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**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type  
 See Specific Instructions

**C Name of organization**  
**PROJECT ORBIS INTERNATIONAL, INC**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**520 8TH AVENUE, 11TH FLOOR**  
 City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10018**

**D Employer identification number**  
**23-7297651**

**E Telephone number**  
**646-674-5500**

**G Gross receipts \$** **58,501,964.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c) Group exemption number**

**F Name and address of principal officer:** **JOHN J. MCHALE**  
**SAME AS C ABOVE**

**I Tax-exempt status:**  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.ORBIS.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **1973** **M State of legal domicile:** **NY**

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities.	<b>PREVENTING BLINDNESS AND RESTORING SIGHT WORLD-WIDE.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of employees (Part V, line 2a)	5	79
	6	Total number of volunteers (estimate if necessary)	6	538
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	77,204,465.	54,226,364.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,553.	<60,959.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,944,428.	1,617,981.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,242,446.	55,783,386.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,091,888.	6,469,134.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,209,762.	10,406,658.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	87,000.	104,500.
		b Total fundraising expenses (Part IX, column (D), line 25)	4,776,260.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,192,665.	31,509,925.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	67,581,315.	48,490,217.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	11,661,131.	7,293,169.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	33,477,510.	39,708,859.
22	Net assets or fund balances Subtract line 21 from line 20	1,520,443.	1,365,223.	
		31,957,067.	38,343,636.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

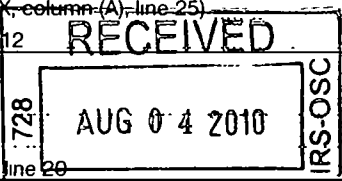
Signature of officer: *John J. Mchale* Date: **7/29/10**  
**JOHN J. MCHALE, PRESIDENT/CEO**  
 Type or print name and title

Preparer's signature: *Martin March, CPA* Date: **07/27/10** Check if self-employed  Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: **TAIT, WELLER & BAKER LLP**  
**1818 MARKET STREET; SUITE 2400**  
**PHILADELPHIA, PA 19103** EIN: Phone no. **(215) 979-8800**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED AUG 19 2010  
AUG 10 2010



916-18 16

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: NONE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 42,446,480. including grants of \$ 6,469,134. ) (Revenue \$ ) SEE ATTACHED STATEMENT

