gene therapy is literally going to the dogs! Two years after receiving an experimental gene therapy treatment that restored vision, Lancelot and his littermates, who were born blind, continue to see well with no sign of complications. With the success of this initial experiment, Foundation-supported researchers next tested the treatment in dogs from different litters, delaying treatment for up to 11 months. All of the treated dogs experienced visual improvement. Although further work is needed, the results from these experiments suggest that patients with this same severe form of retinitis pigmentosa may benefit, even if treatment is given long after diagnosis. Obviously, this bodes well for Food and Drug Administration (FDA) approval to begin clinical trials.

The stunning success of gene therapy is literally infecting the entire retinal degenerative disease research field. Dr. Peter Campochiaro, Director of The Foundation's Research Center at Johns Hopkins University, in collaboration with the biotech company, Genvec, awaits FDA approval to begin human clinical trials testing a gene therapy treatment for the wet form of macular degeneration.

With support from The Foundation Fighting Blindness, researchers from Columbia University have launched an effort to test a gene therapy treatment in an animal model of Stargardt disease, the most



common form of early-onset macular degeneration. A newly formed research consortium is evaluating the feasibility of gene therapy for Usher syndrome.

In the last year, Foundation researchers have characterized a dominant and X-linked form of RP in dogs. A third breed that exhibits a recessive form of RP now gives researchers an opportunity to test gene therapy in a wide array of RP models. Additionally, despite the lack of an animal model, researchers at the University of Pennsylvania are evaluating the feasibility of gene therapy in choroideremia.

The potential of gene therapy in the treatment of genetic disease is enormous. The Foundation is doing everything possible to advance these treatments to clinical trials quickly. For the first time in our history, we possess the ability to treat and possibly cure these diseases. The faster we can fund all of this deserving work, the more quickly we can realize our urgent mission.



“I’M SURE WE CAN FIND A CURE.
I’m very optimistic about the future.”

-DENICE BROWN

DENICE BROWN: RETINITIS PIGMENTOSA

“Does it hurt, Ms. Brown?” asked a wide-eyed little boy when his teacher Denice Brown explained to her third grade class that she has retinitis pigmentosa, the disease that is slowly stealing her vision. “No, it doesn’t hurt,” Denice gently replied trying to put her students at ease. “I just can’t see as well as the rest of you.”

For years, Denice did her best to work around her vision loss. But, about 10 years ago, when it became almost impossible for Denice to correct her students’ papers and tests, she contacted school officials to ask for assistance. Having a visually impaired teacher was new ground for the school, but Denice was eventually granted an assistant and other help to do her job. “Many of my colleagues, who are disabled or visually impaired, are apprehensive about asking for help because they are afraid for their jobs,” said Denice. “But my students needed me and I wanted to do everything I could to keep teaching.”

Although school officials knew about Denice’s condition, it wasn’t until two years ago, when Denice’s failing vision forced her to use a white cane, that she decided to tell her students about her RP. “They have been extremely supportive,” says Denice. “And I believe that my vision loss has helped them to better understand individuals with disabilities. In some ways it has helped them grow as people.”

Denice, a native of Philadelphia, has struggled with vision loss since she was a toddler. “I always knew there was something wrong with my eyes. I had trouble seeing at night from a very young age and I used to have to sit very close to the chalkboard to see. At 16, doctors finally gave me a name for my vision loss. I went to the library to find out everything I could. Of course, it’s scary thinking about being completely blind—with RP you never know what your timetable is, but the only time I ever cried was when I learned as a teenager that I would never drive a car. After that, I never cried again, I just kept focusing on my dream to become a teacher.”

After obtaining bachelor’s and master’s degrees from Temple University, Denice fulfilled her dream. In addition to teaching elementary school for many years, Denice also worked as a rehabilitation teacher for the blind. Now with 22 years of teaching behind her, Denice, a very spiritual person, is retiring because she feels it is time for her to help people in other ways. Denice will spend much of her time volunteering for The Foundation Fighting Blindness and other groups. Denice, a founder of The Foundation’s Philadelphia Affiliate, will continue to work on fundraising initiatives. “As long as we can keep money coming in for research, I’m sure we can find a cure. I’m very optimistic about the future.”

RETINAL PIGMENT EPITHELIAL CELLS TO THE RESCUE

Beneath the photoreceptor cell layer is a single layer of cells called the retinal pigment epithelium, or RPE for short. The RPE supports the function of photoreceptor cells, providing nutrients and eliminating waste products. In early experiments, transplanted RPE cells rescued degenerating photoreceptor cells in animal models of retinitis pigmentosa. Further FFB-supported work established that RPE cells produce a variety of survival factors, which promote the health and vitality of photoreceptor cells. Through an innovative partnership with a small biotechnology company, The Foundation is working to harness the therapeutic quality of these cells in the fight against retinal degenerative disease.

AN RPE CELL DRUG FACTORY

Neurotech, a French biotechnology company, has developed a novel drug delivery device containing genetically modified RPE cells. Encapsulated Cell Technology, or ECT, consists of a small capsule that is implanted in the back of the eye, close to the retina.

The RPE cells within the capsule are genetically manipulated to produce large amounts of a survival factor called ciliary neurotrophic factor (CNTF). In previous experiments, injections of CNTF slowed vision loss in several animal models of RP.

However, because of the chronic nature of these diseases, patients would require numerous eye injections of CNTF, raising serious safety concerns. The ECT device, with its RPE cells, overcomes this obstacle by providing a CNTF “factory” in the eye.

The capsule contains very small pores that allow oxygen and nutrients to diffuse into the cells and also allow the survival factor to diffuse out. The tiny pores prevent the modified RPE cells from escaping and prevent the body’s immune system from reaching and attacking these foreign cells.

In experiments, supported by The Foundation and Neurotech, the device dramatically halted vision loss in animal models of retinal degeneration. The results from this study and additional safety data should hopefully clear the way for FDA approval of clinical trials. The ECT device could also open the door to deliver other therapeutic agents that cannot cross the blood/retina barrier. Through strategic partnerships with industry, The Foundation is further accelerating the pace of research.

Image on right: A magnified view of photoreceptor cells



“IN EARLY EXPERIMENTS, *transplanted*
RPE CELLS *rescued* DEGENERATING
PHOTORECEPTOR CELLS IN ANIMAL MODELS OF
retinitis pigmentosa.”



