Cornea Research Foundation of America

ANNUAL REPORT
2019 -2020

That all who look may see®
The Cornea Research Foundation of America, a 501(c)3 nonprofit (federal ID: 31-1243592), was founded in 1988 by Francis W. Price, Jr., MD, with a focus on improving cornea transplant outcomes. Our pioneering work to develop new techniques has changed the way people with various corneal problems, including Fuchs’ dystrophy and keratoconus, are cared for across the world. Advancements have resulted in faster recovery and significantly improved visual outcomes. We also work to improve treatments for glaucoma, dry eye, and more.

**THE CRFA DIFFERENCE**

Unlike other research institutions, our research model is to identify problems observed in a direct patient population and immediately address them through innovative research programs.

We freely share information learned through various channels including patients, optometrists, ophthalmologists, and the community through publications in journals, lectures, and more.

Many research institutions are bound by layers of red tape which can slow or restrict movement on innovative ideas. Their model may include first finding a funding source and then trying to find an issue they can address that fits that funders’ criteria.

Our model is to dream what is possible and then work within our network of partners to help research projects quickly come to life. This is possible because of your generous support and allows a direct and immediate impact for families faced with vision challenges.

**ABOUT US**

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.

**OUR MISSION**

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Executive Statement

We hope you and your family have stayed well during this most unusual year!

We’re pleased to share our annual update covering our most recent fiscal year (July 1, 2019 through June 30, 2020). Fortunately, we completed several key studies before the pandemic hit, including a study that evaluated whether use of a new medication could reduce the risk of eye pressure elevation associated with use of corticosteroid eye drops to prevent cornea transplant rejection. We also reported the first successful use of presbyopia-correcting intraocular lenses for patients with Fuchs’ dystrophy and cataracts who desire excellent uncorrected vision and spectacle independence. We shared those findings in journal articles and presentations, which you can review on pages 14 through 16.

As we entered 2020, we were looking forward to beginning several new studies and were shocked and saddened to have to completely close down in March because of the pandemic. Our partners at research centers across the U.S. also halted operations. Thankfully, we were permitted to re-open in early May with many precautions in place and our studies have resumed.

We are especially grateful to those who have agreed to be study participants this year despite the unusual circumstances. The lockdown and subsequent hesitancy of people to go out slowed down a number of our studies, but activity has picked back up. We are back to seeing almost as many patients as before, both for studies and at our primary research partner, Price Vision Group.

We feel that our new procedures provide a very safe environment for patients and staff while allowing them to receive important monitoring and restoration of their vision health.

One new feature everyone appreciates is that we can now collect information ahead of time by phone, along with other procedures that shorten the amount of time each patient is physically in the office.

We are particularly excited about new investigational treatments that may allow earlier intervention in Fuchs’ dystrophy to potentially delay or eliminate the need for a cornea transplant. Please see pages 8-11 for more information about our current studies.

In a normal year, we would be traveling to eye meetings on a monthly basis to share research findings - but not this year of course! Fortunately, most of the meetings we planned to attend have been converted to a virtual format, allowing the valuable exchange of knowledge to continue. Learn more about our presentations on page 13.

We are most appreciative of your continued support, which allows us to continue to search for new and better ways to restore vision and to share our findings with doctors and patients worldwide. We are deeply thankful for our wonderful supporters this past year who have continued to support our efforts despite these challenging times.

We invite you to consider a gift with the enclosed envelope if your circumstances allow. We proudly recognize our 2019-2020 supporters starting on page 18. We hope that we can all return to more normal lives in 2021, while remaining grateful for the resilience and valuable lessons we’ve learned from living through this pandemic.

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Please enjoy reviewing our activities from this past fiscal year in this report and contact us with any questions.
Treasurer’s Report

July 1, 2019 - June 30, 2020

For the fiscal year ended June 30, 2020, the Cornea Research Foundation reported total revenue of $517,762. This was less than the total revenue of $784,216 in the prior year because of the completion of a lucrative sponsored presbyopia study in the last fiscal year, as well as the pandemic impacting revenues in fiscal year ending 2020.

Expenses totaled $456,206 compared to $512,753 in the prior year. The $55,547 decrease was anticipated due to higher study expenses during the prior year from the presbyopia study and fewer expenses because of the pandemic shutdown from March to May 2020.