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 42,446,480.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	X	
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	10	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	79	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country ► <b>SEE SCHEDULE O</b> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body		
1a		13
b Enter the number of voting members that are independent		
1b		13
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ZENA F. SANTA CATALINA - 646-674-5500**  
**520 8TH AVENUE, 11TH FLOOR, NEW YORK, NY 10018**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALBERT L. UELTSCHI CHAIRMAN	15.00	X		X			0.	0.	0.	
JAMES R. PARKER VICE CHAIRMAN	10.00	X		X			0.	0.	0.	
JAMES T. UELTSCHI TREASURER	7.00	X		X			0.	0.	0.	
PETER P. MULLEN SECRETARY	7.00	X		X			0.	0.	0.	
BRIAN C. LEONARD, M.D. DIRECTOR	10.00	X					0.	0.	0.	
RICHARD T. LEWIS DIRECTOR	5.00	X					0.	0.	0.	
DINA MERRILL DIRECTOR	5.00	X					0.	0.	0.	
ARNOLD D. PALMER DIRECTOR	5.00	X					0.	0.	0.	
JOHN S. SLATTERY DIRECTOR	5.00	X					0.	0.	0.	
ROBERT F. WALTERS DIRECTOR	5.00	X					0.	0.	0.	
ELAINE WHITBECK DIRECTOR	5.00	X					0.	0.	0.	
BRUCE N. WHITMAN DIRECTOR	5.00	X					0.	0.	0.	
JOHN J. MCHALE PRESIDENT & CEO	40.00			X			75,943.	0.	6,470.	
EDWARD T. CLOONAN PRESIDENT & CEO	40.00			X			343,819.	0.	583.	
GEOFFREY HOLLAND PRESIDENT & CEO	40.00			X			142,648.	0.	6,657.	
MOHAN JACOB THAZHATHU CHIEF OPERATING OFFICER	40.00			X			292,816.	0.	43,769.	
EUGENE HELVESTON OPHTHAMOLOGIST IN CHIEF	40.00				X		237,900.	0.	827.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL FORREST DIRECTOR, GLOBAL DEV.	40.00					X		219,108.	0.	10,955.
AZUCENA F. SANTA CATALIN DIRECTOR OF FINANCE	40.00					X		186,097.	0.	29,907.
DAVID HUNTER CHERWEK MEDICAL DIRECTOR	40.00					X		172,274.	0.	24,320.
BRUCE JOHNSON DIR, AIRCRAFT OPS	40.00					X		150,605.	0.	24,750.
<b>1b Total</b>								<b>1,821,210.</b>	<b>0.</b>	<b>148,238.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	1a				
	<b>b</b> Membership dues	1b				
	<b>c</b> Fundraising events	1c	105,661.			
	<b>d</b> Related organizations	1d				
	<b>e</b> Government grants (contributions)	1e				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	1f	54120703.			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		23225387.			
	<b>h Total.</b> Add lines 1a-1f		54226364.			
<b>Program Service Revenue</b>	<b>2 a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		156,191.		156,191.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)		<217,150.>		<217,150.>	
	<b>8 a</b> Gross income from fundraising events (not including \$ 105,661. of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	1490497.			
		<b>b</b> Less: direct expenses	491,345.			
<b>c</b> Net income or (loss) from fundraising events			999,152.		999,152.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	657,344.				
	<b>b</b> Less: direct expenses	95,188.				
	<b>c</b> Net income or (loss) from gaming activities		562,156.		562,156.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		Business Code				
<b>11 a OTHER</b>		900099	56,673.	56,673.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		56,673.			
<b>12 Total revenue.</b> See instructions.		55783386.	56,673.	0.	1500349.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,469,134.	6,469,134.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	912,705.	566,748.	105,811.	240,146.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,266,058.	5,132,829.	958,295.	2,174,934.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	152,242.	96,979.	18,568.	36,695.
9 Other employee benefits	736,685.	468,012.	89,373.	179,300.
10 Payroll taxes	338,968.	215,142.	41,047.	82,779.
11 Fees for services (non-employees):				
a Management				
b Legal	99,435.	54,931.	13,106.	31,398.
c Accounting	83,869.	46,333.	11,054.	26,482.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	104,500.			104,500.
f Investment management fees				
g Other	748,847.	471,421.	112,474.	164,952.
12 Advertising and promotion	111,504.	27,567.	11,247.	72,690.
13 Office expenses	25,648,481.	24,922,839.	<405,832.>	1,131,474.
14 Information technology				
15 Royalties				
16 Occupancy	1,250,263.	822,130.	168,981.	259,152.
17 Travel	1,911,673.	1,791,194.	37,068.	83,411.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	660,288.	489,864.	64,932.	105,492.
23 Insurance	598,414.	535,867.	29,013.	33,534.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>OTHER PROGRAM EXPENSES</b>	205,561.	189,966.	3,274.	12,321.
b <b>MISCELLANEOUS</b>	191,590.	145,524.	9,066.	37,000.
c				
d				
e				
f All other expenses				
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>48,490,217.</b>	<b>42,446,480.</b>	<b>1,267,477.</b>	<b>4,776,260.</b>
<b>26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</b>				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	2,668,221.	1	2,689,501.
	2	Savings and temporary cash investments	7,317,189.	2	17,364,990.
	3	Pledges and grants receivable, net	10,725,952.	3	7,924,309.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,862,953.	8	1,813,782.
	9	Prepaid expenses and deferred charges	676,387.	9	895,923.
	10a	Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	40,975,376.		
	10b	Less accumulated depreciation	35,901,602.		
	10c		4,938,316.	10c	5,073,774.
	11	Investments - publicly traded securities	2,832,218.	11	3,318,521.
	12	Investments - other securities See Part IV, line 11	440,237.	12	570,594.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	16,037.	15	57,465.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	33,477,510.	16	39,708,859.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,520,443.	17	1,365,223.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,520,443.	26	1,365,223.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	20,842,503.	27	25,881,682.
	28	Temporarily restricted net assets	10,686,970.	28	12,032,500.
	29	Permanently restricted net assets	427,594.	29	429,454.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	31,957,067.	33	38,343,636.
	34	<b>Total liabilities and net assets/fund balances</b>	33,477,510.	34	39,708,859.