BOOM BOOM GEOFFRION: MACULAR DEGENERATION

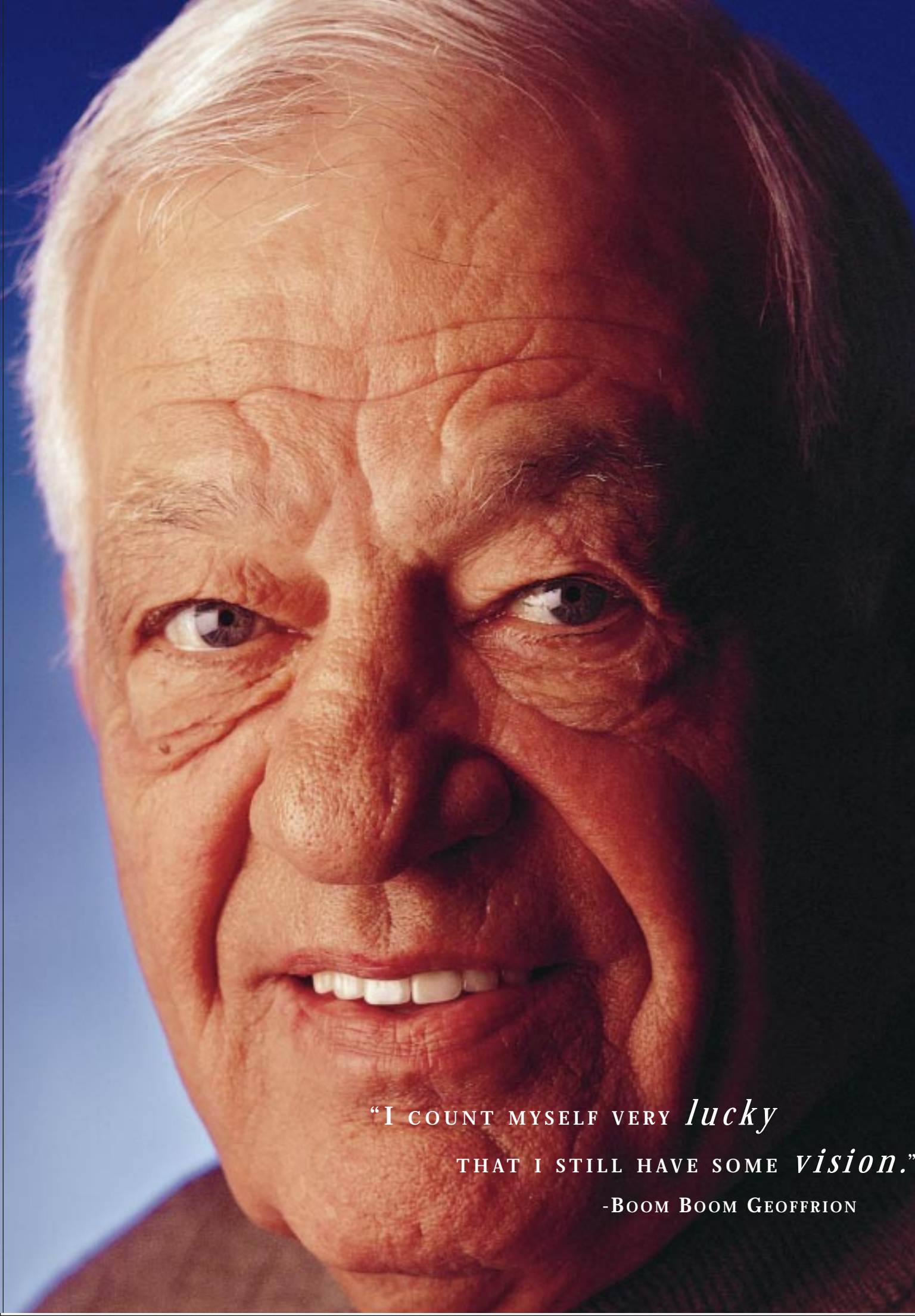
Bernie “Boom Boom” Geoffrion was a visionary in the world of hockey. When Boom Boom arrived in the National Hockey League (NHL) in 1951 at the tough but tender age of 19, he brought with him the “slap shot,” changing the game forever. He received his colorful name because of his blistering shot that made a “boom” when it first hit his stick, and then another “boom” when it hit the boards. Boom Boom scored 30 goals during his first season with the Montreal Canadiens helping to form one of the greatest teams in hockey history. During Geoffrion’s 14 seasons in Montreal, the team won six Stanley Cups, including five in a row, a record that remains unbroken.

Inducted into the Hockey Hall of Fame in 1972, he later went on to coach such teams as the Montreal Canadiens, New York Rangers and the Atlanta Flames.

Boom Boom, now living in Atlanta, has led a remarkable and colorful life. Despite his fame, Boom Boom, 72, is a caring, down-to-earth man who has been married 50 years to wife Marlene, a former figure skater. Together, they raised three children and are now enjoying eight grandchildren and two great grandchildren.

But about five years ago, Boom Boom was diagnosed with macular degeneration, the leading cause of blindness in people over 55. Unfortunately, there are no treatments that could restore sight to his right eye. “I pray every day that I will continue to see from my left eye,” said Boom. “But I count myself very lucky that I still have some vision. There are so many people who have it a lot worse and are completely blind. I believe that going blind is the worst thing that can happen to you.”

Although Boom Boom gets his eyes tested frequently and keeps up on the latest research advances, he doesn’t dwell on the negative impact of his disease. “What’s the use of complaining,” says Boom. “I just want to do what I can to help.” As someone unwilling to sit on the sidelines, Boom Boom is now doing his part to help fund research for millions who are affected by blinding diseases. He is active with FFB, serving as national honorary chairman for the Fighting Blindness League, a charity fundraiser of the National Hockey League. “Gordon Gund (FFB’s Chairman) is a great guy, and The Foundation is a wonderful organization. I am very proud to be involved with them, and I will continue to support them as long as I can.”



"I COUNT MYSELF VERY *lucky*

THAT I STILL HAVE SOME *vision.*"

-BOOM BOOM GEOFFRION

A MESSAGE FROM THE CHIEF SCIENTIFIC OFFICER

A RESEARCH BRIDGE

Planning for clinical trials is somewhat like building a suspension bridge. On one side of the shore are the laboratory researchers; on the other shore, the clinicians. As The Foundation's Chief Scientific Officer, my job is to make sure we build strong, durable spans that bridge laboratory and clinical research, allowing promising treatments to reach patients. To arrive at our destination, several critical research needs must be met.

GENOTYPING

Imagine the horror of developing a successful treatment but not being able to find patients who would benefit from the treatment. Many gene and pharmaceutical therapies are gene specific and require that we know each patient's genetic diagnosis. Because so many mutant genes can cause disease, we need to genotype patients so that we can identify candidates for clinical trials and ultimately for treatment.

The good news is that we have the scientific ability to genotype patients. However, we sorely lack funding. Federal funding for genetic research generally ends once a gene is discovered. And, due to the genetic diversity underlying retinal



degenerative diseases, private laboratories cannot offer affordable genetic testing. We need your support to genotype every person with retinal disease to avert a future where clinical trials and treatments go begging for patients.

RESEARCH CONSORTIUMS

Behind each treatment breakthrough is a team of talented scientists and ophthalmologists, whose collective achievement is greater than the sum of their individual contributions. This successful pattern of collaboration among scientists can be duplicated through funding support of small consortiums composed of clinical and laboratory researchers who focus on treating one specific disease. In most cases, these research groups require small grants to get started with greater funding as their collaborations take shape. However, the sooner we can fund this work, the faster we can recruit researchers for these working groups.

ANIMAL MODELS

Food and Drug Administration approval to test a new therapy in clinical trials hinges on safety and efficacy data in an animal model of disease. The treatment breakthroughs reported by The Foundation result from animal model testing. However, animal models do

not exist for every retinal degenerative disease. The more animal models discovered or created, the more diseases can become eligible for clinical trials. We need more funding to discover naturally occurring animal models and to genetically engineer rodent models of disease.

establishing a therapy's effectiveness against several diseases, most small companies lack the financial and scientific resources to test their therapies against a wide range of diseases.

Dr. Tilman Oltersdorf, a scientist at IDUN Pharmaceuticals based in San Diego said, "The Foundation helped us conduct a

"BEHIND EACH TREATMENT *breakthrough* IS A TEAM OF TALENTED SCIENTISTS AND OPHTHALMOLOGISTS, WHOSE *collective* ACHIEVEMENT IS GREATER THAN THE SUM OF THEIR *individual contributions*."