BALANCE SHEET

<table>
<thead>
<tr>
<th>Assets</th>
<th>2020</th>
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<tr>
<td>CURRENT ASSETS</td>
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<td>Cash and Cash Equivalents</td>
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<td>Investments</td>
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<td>Property and Equipment, Net</td>
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<td>OTHER ASSETS</td>
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<td>Long-Term Investments</td>
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<td>TOTAL ASSETS</td>
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<th>Liabilities and Net Assets</th>
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<td>CURRENT LIABILITIES</td>
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<td>Total Net Assets</td>
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<tr>
<td>Total Liabilities and Net Assets</td>
<td>1,503,347</td>
<td>1,421,845</td>
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STATEMENT OF ACTIVITIES

<table>
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<tr>
<th>REVENUE AND CONTRIBUTED SUPPORT</th>
<th>2020</th>
<th>2019</th>
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<tr>
<td>Contributions</td>
<td>227,858</td>
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<td>Research Study Income</td>
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<td>Seminar Income</td>
<td>33,150</td>
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<td>Golf Classic Sponsorship and Other</td>
<td>623</td>
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<td>In-kind Contributions</td>
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<td>Investment Return</td>
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<td>Total Revenue and Contributed Support</td>
<td>517,762</td>
<td>784,216</td>
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<table>
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<th>EXPENSES</th>
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<td>Program Services</td>
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<td>Support Services</td>
<td>32,504</td>
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<td>Management &amp; General</td>
<td>19,642</td>
<td>37,337</td>
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<tr>
<td>Total Expenses</td>
<td>456,206</td>
<td>512,733</td>
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<tr>
<td>CHANGE IN NET ASSETS</td>
<td>61,556</td>
<td>271,463</td>
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<td>Net Assets - Beginning of Year</td>
<td>1,397,287</td>
<td>1,125,824</td>
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<tr>
<td>Net Assets - End of Year</td>
<td>1,458,843</td>
<td>1,397,287</td>
</tr>
</tbody>
</table>

Financial Management Policies & Procedures

We know you have many opportunities for charitable giving and that you want to see your hard-earned dollars used wisely. We feel it is important to share with you the ways we practice transparency.

The Cornea Research Foundation of America prides itself on sound financial policies monitored by the Treasurer, Finance Committee, Board of Directors (all non-comensated, volunteer positions) and an independent accounting firm. These policies protect the investments that you make in vision research and help to maximize their impact.

Our independent annual financial review for the fiscal year ended 6/30/2020 was conducted by CliftonLarsonAllen, LLP, in accordance with Statements on Standards for Accounting and Review Services.

Our Board Treasurer, Jeff Potrzebowski, provides financial oversight of staff and operations. Jeff has extensive financial management experience in industry and public accounting. Specific expertise includes financial planning and analysis, investor relations, operations planning and review, business integrations, strategic planning, and more.
Research Studies

NEW STUDIES THIS YEAR

Growth factor injections to stimulate endothelial cell regeneration

We are excited to be evaluating an injectable growth factor that may help rejuvenate the corneal endothelium. This would have the potential to prevent or delay the need for a cornea transplant. We are among a few select sites conducting first-in-human trials with this innovative product and are enrolling participants who have a declining reservoir of healthy corneal endothelial cells either because of previous eye surgery or because of Fuchs’ endothelial dystrophy.

New intraocular lens for young adults with extreme nearsightedness

In February 2020, Dr. Price implanted the first EVO lens in the United States clinical trial evaluating use of this lens for correction of high levels of near-sightedness in young adults. People who are extremely near-sighted find it very difficult to function without some type of vision correction. Unfortunately, many cannot tolerate contact lenses and the thick glasses required cause distortion as well as minimization, meaning everything appears smaller than it really is. Dr. Price was a principal investigator in studies that led to approval of earlier intraocular lens designs for correction of near-sightedness. The EVO lens can correct astigmatism as well as near-sightedness and has an advanced design that streamlines the surgical procedure to help minimize the risk of side effects.

OTHER CURRENT STUDIES

- 10-year graft survival outcomes with DMEK
- Descemet’s Stripping Only (DSO)
- Fuchs’ genetics study
- Understanding how Fuchs’ dystrophy develops
- New treatments to alleviate painful dry eye
- Treatment for eyelid lesions in children
- Contact-lens related eye infections
- Corneal strengthening treatment for keratoconus

...see page 10 for details.

Featured Study

10-Year Graft Survival with DMEK

“If I have a cornea transplant, how long will it last?” is a question patients ask every day.