**Part XI** Financial Statements and Reporting

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40083561.	40666407.	55013652.	77049377.	54226364.	267039361
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	40083561.	40666407.	55013652.	77049377.	54226364.	267039361
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						127895623
<b>6 Public support.</b> Subtract line 5 from line 4						139143738

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	40083561.	40666407.	55013652.	77049377.	54226364.	267039361
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	304,237.	296,632.	475,033.	299,066.	156,191.	1531159.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	136,663.	163,290.	181,028.	141,171.	56,673.	678,825.
<b>11 Total support.</b> Add lines 7 through 10						269249345
<b>12</b> Gross receipts from related activities, etc (see instructions)					12 11,047,509.	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	51.68 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	55.55 %

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**PROJECT ORBIS INTERNATIONAL, INC**

Employer identification number

**23-7297651**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	427,594.	317,875.			
b Contributions	1,860.	109,719.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	429,454.	427,594.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.00 %
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,484,829.	986,818.	498,011.
d Equipment		39,490,547.	34,914,784.	4,575,763.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,073,774.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	55,783,386.
2	Total expenses (Form 990, Part IX, column (A), line 25)	48,490,217.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	7,293,169.
4	Net unrealized gains (losses) on investments	679,029.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	<1,585,629.>
9	Total adjustments (net). Add lines 4 through 8	<906,600.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	6,386,569.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	58,605,933.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	679,029.
b	Donated services and use of facilities	2,143,518.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2,822,547.
3	Subtract line 2e from line 1	55,783,386.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	55,783,386.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	50,633,735.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2,143,518.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2,143,518.
3	Subtract line 2e from line 1	48,490,217.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	48,490,217.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**REDUCTION IN VALUE OF INVENTORY DUE TO OBSOLESCENCE: -1585629.**

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization <b>PROJECT ORBIS INTERNATIONAL, INC</b>	Employer identification number <b>23-7297651</b>
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**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		53,223.
EAST ASIA AND THE PACIFIC	2	21	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,594,444.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		236,523.
SOUTH ASIA	2	19	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,819,460.
SUB SAHARAN AFRICA	1	21	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,485,712.
<b>Totals</b>	<b>5</b>	<b>61</b>			<b>6,189,362.</b>

**Part I** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL EQUIPMENT & SUPPLIES/TRAVEL	53,223	WIRE TRANSFER	0		
		SOUTH AMERICA	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/TRA SERVICES/COMMUNICATIO SHIPPING	62,478	WIRE TRANSFER	3,391	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/TRA	151,026	WIRE TRANSFER	19,628	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/MISCELLANEOU	186,930	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/TRA MATERIALS/MEDICAL EQUIPMENT COST	169,323	WIRE TRANSFER	14,998	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/TRA MATERIALS	30,758	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/TRA	20,387	WIRE TRANSFER	14,855	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	TRAINING COSTS	183,242	WIRE TRANSFER	10,000	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 71

3 Enter total number of other organizations or entities 0



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

**PART II, COLUMN (D):**

**REGION: EAST ASIA AND THE PACIFIC**

**(D) PURPOSE OF GRANT: TRAINING/TRAVEL/PRINTING MATERIALS/CONTRACT SERVICES/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT COSTS**

**REGION: EAST ASIA AND THE PACIFIC**

**(D) PURPOSE OF GRANT: MEDICAL EQUIPMENT & SUPPLIES/TRAINING/PRINTING MATERIALS/CONTRACT SERVICES/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT COSTS**