MEDICAL THERAPY TREATMENT CENTERS

In 1997, The Foundation began a funding program to support facilities where researchers from academia and industry can test experimental treatments. These unique facilities, known as Medical Therapy Treatment Centers, play a vital role in advancing treatments to clinical trials. Many struggling biotechnology companies hold patents on drugs that show promise for neurodegenerative diseases, such as Parkinson's and Alzheimer's disease. These drugs may also benefit retinal degenerative diseases. Despite the obvious financial incentive a company may gain by

study we couldn't have otherwise undertaken. Thanks to them, we now have promising results that could lead to a new treatment."

Through its Medical Therapy Treatment Centers, The Foundation has established a new business and scientific model for testing retinal degenerative disease therapies. With discovery of more and more promising treatments, these Centers are being stretched to meet demands. The Foundation needs to expand and enlarge this very important resource.



Gerald J. Chader, Ph.D, M.D.,hc
Chief Scientific Officer

(Before coming to FFB, Dr. Chader served as the Scientific Director of the National Eye Institute, part of the National Institutes of Health.)

RESEARCH GRANTS



SINCE ITS INCEPTION,

THE FOUNDATION FIGHTING
BLINDNESS HAS PROVIDED OVER

\$124,000,000 FOR RESEARCH

Research Center Grants

Berman-Gund Laboratory
for the Study of Retinal
Degenerative Diseases
\$338,084
Massachusetts Eye
and Ear Infirmary
Harvard Medical School
Boston, MA
Eliot L. Berson, M.D.,
Center Coordinator

The Cleveland Clinic Foundation
Research Center for the Study of
Retinal Degenerative Diseases
\$311,645
Cleveland, OH
Joe G. Hollyfield, Ph.D.,
Center Coordinator

Emory University Research
Center for the Study of Retinal
Degenerative Diseases
\$244,841
Emory University School of
Medicine
Atlanta, GA
Paul Sternberg, M.D.,
Center Coordinator

Research Center for Macular
Degeneration and Allied
Retinal Diseases
\$378,927
University of Iowa
Iowa City, IA
Edwin M. Stone, M.D., Ph.D.,
Center Coordinator

Research Center for the Study of
Retinal Degenerative Diseases
at the Jules Stein Eye Institute
\$486,260
University of California
at Los Angeles
Los Angeles, CA
Dean Bok, Ph.D.,
Center Coordinator

The Kearn Family Research
Center for the Study of Retinal
Degenerative Diseases
\$364,876
University of California
at San Francisco
University of California
at Berkeley
Stanford University
Matthew M. LaVail, Ph.D.,
Center Coordinator

Michael M. Wynn Center for
Inherited Retinal Degenerative
Diseases at the University of
Utah \$387,911
University of Utah Health
Sciences Center
Moran Eye Center
Salt Lake City, UT
Wolfgang Baehr, Ph.D.,
Center Coordinator

Greater New York Regional
Research Center for the
Study of Retinal Degenerative
Diseases
New York University
Medical Center
Columbia University
University of Medicine and
Dentistry (New Jersey)
\$443,111
Ronald E. Carr, M.D.,
Lucian del Priore, M.D., Ph.D.,
and Marco Zarbin, M.D., Ph.D.,
Center Co-Coordinators

The Research Center for the
Study of Retinal Degenerative
Diseases at the Oregon Health
Sciences University
\$273,891
Department of Ophthalmology
Portland, OR
Richard G. Weleber, M.D.,
Center Coordinator

Pre-Clinical Medical Therapy
Evaluation Center
\$478,167
Cornell University
North Carolina State University
Duke University
Gustavo Aguirre, Ph.D.,
Center Coordinator

Scandinavian Research Center
for the Study of Retinal
Degenerative Diseases
\$270,191
Department of Ophthalmology
University of Lund
Lund, Sweden
Berndt Ehinger, M.D.,
Center Coordinator

Research Center for the Study of
Retinal Degenerative Diseases
at the Scheie Eye Institute
\$314,473
University of Pennsylvania
Philadelphia, PA
Samuel G. Jacobson, M.D., Ph.D.,
Center Coordinator

Southwest Regional Research
Center for the Study of Retinal
Degenerative Diseases
\$311,844
Retina Foundation of
Southwest (Dallas)
University of Oklahoma
University of Texas (Houston)
Robert E. Anderson, M.D., and
David Birch, Ph.D.,
Center Co-Coordinators

Research Center for the Study
of Retinal Degenerative Dis-
eases
at the University of Illinois
Eye & Ear Infirmary
\$140,196
Chicago, IL
Gerald A. Fishman, M.D.,
Center Coordinator

Research Center at the
Institute of Ophthalmology
\$271,596
London and Moorfields
Eye Hospital
London, England
Frederick W. Fitzke, Ph.D.,
Center Coordinator

Research Center for the Study
of Retinal Degenerative Dis-
eases and AMD at the Wilmer
Eye Institute
\$496,552
Johns Hopkins University
Baltimore, MD
Peter A. Campochiaro, M.D.,
Center Coordinator

Research Center for the Study
of Retinal Degenerative Dis-
eases at the W.K. Kellogg Eye
Center
\$440,266
University of Michigan
Ann Arbor, MI
Anand Swaroop, Ph.D.,
Center Coordinator

Research Facility
FFB Histopathology Facility
for the Study of Retinal
Degenerative Diseases
\$86,068
University Of Pennsylvania
Philadelphia, PA
Ann Milam, Ph.D.,
Facility Coordinator

FFB Resource Facility for the
Molecular and Genetic Analysis
of Patients with Choroideremia
\$20,097
University of Alberta
Edmonton, Canada
Ian MacDonald, M.D.,
Facility Coordinator

FFB Resource Facility for X-
Linked Retinitis Pigmentosa and
Inherited Retinal and Macular
Dystrophies
\$82,658
University of Michigan
Ann Arbor, MI
Anand Swaroop, Ph.D.,
Facility Coordinator

Medical Therapy
Assessment Centers
(MTAC)
Peter A. Campochiaro, M.D.
\$50,000
Johns Hopkins University
Baltimore, MD

Judith Mosinger-Ogilvie, Ph.D.
\$69,278
Central Institute for the Deaf
St. Louis, MO

Theo van Veen, Ph.D.
\$50,000
APO-GENE
University of Lund
Lund, Sweden

Rong Wen, M.D., Ph.D.
\$50,000
Scheie Eye Institute
University of Pennsylvania
Philadelphia, PA

Targeted Programs
Cell Biology

Muayyad R. Al-Ubaidi, Ph.D.
\$72,045
University of Oklahoma
Health Sciences Center
Oklahoma City, OK

Beth Burnside, Ph.D.
\$55,808
University of California
Berkeley, CA

M. Carter Cornwall, Ph.D.
\$18,849
Boston University School
of Medicine
Boston, MA

Frans P. M. Cremers, Ph.D., and
A.I. den Hollander
\$61,219
University Hospital
Nijmegen, The Netherlands

Steven J. Fliesler, Ph.D.
\$23,190
Saint Louis University
St. Louis, MO

Leonard M. Hjelmeland, Ph.D.
\$46,238
University of California
Davis, CA

Jian-xing Ma, M.D., Ph.D., and
Rosalie K. Crouch, Ph.D.
\$47,729
Medical University
of South Carolina
Charleston, SC

Jeremy Nathans, M.D., Ph.D.
\$52,530
Johns Hopkins University
School of Medicine
Baltimore, MD

Ching-Hwa Sung, Ph.D.
\$69,595
Cornell University
New York, NY

Frederik J.G.M. van Kuijk

\$47,361
University of Texas
Medical Branch
Galveston, TX

Fulton Wong, Ph.D. (2 grants)

\$104,162
Duke University Medical Center
Durham, NC

Clinical Studies

Joan W. Miller, M.D.