We are uniquely positioned to answer that question, because we have one of the largest cornea transplant databases with longer follow up on the premiere DMEK procedure and its predecessor, DSEK, than almost anywhere in the world. Dr. Price started performing endothelial keratoplasty in 2001 and adopted DSEK in 2003 and DMEK in 2008.

We examined our 5-year results several years ago and found that the 5-year graft survival rate was 93% with both DMEK and DSEK. This is an excellent survival rate, especially considering that we included our earliest cases, when the techniques were still being optimized. Our graft replacement rate within the first year was 5% in those early cases, whereas it is only 1-2% with our current techniques. Only 2% of the grafts needed to be replaced between 1 and 5 years.

Very few of our early DSEK and DMEK patients have returned in need of a regraft beyond 5 years, suggesting that the 10- to 15-year graft survival rates are high. We are in the process of contacting anyone who received a DMEK or DSEK transplant from Dr. Price between 9 and 18 years ago to confirm how their transplant is doing, if they haven’t been back to see us recently. We are so appreciative when our long-term transplant patients agree to return for a follow up visit with us or offer to have eye exam records sent to us from an eye doctor they’ve seen closer to home, because this helps us track our long-term graft survival rate.
If you or a loved one have been diagnosed with Fuchs’ dystrophy, you are invited to take part in a special online survey at Cornea.org/survey.

Descemet’s Stripping Only (DSO)
For patients with early- to mid-stage Fuchs’ dystrophy, an alternative to DMEK or DSAEK is for your surgeon to remove a small area of unhealthy central endothelium and Descemet membrane using a technique known as DSO. Rather than implanting donor corneal tissue, which generally provides visual recovery in 1 to 3 weeks, you wait for your own endothelial cells to migrate from the intact peripheral area to cover the central area from which the unhealthy cells were removed. After the cells migrate, they can begin removing fluid from the central cornea to help your vision clear without the use of donor tissue.

The visual recovery is slower than with DMEK, from several weeks to months, and in about 1 in 10 patients the cornea may not fully clear after DSO, in which case you could still have DMEK. Those whose cells do migrate successfully will not have to use corticosteroid eye drops long term to prevent transplant rejection thus avoiding the most concerning side effect, elevated eye pressure.

A small study found that the use of “ROCK inhibitor” eye drops available outside the US seemed to help the cornea clear faster and more reliably. We are evaluating different ROCK inhibitor eye drops with DSO to optimize healing and visual recovery, just as we have worked to optimize DMEK.

Fuchs’ genetics study
We are enrolling up to 800 patients who had DMEK or DSEK, took Pred forte® 1% for at least a year and are willing to provide a saliva sample for analysis. Our goal is to figure out who is at risk for developing elevated eye pressure while using corticosteroid eye drops, which are used to prevent rejection of the donor tissue after a cornea transplant. The study may also shed light on the genetic basis of open-angle glaucoma.

Understanding how Fuchs’ dystrophy develops
We collect corneal tissue from transplant patients to help identify the underlying causes of this leading reason for corneal transplantation. If we can find the cause we will be better positioned to develop treatments to halt the progression of the disease.

New treatments to alleviate painful dry eye
Dry eye is common, affecting 10% of the population, and can be debilitating, particularly after eye surgery. We continue to investigate new, innovative treatments.

Contact-lens related eye infections
We are conducting a genetic study to find out why certain people are more susceptible to contact lens-related eye infections.

Corneal strengthening treatment for keratoconus
Keratoconus is a condition in which the cornea becomes thin and bulges out resulting in distorted vision. Advanced cases require a special cornea transplant that replaces the front portion of the cornea, unlike DMEK, which replaces the back. Keratoconus primarily affects children and young adults in their prime education and working years.

We were privileged to participate in studies that resulted in FDA approval of “crosslinking”, a treatment that strengthens the cornea to prevent keratoconus progression. Crosslinking involves soaking the cornea with riboflavin (vitamin B) and then exposing the eye to light to trigger a photochemical reaction that stiffens the cornea. We are conducting a randomized study to determine whether an accelerated 10-minute treatment with a higher intensity light is equivalent to the approved 30-minute treatment with a lower intensity light to ease the patient experience.