**REGION: EAST ASIA AND THE PACIFIC**

**(D) PURPOSE OF GRANT: MEDICAL EQUIPMENT & SUPPLIES/TRAINING/PRINTING MATERIALS/CONTRACT SERVICES/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT COSTS**

**REGION: EAST ASIA AND THE PACIFIC**

**(D) PURPOSE OF GRANT: MEDICAL EQUIPMENT & SUPPLIES/TRAINING/PRINTING MATERIALS/CONTRACT SERVICES/MEDICAL EQUIPMENT COSTS/RESEARCH WORK**

**REGION: EAST ASIA AND THE PACIFIC**

**(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/MEDICAL EQUIPMENT COSTS/VEHICLE COSTS/TRAVEL/MISC**

**REGION: EAST ASIA AND THE PACIFIC**

**(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/PRINTING & REPRODUCTION/MEDICAL EQUIPMENT COSTS/TRAVEL/MISC**

**REGION: EAST ASIA AND THE PACIFIC**

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/PRINTING OF MATERIALS/COMMUNICATIONS & SHIPPING/OFFICE SUPPLIES/TRAVEL/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/SMALL EQUIPMENT COSTS/TRAINING/TRAVEL/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING MATERIALS/CONTRACT SERVICES/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/BUILDING & RENOVATION WORK/VEHICLE COSTS/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING MATERIALS/CONTRACT SERVICES/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/VEHICLE COSTS/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING MATERIALS/CONTRACT SERVICES/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/VEHICLE COSTS/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/RESEARCH WORK/COMMUNICATIONS & SHIPPING/OFFICE SUPPLIES/MISC

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAVEL/MEDICAL EQUIPMENT  
COSTS/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING  
MATERIALS/MEDICAL EQUIPMENT COSTS/MEDICAL SUPPLIES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING  
MATERIALS/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TRAINING/TRAVEL/PRINTING MATERIALS/SMALL EQUIPMENT  
COSTS/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TRAINING/INSURANCE/TRAVEL/PRINTING  
MATERIALS/COMMUNICATIONS & SHIPPING/OFFICE SUPPLIES/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING  
MATERIALS/CONTRACT SERVICES/BUILDING RENOVATION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/PRINTING  
MATERIALS/CONTRACT SERVICES/BUILDING RENOVATION WORK/MEDICAL EQUIPMENT

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/MEDICAL SUPPLIES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/PRINTING

MATERIALS/MEDICAL EQUIPMENT COSTS/BUILDING & RENOVATION WORK/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING

MATERIALS/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/MEDICAL SUPPLIES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING

MATERIALS/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/MEDICAL SUPPLIES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING

MATERIALS/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/MEDICAL SUPPLIES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING

MATERIALS/MEDICAL EQUIPMENT COSTS/BUILDING RENOVATION WORK/VEHICLE COSTS/MEDICAL SUPPLIES

REGION: SOUTH ASIA

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/PRINTING  
MATERIALS/CONTRACT SERVICES/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT  
COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/VEHICLE COSTS/MEDICAL  
SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING  
MATERIALS/CONTRACT SERVICES/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT  
COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/VEHICLE COSTS/MEDICAL  
SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING  
MATERIALS/COMMUNICATIONS & SHIPPING/MEDICAL EQUIPMENT COSTS/OFFICE  
SUPPLIES/SMALL EQUIPMENT COSTS/BUILDING & RENOVATION WORK/VEHICLE  
COSTS/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TRAINING/TRAVEL/PRINTING MATERIALS/COMMUNICATIONS  
& SHIPPING/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT  
COSTS/VEHICLE COSTS/MEDICAL SUPPLIES/MISC

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TRAINING/TRAVEL/PRINTING MATERIALS/COMMUNICATIONS  
& SHIPPING/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT  
COSTS/BUILDING & RENOVATION WORK/VEHICLE COSTS/MEDICAL SUPPLIES/MISC