\$50,640
Massachusetts Eye and
Ear Infirmary
Harvard Medical School
Boston, MA

Johanna Seddon, M.D.

(2 grants)
\$112,436
Massachusetts Eye and
Ear Infirmary
Harvard Medical School
Boston, MA

Drug Delivery

*Dayle H. Geroski, Ph.D. and
Henry F. Edelhauser, Ph.D.*

\$59,555
Emory University Eye Center
Atlanta, GA

Mark Saltzman, Ph.D.

\$61,134
Cornell University
Ithaca, NY

Judith A. West-Mays, Ph.D.

\$67,000
Tufts University School
of Medicine
Boston, MA

Gene Therapy

John Flannery, Ph.D.

\$10,018
University of California
Berkeley, CA

*William W. Hauswirth, Ph.D.,
and Alfred S. Lewin, Ph.D.*

\$74,824
University of Florida
College of Medicine
Gainesville, FL

Robert G. Korneluk, Ph.D.

\$53,589
University of Ottawa and
Children's Hospital of
Eastern Ontario
Ontario, Canada

Alfred Lewin, Ph.D.

\$18,324
University of Florida
College of Medicine
Gainesville, FL

Tiansen Li, Ph.D.

\$60,251
Massachusetts Eye and
Ear Infirmary
Harvard Medical School
Boston, MA

Muna I. Naash, Ph.D.

(2 grants)
\$88,513
University of Oklahoma
Health Science Center
Oklahoma City, OK

Kristina Narfstrom, D.V.M., Ph.D.

\$73,815
University of Missouri
Columbia, MO

*David S. Williams, Ph.D. and
Xian-Jie Yang, Ph.D.*

\$50,000
University of San Diego
La Jolla, California

Genetics Studies

*Arthur A. B. Bergen, Ph.D. and
Paulus de Jong, M.D., Ph.D.*

\$37,000
Netherlands Ophthalmic
Research Institute
Amsterdam, The Netherlands

Wolfgang Berger, Ph.D.

\$55,829
Max Planck Institute
Berlin, Germany

Shomi S. Bhattacharya, Ph.D.

\$71,931
Institute of Ophthalmology
London, England

*F.P.M. Cremers, Ph.D., and
C. B. Hoyng, Ph.D., and
A.F. Deutman, M.D., Ph.D.*

\$70,953
University Hospital
Nijmegen, The Netherlands

Michael Danciger, Ph.D.

\$40,000
Loyola Marymount University
Los Angeles, CA

Michael J. Denton, Ph.D.

\$32,954
University of Otago
Dunedin, New Zealand

Thaddeus Dryja, M.D.

\$76,507
Massachusetts Eye and
Ear Infirmary
Harvard Medical School
Boston, MA

Debora Farber, Ph.D.

\$54,600
Jules Stein Eye Institute
University of California
at Los Angeles
Los Angeles, CA

*Debora Farber, Ph.D. and Michael Patsy M. Nishina, Ph.D.
Danciger, Ph.D.*

\$75,304
Jules Stein Eye Institute
University of California
at Los Angeles
Los Angeles, CA

Andreas Gal, M.D., Ph.D.

\$75,324
University Hospital Eppendorf
Hamburg, Germany

Peter Humphries, Ph.D.

\$57,939
Trinity College
Dublin, Ireland

George Inana, Ph.D.

\$75,557
University of Miami
Miami, FL

Josselin Kaplan, M.D.

\$74,263
Hopital Necker-Enfants Malades
Paris, France

Bronya Keats, Ph.D.

\$45,262
Louisiana State University
Medical Center
New Orleans, LA

William Kimberling, Ph.D.

\$79,643
Boys Town National
Research Hospital
Omaha, NE

*James Lupski, M.D., Ph.D., and
Richard Lewis, M.D.*

\$90,472
Baylor College of Medicine
Houston, TX

\$67,475

The Jackson Laboratory
Bar Harbor, ME

Eric Pierce, M.D., Ph.D.

\$63,121
Scheie Eye Institute
University of Pennsylvania
Philadelphia, PA

Steven J. Pittler, Ph.D. (2 grants)

\$142,219
University of Alabama
at Birmingham
Birmingham, AL

Edwin M. Stone, M.D., Ph.D.

\$74,263
University of Iowa Hospitals
Iowa City, IA

Pharmaceutical
Therapy

Thomas A. Ferguson, Ph.D.

\$87,150
Washington University
St. Louis, MO

Thomas Reh, Ph.D.

\$69,841
University of Washington
Seattle, WA

Jose A. Sahel, M.D.

\$43,024
University Louis Pasteur
Strasbourg, France

Toshimichi Shinohara, Ph.D.

\$62,031
Brigham and Women's Hospital
Boston, MA

Pre-Clinical Studies

Muriel T. Davison, Ph.D.

(2 grants)
\$67,672
The Jackson Laboratory
Bar Harbor, ME

David R. Hyde, Ph.D.

\$77,232
University of Notre Dame
Notre Dame, IN

Miguel C. Seabra, M.D., Ph.D.

\$81,551
Imperial College
London, England

David S. Williams, Ph.D.

\$80,955
University of California
San Diego School of Medicine
La Jolla, CA

Alan F. Wright, Ph.D.

\$73,844
Western General Hospital
Edinburgh, Scotland

Surgery and Visual
Prosthetics

Joseph F. Rizzo, M.D.

\$80,707
Massachusetts Eye and
Ear Infirmary
Harvard Medical School
Boston, MA

Transplantation
Studies*Eugene de Juan, Jr., M.D.*

\$7,320

Retina Institute,
Doheny Eye Institute
Los Angeles, CA*Fredrik Ghosh, M.D.,*

\$22,000

Lund University
Lund, Sweden*Derek van der Kooy, Ph.D.*

\$66,778

University of Toronto
Ontario, CanadaCareer Development
Awards*Tomas Aleman, M.D.*

\$50,000

Scheie Eye Institute
University of Pennsylvania
Philadelphia, PA*Jayakrishna Ambati, M.D.*

\$10,048

University of Kentucky
Lexington, KY*Adriana Di Polo, Ph.D.*

\$42,800

University of Montreal
Montreal, Quebec, Canada*Albert O. Edwards, M.D., Ph.D.*

\$47,211

University of Texas
Dallas, TX*Deborah A. Ferrington, Ph.D.*

\$12,500

University of Minnesota
Minneapolis, MN*Shalesh Kaushal, M.D., Ph.D.*

\$51,000

University of Minneapolis
Minneapolis, MN*Xue Zhong Liu, M.D., Ph.D.*

\$70,550

University of Miami
Miami, FL*Kean T. Oh, Ph.D.*

\$54,370

University of North Carolina
at Chapel Hill
Chapel Hill, NC*Vassiliki Poulaki, M.D.*

\$12,500

Massachusetts Eye and
Ear Infirmary
Harvard Medical School
Boston, MA*David A. Saperstein, M.D.*

\$73,751

University of Washington
Seattle, WA*Dennis W. Schultz, Ph.D.*

\$62,030

Oregon Health Sciences
University
Casey Eye Institute
Portland, OR*Melanie Sohocki, Ph.D.*

\$50,000

Columbia University
New York, NY*Stephen Tsang, M.D., Ph.D.*

\$75,806

Jules Stein Eye Institute
University of California
at Los Angeles
Los Angeles, CA

Other Grants

Meetings/Workshops

10th International Symposium on
Retinal Degenerations

\$22,500

Burgstock, Switzerland

Jose A. Sahel, M.D.