Educating the World’s Corneal Surgeons
Surgeons travel from across the country and internationally for Corneal Surgery Courses
CRFA, in partnership with Price Vision Group, hosts surgeons in courses featuring lecture, observation of live surgery, and wetlab (pictured) allowing visiting surgeons to practice techniques on donated research tissue not suitable for transplantation. To date more than 600 doctors have attended Cornea Courses taking skills learned across the world.

International Researchers and Surgeons complete 3 to 12 month CRFA Research Fellowships
Dr. Siska Wigono is the 22nd international surgeon to complete her research fellowship with CRFA. From Bali, Dr. Wigono is employed by the government as a cataract and refractive surgeon and recently established the first eye bank in Bali. In total, CRFA has hosted doctors from 13 countries.
Collaborations

Case Western Reserve University
Indiana University
Massachusetts Eye & Ear at Harvard Medical School
Singapore National Eye Centre
Tufts University

On Collaborations
The Cornea Research Foundation has developed a network of relationships with other research institutions over 30+ years of operations. We leverage each others strengths to accomplish larger research goals.

On Presentations
The pandemic brought about many challenges with presenting research findings. All national and international ophthalmology meetings were cancelled, postponed, or held virtually. Last fiscal year, we were invited to provide 35 presentations at 13 eye meetings in 5 countries including 7 meetings throughout the United States. Looking forward, we anticipate that many previously postponed meetings will migrate to virtual meetings. This will ultimately allow us to reach a greater audience as our doctors cannot attend every in-person invitation due to schedule and travel constraints. We look forward to a time when we can return to more typical operations, but in the meantime are modifying our delivery to ensure the continuation of our educational initiatives.

Presentations

NETHERLANDS INSTITUTE FOR INNOVATIVE OCULAR SURGERY VIRTUAL CORNEA EVENING, JUNE 6, 2020
1. Price MO. DMEK under failed PK.
2. Price FW. Use of intraoperative OCT for lamellar surgery.

AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY VIRTUAL MEETING, MAY 16, 2020
1. Price FW. iOCT and how it allows you to improve your surgical practice.
4. Price DA, Price FW. Applying vector analysis to assess refraction precision and agreement between three measurement devices for preoperative keratometry measurements.
5. Price DA, Price FW. Adjusting sphere and cylinder treatment to balance higher order aberration treatments in topography-guided LASIK.

SEVENTH FUCHS’ SYMPOSIUM WEST PALM BEACH, FL, JANUARY 11, 2020
1. Price FW. Guttae: do they affect vision.
2. Price MO. The evolving understanding of Fuchs dystrophy and treatment options. (Keynote lecture).

AMERICAN ACADEMY OF OPHTHALMOLOGY ANNUAL MEETING SAN FRANCISCO, CA, OCTOBER 12, 2019
Price FW. Endothelial graft failure: options and outcomes.

2019 CORNEA AND EYE BANKING FORUM SAN FRANCISCO, CA, OCTOBER 12, 2019
Price MO, Feng MT, Price FW. Randomized trial of netarsudil for prevention of post-keratoplast steroid-associated ocular hypertension.

INTERNATIONAL INTRAOCULAR IMPLANT CLUB BI-ANNUAL RETREAT ASPEN, CO, AUGUST 24, 2019
2. Price FW. Impact of corneal guttata on the results of cataract surgery.
Our Publications


CONCLUSIONS: Cornea transplant recipients typically use corticosteroid eye drops for an extended period of time to prevent transplant rejection. The most common side effect is increased pressure in the eye that can lead to glaucoma and ultimately to vision loss if not appropriately treated. We conducted a randomized study to see whether a new eye drop called Rhopressa®, which is approved for treatment of glaucoma, might help prevent this side effect. We found that Rhopressa® helped mitigate moderate steroid-response but was not sufficiently protective for the strong steroid responders. This study is one of many that we have conducted to find the most effective post-operative medication regimens for our cornea transplant recipients. Below is a summary of how these studies are completed.


CONCLUSIONS: This study identified molecular mechanisms that may help explain why Fuchs' dystrophy is more prevalent among women than men. We found that a key enzyme that neutralizes reactive estrogen metabolites is down-regulated in Fuchs' dystrophy, which may accelerate corneal endothelial cell degeneration in female Fuchs' patients.

How it works

Though tracking long-term patient outcomes, we know cornea transplant recipients can often experience a common complication of high intraocular pressure (IOP).

Individuals are asked to review and sign an informed consent which lets them know any risks or benefits to completing the study. The patient is then given either the study medication or placebo.