\$30,000

University Louis Pasteur
Paris, FranceBoard of Trustee
Awards*Gregory M. Acland, B.V.Sc.,**Gustavo Aguirre, V.M.D., Ph.D.,**Jean Bennett, M.D., Ph.D.,**William W. Hauswirth, Ph.D.,**Samuel G. Jacobson, M.D., Ph.D.,**Albert M. Maguire, M.D.*

\$25,000

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REPORT OF INDEPENDENT ACCOUNTANTS

To the Board of Trustees of
The Foundation Fighting Blindness, Inc.:

In our opinion, the accompanying consolidated statement of financial position and the related statement of activities and changes in net assets, cash flows, and expenses by function present fairly, in all material respects, the financial position of The Foundation Fighting Blindness and its affiliated chapters (“The Foundation”) at June 30, 2002, and the consolidated changes in their net assets and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of The Foundation’s management; our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from The Foundation’s June 30, 2001 financial statements, and in our report dated October 2, 2001, we expressed an unqualified opinion on those financial statements. We conducted our audit of these statements in accordance with auditing standards generally accepted in the United States of America, which require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.



September 27, 2002

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

June 30, 2002 (with summarized financial information as of June 30, 2001)

	2002			2001	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
<i>Assets</i>					
Cash and cash equivalents	\$ 1,432,956	\$ —	\$ —	\$ 1,432,956	\$ 4,046,095
Investments	3,144,384	1,534	500,000	3,645,918	3,658,455
Pledges receivable, net of present value allowance of \$17,596 in 2002 (\$52,644 in 2001)	848,784	1,269,596	—	2,118,380	2,797,453
Accrued interest and prepaid expenses	248,392	—	—	248,392	195,317
Charitable gift annuity fund	54,431	—	—	54,431	—
Pooled income fund	—	78,666	—	78,666	84,271
Charitable remainder trust	—	975,232	—	975,232	875,826
Fixed assets, net	851,589	—	—	851,589	886,803
Total assets	\$ 6,580,536	\$ 2,325,028	\$ 500,000	\$ 9,405,564	\$ 12,544,220
<i>Liabilities and Net Assets</i>					
Accounts payable and accrued expenses	\$ 654,140	\$ —	\$ —	\$ 654,140	\$ 1,072,176
Research awards and grants payable	4,210,028	—	—	4,210,028	6,259,681
Deferred revenue	299,378	—	—	299,378	164,689
Charitable gift annuity obligation	54,431	—	—	54,431	—
Pooled income fund obligation	—	40,244	—	40,244	42,498
Charitable remainder trust obligation	—	413,522	—	413,522	399,918
Total liabilities	5,217,977	453,766	—	5,671,743	7,938,962
<i>Net assets</i>					
Unrestricted net assets:					
Designated for research	510,970	—	—	510,970	738,385
Represented by ½xed assets	851,589	—	—	851,589	886,803
Total unrestricted net assets	1,362,559	—	—	1,362,559	1,625,188
Temporarily restricted net assets	—	1,871,262	—	1,871,262	2,480,070
Permanently restricted net assets	—	—	500,000	500,000	500,000
Total net assets	1,362,559	1,871,262	500,000	3,733,821	4,605,258
Total liabilities and net assets	\$ 6,580,536	\$ 2,325,028	\$ 500,000	\$ 9,405,564	\$ 12,544,220

The accompanying notes are an integral part of these consolidated financial statements

CONSOLIDATED STATEMENT OF ACTIVITIES

for the year ended June 30, 2002 (with summarized financial information for the year ended June 30, 2001)

	2002			2001	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Revenues					
Public support:					
Contributions from individuals, corporations and foundations	\$ 6,655,055	\$ 5,071,659	\$ —	\$ 11,726,714	\$ 10,458,087
Special events	4,688,045	—	—	4,688,045	6,592,526
Less special event direct benefit costs	(1,117,293)	—	—	(1,117,293)	(1,781,717)
Legacies and bequests	1,397,966	99,663	—	1,497,629	2,019,115
Allocated by federated fund- raising organizations	162,016	—	—	162,016	154,489
Contributed services	60,147	—	—	60,147	40,812
Total public support	11,845,936	5,171,322	—	17,017,258	17,483,312
Other					
Program service fees	2,523	—	—	2,523	101,755
Investment and other income	167,993	9,966	—	177,959	453,161
Net assets released from restric- tions: Satisfaction of program restrictions	5,790,096	(5,790,096)	—	—	—
Total revenue and other support	17,806,548	(608,808)	—	17,197,740	18,038,228
Expenses					
Program services:					
Research	12,084,431	—	—	12,084,431	12,532,256
Public health education	1,558,634	—	—	1,558,634	1,813,549
Total program services	13,643,065	—	—	13,643,065	14,345,805
Supporting Services					
Management and general	1,343,997	—	—	1,343,997	1,208,354
Fund raising	3,082,115	—	—	3,082,115	2,752,290
Total supporting services	4,426,112	—	—	4,426,112	3,960,644
Total expenses	18,069,177	—	—	18,069,177	18,306,449
Change in net assets	(262,629)	(608,808)	—	(871,437)	(268,221)
Net assets at beginning of year	1,625,188	2,480,070	500,000	4,605,258	4,873,479
Net assets at end of year	\$ 1,362,559	\$ 1,871,262	\$ 500,000	\$ 3,733,821	\$ 4,605,258

The accompanying notes are an integral part of these consolidated financial statements

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

for the year ended June 30, 2002

(with summarized financial information for the year ended June 30, 2001)

	PROGRAM SERVICES 2002		
	Research	Public Health Education	Total
Salaries	\$ 776,709	\$ 742,665	\$ 1,519,374
Employee health and retirement benefits	85,335	95,650	180,985
Payroll taxes	49,969	51,397	101,366
Total salaries and related expenses	912,013	889,712	1,801,725
Professional fees	180,982	66,878	247,860
Supplies	23,801	28,222	52,023
Telecommunications	12,997	91,009	104,006
Postage	4,159	111,449	115,608
Occupancy	87,570	93,802	181,372
Rental and maintenance of equipment	17,616	15,348	32,964
Printing and publications	4,500	128,299	132,799
Travel, conferences and meetings	197,561	65,504	263,065
National conference	—	22,757	22,757
Membership dues	22,740	2,702	25,442
Insurance	16,446	17,306	33,752
Miscellaneous	45	230	275
Depreciation and amortization	75,635	25,416	101,051
Total expenses before grants and awards	1,556,065	1,558,634	3,114,699
Grants and awards	10,528,366	—	10,528,366
Total expenses	\$ 12,084,431	\$ 1,558,634	\$ 13,643,065
Special event direct benefit costs			
Total expenses and special event direct benefit cost			

SUPPORTING SERVICES 2002			TOTAL EXPENSES	
Management and General	Fundraising	Total	2002	2001
\$ 709,285	\$ 1,751,095	\$ 2,460,380	\$ 3,979,754	\$ 3,540,865
81,189	180,657	261,846	442,831	389,629
49,620	120,337	169,957	271,323	245,462
840,094	2,052,089	2,892,183	4,693,908	4,175,956
101,167	170,033	271,200	519,060	488,416
37,554	67,064	104,618	156,641	229,113
23,962	86,967	110,929	214,935	158,718
12,505	99,521	112,026	227,634	271,127
78,402	185,935	264,337	445,709	280,391
20,873	37,384	58,257	91,221	128,344
43,900	163,504	207,404	340,203	380,327
102,681	115,503	218,184	481,249	481,955
—	414	414	23,171	211,989
894	2,520	3,414	28,856	46,549
14,273	58,335	72,608	106,360	82,718
47,918	8,028	55,946	56,221	108,541
19,774	34,818	54,592	155,643	183,453
1,343,997	3,082,115	4,426,112	7,540,811	7,227,597
—	—	—	10,528,366	11,078,852
\$ 1,343,997	\$ 3,082,115	\$ 4,426,112	18,069,177	18,306,449
			1,117,293	1,781,717
			\$ 19,186,470	\$ 20,088,166

The accompanying notes are an integral part of these consolidated financial statements

CONSOLIDATED STATEMENTS OF CASH FLOWS

for the years ended June 30, 2002 and June 30, 2001

	2002	2001
Reconciliation of changes in net assets to net cash used by operating activities:		
Change in net assets	\$ (871,437)	\$ (268,221)
Adjustments to reconcile net assets to cash provided by operating activities:		
Depreciation and amortization	155,643	183,453
Loss on disposal of equipment	—	21,935
Contributions to charitable gift annuity	—	—
Contributions to pooled income fund	180	(19,631)
Contributions to charitable remainder trust	(85,802)	(107,851)
Contributions restricted for long-term investment	—	(4,060)
Changes in assets and liabilities:		
Pledges receivables	679,073	(581,000)
Prepaid expenses and other receivables	(53,075)	19,014
Accounts payable and accrued expenses	(418,036)	298,078
Research awards and grants payable	(2,049,653)	1,178,152
Deferred revenue	134,689	(175,087)
Net cash (used in) provided by operating activities	(2,508,418)	544,782
Cash flows from investing activities:		
Purchases of investment securities	(8,611,417)	(11,084,493)
Proceeds from sales of investment securities	8,623,954	10,220,971
Maturing of pooled income fund	5,325	—
Purchase of split interest agreements	(127,349)	(126,170)
Proceeds from sales of split interest agreements	59,414	48,551
Purchase of equipment	(120,429)	(337,923)
Net cash used in investing activities	(170,502)	(1,279,064)
Cash flows from financing activities:		
Proceeds from contributions restricted for investment in endowment	—	4,060
Liability related to charitable gift annuity	55,202	—
Payments to charitable gift annuity beneficiaries	(771)	—
Liability related to pooled income fund	2,163	20,793
Payments to pooled income fund beneficiaries	(4,418)	(3,119)
Liability related to charitable remainder trust	67,830	105,377
Payments to charitable remainder trust beneficiaries	(54,225)	(45,432)
Net cash provided by financing activities	65,781	81,679
Net decrease in cash and cash equivalents	(2,613,139)	(652,603)
Cash and cash equivalents, beginning of period	4,046,095	4,698,698
Cash and cash equivalents, end of period	<u>\$ 1,432,956</u>	<u>\$ 4,046,095</u>
Supplemental disclosures of cash flow information		
Receipt of stock gifts	<u>\$ 1,758,820</u>	<u>\$ 2,429,941</u>

The accompanying notes are an integral part of these consolidated financial statements

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

Nature of Operations

The Foundation Fighting Blindness, Inc. and its affiliated chapters ("The Foundation") is a national eye research foundation which raises money to fund laboratory and clinical research at prominent institutions in the United States and foreign countries for the discovery of the causes, treatments, preventative methods, and cures, for all retinal degenerative eye diseases which include retinitis pigmentosa, macular degeneration and Usher syndrome. The Foundation also serves as a source of information for professionals and affected families. Its principal programs include:

Research - The Foundation funds research in retinal degenerative diseases at research facilities, both nationally and internationally.

Public Health Education - The Foundation produces newsletters that provide information to the public about the cause, treatments, cures, and preventative methods for retinal degenerative diseases. Also, The Foundation provides information relative to lifestyle issues and understanding of the retinal diseases, as well as, physician referral services for those affected.

Basis of Presentation

The accompanying consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America applicable to voluntary health and welfare organizations. The Foundation follows Statement of Financial Accounting Standards No. 117, "Financial Statements of Not-for-Profit Organizations" (the "Statement"). This Statement specifies that financial statements provided by not-for-profit organizations include statements of financial position, statements of activities, statement of functional expenses and statements of cash flows. This Statement further provides that net assets be classified as unrestricted, temporarily restricted, or permanently restricted based upon the existence or absence of donor-imposed restrictions.

The consolidated financial statements include the accounts of The Foundation and its affiliated chapters. All material balances and transactions between The Foundation and its affiliated chapters have been eliminated.

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the organization's financial statements for the year ended June 30, 2001, from which the summarized information was derived.

Classification of Net Assets

The Foundation's consolidated financial statements report amounts separately by class of net assets:

- a) **Unrestricted Net Assets** – Unrestricted net assets result from revenues derived from providing program services, receiving unrestricted contributions, less expenses incurred in providing these services, raising contributions and performing administrative functions. These amounts are available at the discretion of the Board for use in The Foundation operations including future research and those resources invested in equipment.
- b) **Temporarily Restricted Net Assets** – Temporarily restricted net assets result from contributions and other inflows of assets, the use of which is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by the actions of The Foundation pursuant to those restrictions.

Notes to Consolidated Financial Statements

c) Permanently Restricted Net Assets – Permanently restricted net assets are subject to donor-imposed stipulations that they be maintained permanently by The Foundation. The donor of these assets permits The Foundation to use the investment return for research.

Unrealized and realized gains and losses and interest from investing in income-producing assets may be included in any of these net asset classifications depending on donor restrictions.

Recognition of Revenues

Contributions received and unconditional promises to give are measured at their fair market values and are reported as an increase in the appropriate net asset category. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor.

Contributions that are restricted by the donor for a specific time or purpose are reported as temporarily or permanently restricted contributions based on the nature of the restriction. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of the restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the consolidated statement of activities as net assets released from restrictions. Bequests are recognized at the time an unassailable right to the gift has been established, the proceeds are measurable and The Foundation accepts the gift.

Unconditional promises to give (pledges) that are expected to be collected within one year are recorded at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of the amounts expected to be collected. Conditional promises to give are not included as support until such time as the conditions are substantially met.

Contributions of equipment without donor stipulations concerning the use of such long-lived assets are reported as revenues of the unrestricted net asset class. Contribution of cash or other assets to be used to acquire equipment without such donor stipulations are reported as revenues of the temporarily restricted net asset class. Temporary restrictions of gifts to acquire long-lived assets are considered met in the period in which the fixed assets are acquired or placed in service.

Net assets are released from donor restrictions by incurring expenses that satisfy the restricted purposes, by the occurrence of events specified by the donors or by the change of restrictions specified by the donors. In 2002, The Foundation released \$5,790,096 in temporarily restricted net assets for program use.

Contributed Services

In accordance with Statement of Financial Accounting Standards ("SFAS") 116, *Accounting for Contributions Received and Contributions Made*, only the value of the contributed services that are considered specialized and that can be estimated are reflected in these statements. Contributed services are reported in the consolidated statement of activities at the fair value of the services received. The Foundation received \$60,147 and \$40,812 of contributed legal services for the years ended June 30, 2002, and 2001, respectively. In addition, services have been provided to The Foundation by unpaid volunteers; however, they did not qualify for inclusion in these statements.