Once enrollment is complete, we follow the participants for a specific period of time and observe differences in the two study groups to determine if the study treatment is effective.

We submit an article to industry journals for publication (see above) and present findings at eye meetings. We also implement any beneficial changes when possible to existing patients for immediate patient benefit.


CONCLUSIONS: Patients with symptomatic Fuchs' dystrophy often have concurrent cataracts (clouding of the eye's natural lens), and many prefer to have both conditions treated with a single combined surgical procedure (cornea transplant plus cataract surgery). During the cataract surgery, the cloudy natural lens is replaced with a small plastic lens that can be carefully selected to correct near-sightedness, far-sightedness, and astigmatism. Newer premium lens options even allow people to see up close as well as at distance with minimal need for glasses, but very precise pre-operative imaging is needed for best results. Unfortunately, corneal changes associated with Fuchs' dystrophy distort the imaging, making it harder to optimize uncorrected vision and minimize the need for glasses after a combined procedure. In this study, we showed that if we first treat the Fuchs' dystrophy with DMER, we can then get much better imaging for more precise lens selection during subsequent cataract surgery. This 2-step approach provides a better option for those who want to have excellent uncorrected vision with minimal need for glasses.

CONCLUSIONS: A recent study from Sweden found that patients with corneal guttae, deposits that form in Fuchs’ dystrophy, had poorer visual results after cataract surgery than those without guttae. The authors were cataract surgeons and recommended not worrying about the corneal guttae until after the cataracts were treated. Drs. Price and Feng wrote a response describing how guttae are analogous to raindrops on a windshield, so not treating them is like asking patients to drive on a rainy day without turning on the wipers. We advocate fully informing patients up front and have found that those who have Fuchs’ dystrophy as well as cataracts often prefer to have both treated at the same time with a combined procedure.


CONCLUSIONS: We were invited to write this chapter for an ophthalmology textbook in which we described endothelial keratoplasty technique variations, possible complications and management, and documented outcomes.

Online Resources

CORNEA RESEARCH FOUNDATION OF AMERICA WEBSITE
Cornea.org

FUCHS’ DYSTROPHY/DMEK CHAT GROUP & FACEBOOK PAGE
Facebook.com/groups/fuchsdmek & Facebook.com/Cornea.org

PATIENT STORIES & SURGICAL VIDEOS INCLUDING DMEK DOCUMENTARY
Youtube.com/Cornea.org
Our Supporters
Gifts made from July 1, 2019 to June 30, 2020

Founders
Gifts of $25,000+
Nancy Toedebusch Fay
Joseph M. & Barbara Cohen Foundation, Inc.

Humanitarians
Gifts of $10,000-$24,999
Gaughan Family Foundation
Bill and Janet Grube
George and Susan Loezel
McCrea Foundation
VisionFirst: Indiana Lions Eye and Tissue Bank

Patrons
Gifts of $5,000-$9,999
Anne Sims
Robert and Cynthia Grimm
Crossing Homewood Suites - Indianapolis at the Crossing
Eslyn and Richard Bassuk
Anonymous

Benefactors
Gifts of $2,500 - $4,999
Kenneth Anderson
Bill and Sue Schultz
Martha and Scott Smith

With Gratitude
We are deeply thankful for our many supporters who give throughout the year to help advance visual outcomes for those with complex corneal conditions. Since 1988, cornea transplant recipients and their families have given back to vision research after having their sight restored. Today, those individuals and families who have paid it forward are seeing those returns on their investments.

We are more frequently seeing additional family members travel for the treatment of genetic conditions, such as Fuchs’ dystrophy... only now patients are benefiting from what we have learned throughout the years thanks to the dedicated support of those past generous donors.

We have many aspirations and goals for the future and appreciate each thoughtful gift that will help us to reach them so that all who look may see.