Cash, Cash Equivalents and Investments

Cash and cash equivalents consist of cash held in checking and savings accounts and funds invested overnight in interest bearing accounts at federally insured financial institutions as well as money market accounts held in brokerage accounts not subject to donor restrictions. Cash equivalents are stated at cost, which approximates fair value.

Notes to Consolidated Financial Statements

Investments

Investments consist solely of U.S. Government agency obligations which are stated at fair value, as well as, permanently restricted money market accounts. Bond premiums and discounts are amortized into interest income over the term of the bond.

Concentration of Credit Risk

Cash is held at certain financial institutions in excess of federally insured amounts. At June 30, 2002, and 2001, \$1,048,538, and \$1,681,631, respectively, was held at such institutions. The Foundation has not incurred any losses on these funds. The Foundation received approximately 16% and 14% of its total public support from its Board of Trustees in fiscal years 2002 and 2001, respectively.

Approximately 48% and 50% of the pledges receivable at June 30, 2002 and June 30, 2001 are due from one contributor and two contributors, respectively.

Split Interest Agreements

During fiscal year 1998, The Foundation initiated a Pooled Income Fund (the "Fund"), which enables donors to pool in one trust, gifts of money and other acceptable property for which the creation of individual trust accounts would be impractical. In addition, The Foundation was the recipient of three Charitable Remainder Trusts (the "Trusts") contributed by two donors. The assets of both the Fund and the Trusts are held in trust by a third party trustee and represent resources not in the possession of but under the control of The Foundation.

The donors to the Fund retain the right to receive a portion of the income generated by the Fund's investments during their lifetime or during the lifetime of a beneficiary designated by the donor. The donors to the Trusts retain the right to receive an established percentage of the Trusts' assets during

their lifetime or during the lifetime of a beneficiary designated by the donor. Upon termination of the donor agreements, the Fund/Trusts principal passes from the Fund/Trusts to The Foundation for general use unless stipulated for specific purpose by the donor. The market values of the Fund/Trusts assets as well as the related obligations to the beneficiaries are reflected in the consolidated statement of financial position.

Under the standards set forth in the AICPA Guide for Accounting and Auditing of Not-for-Profit Organizations, contribution revenues are recognized at fair market value on the date the fund or trust is established, net of the liabilities for the present value of the estimated future payments to be made to donors and/or other beneficiaries. The liabilities are adjusted during the term of the fund/trust for changes in the value of the assets, accretion of the discount and other changes in the estimates of future benefits. The liability for the present value of deferred gifts is based upon actuarial estimates and assumptions regarding the duration of the agreements and the rates to discount the liability, which was 6% at June 30, 2002 and 6% at June 30, 2001. Circumstances affecting these assumptions can change the estimate of this liability in future periods.

During fiscal year 2002, The Foundation initiated a Charitable Gift Annuity program. A Gift Annuity (also known as a "Charitable Gift Annuity" or "CGA") is a contract (not a "trust"), under which a charity, in return for a transfer of cash, marketable securities or other property, agrees to pay a fixed sum of money (payments) for a period measured only by one or two lives (not a term of years). The contributed property (the gift), given irrevocably, becomes a part of The Foundation's assets, and the payments are a general obligation of The Foundation. All of The Foundation's assets back the annuity, not just the property contributed by the donor. Unlike a trust, annuity payments continue for the life/lives of

Notes to Consolidated Financial Statements

the annuitant(s), and not only as long as assets remain in the Gift Annuity Fund. The Foundation is a member of the American Council on Gift Annuities and uses the currently suggested “uniform gift annuity rates” of the Council adopted on July 1, 2002. These uniform gift annuity rates range from 4.8% for those ages 20 and below to 12% for those 90 and above.

Fixed Assets

All fixed assets are carried at cost and are depreciated on a straight-line basis over the following useful lives:

Research facility	23 years
Leasehold improvements	9 years
Furniture, fixtures and equipment	3-5 years

Contributions of equipment are recorded at the fair market value at the date of receipt. If donors stipulate the purpose for which the asset must be used and/or how long the asset must be held, the contributions are recorded as temporarily restricted, otherwise such donations are reported as unrestricted. Temporary restrictions of gifts to acquire long-lived assets are considered met in the period in which the fixed assets are acquired or placed in service.

Accrued Compensation

The Foundation accrues for vacation pay and all other compensation earned but not paid.

Grants

The Foundation generally awards grants for periods of five years or less. Payment of each grant is contingent upon satisfactory progress towards or completion of the grant purpose. Grants are expensed for the current year that the grant commitment is made to the grantee.

Functional Expenses

The costs of various Foundation activities have been accounted for on a functional basis in the consolidated statement of activities. Accordingly, certain costs have been allocated among the various activities. Occupancy, depreciation and amortization, rental and maintenance of equipment and insurance expenditures are allocated based on the distribution of salary and benefit expenses. While such estimates are not conducive to precise determination, management believes the resulting allocations are reasonable.

Management Estimates and Uncertainties

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Income Taxes

The Internal Revenue Service has ruled that The Foundation qualifies under Section 501(c)(3) of the Internal Revenue Code (the “Code”) and is, therefore, not subject to tax on related income pursuant to Section 501(a) of the Code.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform to the current year presentation.

2. Pledges Receivable

The estimated fair value of pledges receivable, less a discount rate based on the date they are expected to be received, as of June 30 are as follows:

Notes to Consolidated Financial Statements

Pledges Receivable	2002			2001
	Unrestricted	Temporarily Restricted	Total	Summarized Total
Unconditional pledges receivable:				
Less than one year	\$ 848,784	\$ 631,000	\$ 1,479,784	\$ 1,979,402
One to five years	—	656,192	656,192	870,695
	848,784	1,287,192	2,135,976	2,850,097
Discount to present value	—	(17,596)	(17,596)	(52,644)
	<u>\$ 848,784</u>	<u>\$ 1,269,596</u>	<u>\$ 2,118,380</u>	<u>\$ 2,797,453</u>

Conditional pledges have been made to The Foundation that have not been recorded in the accompanying consolidated financial statements. Conditional pledges as of June 30 have been made for the following purposes:

	2002	2001
Research	\$ 300,250	\$ 710,000
General operations in future periods	240,250	323,900
	<u>\$ 540,500</u>	<u>\$ 1,033,900</u>

Approximately 81% and 83% of the conditional pledges receivable at June 30, 2002, and 2001 are due from two contributors and three contributors, respectively.

3. Fixed Assets

The fixed assets at June 30 are composed of the following:

	2002	2001
Research Facility	\$ 1,084,476	\$ 1,084,476
Furniture and Equipment	781,585	667,282
Leasehold Improvements	33,242	27,116
Total fixed assets	\$ 1,899,303	\$ 1,778,874
Less accumulated depreciation	(1,047,714)	(892,071)
Fixed Assets, Net	<u>\$ 851,589</u>	<u>\$ 886,803</u>

4. Permanently and Temporarily Restricted Net Assets

Temporarily restricted net assets at June 30 are available for the following purposes:

	2002	2001
Research	\$ 1,173,226	\$ 1,824,959
Equipment purchases	—	183,075
General operations in future periods	698,036	472,036
	<u>\$ 1,871,262</u>	<u>\$ 2,480,070</u>

Net assets are released from donor restrictions when expenses are incurred to satisfy the restricted purposes or by occurrence of other events as specified by donors. Purpose restrictions accomplished during the years ended June 30, were as follows:

	2002	2001
Research	\$ 5,295,695	\$ 5,018,984
Public health education	—	50,000
Equipment purchases	183,075	41,925
General operations	311,326	37,001
	<u>\$ 5,790,096</u>	<u>\$ 5,147,910</u>

The permanently restricted net asset balances are \$500,000 and \$500,000 as of June 30, 2002, and 2001, respectively. The investment income generated from the assets is restricted for research.