Fellows
Gifts of $1,000 - $2,499
Anonymous (2)
Aletto Family Foundation
Bob and Diann Barnett
Joe and Velda Boenitz
John and Mary Byrnes, The Byrnes Family Trust
Marvin Cave
Lenore Anderson Endowment
Karen and Steven DeGennaro
Mark Drury
John and Geraldine Earwood
Sidney D. & Lois Eskenazi
Donor Advised Philanthropic Fund
Betsy and Robert Feinberg
Frisoni Family Foundation
Philip and Patricia Gibson
Sandra Gooding
Walter and Janet Gross
Harold and Joy Campbell
Raksha Jameria
Federal of Greater Indianapolis, Inc.
Richard D. Kibbey
Richard King, II
Maija Mizens
Patricia A. Morrill
Mr. and Mrs. William D. North
The O’Connor-Campion Family Charitable Fund
Gerald and Cheryl Pedigo
Stephen Salay
Jerry Semler
The UPS Foundation, Inc.
UBS Financial Services
Norwood A. Whitfield

Maximize the Benefits of Giving with an IRA Distribution
If you are retired, you may consider helping vision research with a gift from your IRA's required minimum distribution (RMD) rather than a gift of cash. If you are aged 70.5 or older, you are required to make annual and taxable withdrawals from your IRA. Due to changes made by the SECURE Act, if your 70th birthday is January 1, 2020 or later, you do not have to take withdrawals until you reach age 72. If you are fortunate enough to not need your entire annual RMD amount for living expenses, you may be interested in donating a portion as your required minimum distribution.

These donations are tax-free, will reduce your tax liability and could offer substantial savings. As always, consult your financial, tax or legal advisors to determine if you meet the requirements and if this may be a good option for you.
Our Supporters

CONTINUED

Friends

Gifts of $100-$249
Anonymous (5)
Irene Adams
Mary Alice Andrews
Angelina Pierce
Jerylyn R. Arnold
J. Fred and Barbara Banks
Don and Irene Beauvais
Mr. Sean T. Beeny and
Dr. Ann E. Medinger
Anita Behn
William and Marie Bennett
Benning Jet Associates
Christine and Bob Bornmann
Doris Bourelec
Angelia M. Bowers
James Briggs
Danes and Elizabeth Brown
Glen and Leila Buford
Danes and Elizabeth Brown
James Briggs
Angelia M. Bowers
James Briggs
Danes and Elizabeth Brown
Glen and Leila Buford
Danes and Elizabeth Brown
Jim Byrde
Caby Byrne
Theodora Callas
James and Betty Casey
William Clark
Ruth Ann and Verne Clingenpeel
Marguerite and Phillip Coffey
James and Susan Collins
Ernest Coons
Terry Coyle
Charles & Georgianna Davenport
Martin and Linda Davis
Chris and Cheryl DeHoff
Myron and Nancy Dickerson
Donna and Robert Northam
Amazon Smile Foundation
Johnson and Johnson
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Kathy Groth
Judith Grove
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Cynthia Harris
J. Candy Haynes
Carlos and Mary Hickman

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Marlene Horner
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Patricia A. Hyder
Larry and Jean Jacobs
Kathryn Sue Kolster
Louise Kowar
Terri K Kraft
Marjan and Paul Lowley
Jay and Kathryn Lustig
Editha Masters
Lowell and Linda May
Joe & Pat McClain
Virginia Meadows
Diane C. Mees
David and Alice Megennis
Jerrold W. Melvin
Juanita L. Meyer
Paul Mollenauer
Ralph W. Neal
Elaine C. Newman
Karen Norris
Jane R. Nott
Jacqueline N Paine
Richard and Phyllis Paul
Helen E Pettet
John and Mary Pollock
John and Pamela Purdie
Roger Reichmuth
Vern Rensing
Martin and Karen Robinson
Dino Rossetti
Ronald and Anne Rossi
Stephan Sample
Colin and Elmer Schlater
Virginia Schepers
Henry A. & Barbara B.Scroggin
Frederick Selby
James and Mary Shepherd
Jason William Sherrieb
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*If you have found an error in our donor recognition list or would prefer to be recognized in a different way next year, please email jessica@cornea.org. Thank you!
The Visionary Society

I am not able to give as I would like now, but I enjoy knowing that I can help in the future.

The Visionary Society is our new recognition society for those who have made a planned gift in their will or other asset, such as a life insurance policy or retirement plan, naming Cornea Research Foundation of America as a beneficiary.

Legacy giving is a simple way to make a lasting impact for future generations by supporting the Cornea Research Foundation and reaching your own personal philanthropic, financial and estate planning objectives. Legacy giving may offer the benefit of reducing the tax burden to your heirs.

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If you have already included the Cornea Research Foundation in your plans or plan to do so, please let us know about your non-binding commitment so we may recognize your generous intentions in our Visionary Society.

Each pledge of future giving is deeply appreciated. We proudly recognize non-binding commitments from:

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