Notes to Consolidated Financial Statements

5. Research Programs

Research in retinitis pigmentosa, macular degeneration, Usher syndrome and related retinal degenerative diseases sponsored by The Foundation is conducted at various research facilities and generally covers periods of one to five years. Grants covering more than one year are subject to renewal based on recommendations of the Scientific Advisory Board ("SAB") of The Foundation and the ultimate approval of the Board of Trustees.

At June 30, 2002, and 2001, various programs and activities were underway and are reflected in the accompanying consolidated statements of financial position as follows:

Research Grants Payable

Research grants and awards payable represent amounts to be paid under existing grant awards total \$4,210,028 and \$6,259,681 as of June 30, 2002, and 2001, respectively.

Fixed Assets

Included in fixed assets is \$495,211, which represents The Foundation's net investment in a research facility. The Foundation entered into agreements with a university involving monthly rental payments of approximately \$2,700 relating to the use of The Foundation's research facility. The initial terms of the agreements, which are subject to the continuation of an existing operating grant or the obtaining of substitute grant monies, expire in September 2006, and there is a renewal option for one additional five-year period. Upon termination of the agreements the facility and all improvements become the property of the university.

At June 30, 2002, and 2001, grants, which will be funded in future periods, contingent upon the recommendation of the SAB and the Board of Trustees' approval, aggregated approximately \$17,235,194 and \$21,014,000.

6. Thrift Savings Plan

The Foundation maintains a thrift savings plan under the provision of Section 403(b) of the Code. The plan is available to all employees. For employees with one year of service or for employees who have been previously employed by a tax-exempt entity under Section 501(c)(3) of the Code, which had a benefit plan with Mutual of America, The Foundation will contribute 3% of the employee's base salary to the Plan. Additionally, for those employees meeting the above criteria, The Foundation will make matching contributions to an employee's contributions not to exceed 4% of the participant's compensation. Participants vest in the contributions made by The Foundation over a four-year period. The Foundation's contributions to the plan were \$159,899 and \$150,866 in 2002, and 2001, respectively.

7. Commitments

On June 1, 2001, The Foundation entered into a lease agreement for office space that expires on July 31, 2010. The lease requires monthly payments subject to annual escalation of approximately 3 percent over the period of the lease. These escalating future payments are presented in the schedule below to reflect straight-line recognition.

Future minimum lease payments related to The Foundation's noncancelable operating leases are as follows:

2003	\$ 442,947
2004	406,681
2005	395,393
2006	400,587
2007	376,388
2008 and thereafter	1,744,480
Total future minimum lease payments	<u>\$ 3,766,476</u>

Notes to Consolidated Financial Statements

Occupancy rent expense totaled \$445,709 and \$280,391 for the years ended June 30, 2002, and 2001, respectively.

During fiscal year 2002, The Foundation had a line of credit in the amount of \$2,000,000, with an interest rate equal to the lending institution's prime rate. The line of credit can be used for general Foundation purposes. At June 30, 2002, the line of credit had no outstanding balance.

8. Related Party Transactions

Given The Foundation's singular focus on inherited retinal degenerative diseases, and the limited pool of relevant experts to serve as advisors and investigators, some overlap in The Foundation's operations and the research supporting the mission occurs. The Foundation's policy to mitigate this overlap requires that all grant applications be subject to independent evaluation by appropriate peer reviewers prior to grant commitment. The review and final approval process excludes anyone directly associated with the application and anyone, including SAB members, who in any other way has a recognizable conflict of interest. During fiscal year 2002 and 2001, The Foundation committed funds in the amounts of approximately \$4,077,572 and \$4,964,000, respectively, to research projects whose principal research investigators are also members of the SAB. Approximately \$8,268,000 of the \$17,235,194 contingent future grants in fiscal year 2002 and \$9,077,000 of the \$21,014,000 contingent future grants in fiscal year 2001 represent grants to fund research projects whose principal research investigators are also members of the SAB.

HOW YOU CAN HELP



There are many ways that you can help The Foundation Fighting Blindness speed the pace of research. Your support will make a difference.

Because The Foundation Fighting Blindness is a non-profit 501(c)3 organization, most gifts qualify for a charitable tax deduction.

OUTRIGHT GIFTS

Outright gifts in the form of cash, securities, real estate and personal property provide much-needed financial support and have an immediate impact.

CASH

Checks made out to **The Foundation Fighting Blindness** can be sent to:
P.O. Box 17279, Baltimore, MD 21203-7279.
Or visit our website, www.blindness.org to make a quick and secure online donation.

GIFTS OF REAL ESTATE AND FINANCIAL SECURITIES

When you give a gift of real property, stocks or bonds, you may claim an income tax

charitable deduction based on the full market value of the gift, avoid capital gains taxes on appreciated value, and eliminate certain costs associated with the transfer of real property.

PERSONAL PROPERTY

The Foundation accepts a wide variety of personal possessions, such as works of art, valuable collectibles, or antiques.

PLANNED GIVING

Planned Giving is an important way for you to financially plan today to make a substantial gift to FFB, either now or in the future. Typical planned gifts include bequests, trusts, and gift annuities. To receive information about any of our planned giving programs, call **877-872-8364**.

CHARITABLE GIFT ANNUITY

The charitable gift annuity is one of the most secure forms of generating income for you, while making a gift to FFB. A charitable gift annuity is an agreement by an individual 55 and over to give a sum of money or property

BECAUSE THE FOUNDATION FIGHTING BLINDNESS
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With your support there is a cure in sight!

to a charitable organization, and in return, the donor receives a guaranteed fixed income for life. Unlike bequests, the gift annuity produces income to the donor throughout his or her lifetime.

WILLS, BEQUESTS AND TRUSTS

You may also help FFB through a bequest in your will or living trust. You may designate FFB as a beneficiary of all or a portion of your estate. Also, you may donate a remainder of your estate after expenses and gifts to your family and friends, or designate a trust for use by a family member during their lifetime. You can include estate assets such as real estate, jewelry, valuable collectibles, art and antiques.

UNRESTRICTED GIFTS

When you do not restrict the use of your gift, you give the Foundation flexibility to meet changing or urgent needs such as funding promising new research initiatives.

VOLUNTEERING

Besides your financial support, your individual talents and professional associations can be enormously useful to The Foundation. Whether you are interested in assuming a leadership role in your community or helping out at one of our many fund-raising events around the country, your support is needed! Call **800-683-5555**.

MOTHER'S DAY TEA

The Foundation has created a unique and simple program to help raise critical funds. When you sign up, The Foundation will send you free Mother's Day cards, each containing a tea bag. You address, stamp and mail the cards to your friends and family members. The card's message honors mothers everywhere and welcomes your recipients to enjoy a cup of tea and to make a donation to The Foundation in honor of Mother's Day. It's that simple! We also welcome group or corporate participation. To sign up, call **800-683-5555** or visit www.MDTea.org.

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The Foundation Fighting Blindness is a 501(c)3 organization as determined by the Internal Revenue Service and is approved by the Office of Personnel Management for participation in the Combined Federal Campaign.

Based on National Health Council Findings, The Foundation Fighting Blindness is consistently rated #1 among major charitable organizations for the percentage of revenue spent on research.

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