REGION: SUB SAHARAN AFRICA

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/MEDICAL  
SUPPLIES/PRINTING MATERIALS/COMMUNICATIONS &  
SHIPPING/SUPPLIES/TRAVEL/MISC

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/MEDICAL  
SUPPLIES/PRINTING MATERIALS/COMMUNICATIONS & SHIPPING/OFFICE  
SUPPLIES/SMALL EQUIPMENT COSTS/VEHICLE COSTS/TRAVEL

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/INSURANCE/TRAINING/RESEARCH  
WORK/MEDICAL SUPPLIES/PRINTING MATERIALS/COMMUNICATIONS &  
SHIPPING/SUPPLIES/VEHICLE COST/MEDICAL EQUIPMENT COSTS/TRAVEL/MISC

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/RESEARCH WORK/MEDICAL  
SUPPLIES/PRINTING MATERIALS/COMMUNICATIONS & SHIPPING/OFFICE  
SUPPLIES/SMALL EQUIPMENT COSTS/VEHICLE COSTS/TRAVEL

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/INSURANCE/MEDICAL  
SUPPLIES/COMMUNICATIONS&SHIPPING/OFFICE SUPPLIES/TRAVEL/VEHICLE  
COST/MEDICAL EQUIPMENT COSTS

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/CONTRACT  
SERVICES/TRAINING/COMMUNICATIONS & SHIPPING/OFFICE SUPPLIES/TRAVEL/MISC

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/RENOVATION  
WORK/MEDICAL SUPPLIES/PRINTING MATERIALS/COMMUNICATIONS &  
SHIPPING/SUPPLIES/VEHICLE COST/MEDICAL EQUIPMENT COSTS/TRAVEL/MISC

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/MEDICAL  
SUPPLIES/PRINTING MATERIALS/COMMUNICATIONS & SHIPPING/VEHICLE  
COST/MEDICAL EQUIPMENT COSTS

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/MEDICAL  
SUPPLIES/PRINTING MATERIALS/COMMUNICATIONS &  
SHIPPING/SUPPLIES/TRAVEL/MISC

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/CONTRACT  
SERVICES/BUILDING & RENOVATION WORK/MEDICAL SUPPLIES/PRINTING  
MATERIALS/COMMUNICATIONS & SHIPPING/OFFICE SUPPLIES/MEDICAL EQUIPMENT  
COSTS/TRAVEL

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/COMMUNICATIONS &  
SHIPPING/OFFICE SUPPLIES/SMALL EQUIPMENT COSTS/VEHICLE COSTS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/TRAMATERIALS/MEDICAL SUPPLIES	25,677	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/COMMUNICATIO & SHIPPING/MEDICAL	334,022	WIRE TRANSFER	15,001	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/MEDICAL EQUIPMENT COSTS	52,107	WIRE TRANSFER	8,955	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/TRAMATERIALS/CONTRACT SERVICES/COMMUNICATIO	57,858	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/PRI MATERIALS/CONTRACT SERVICES/COMMUNICATIO	48,439	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/PRI MATERIALS/CONTRACT SERVICES/COMMUNICATIO	115,042	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/PRI MATERIALS/CONTRACT SERVICES/MEDICAL	286,743	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/MEDICAL EQUIPMENT COSTS/MISC	45,553	WIRE TRANSFER	4,498	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/MEDICAL EQUIPMENT COSTS/MISC	171,604	WIRE TRANSFER	8,379	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/COMMUNICATIO & SHIPPING/OFFICE SUPPLIES/TRAVEL/MISC	154,684	WIRE TRANSFER	13,631	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/TRA	11,291	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/MEDICAL EQUIPMENT COSTS/MISC	24,421	WIRE TRANSFER	10,000	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/MEDICAL EQUIPMENT COSTS/TRAVEL/MISC	32,728	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	TRAINING/MEDICAL EQUIPMENT COSTS/TRAVEL/MISC	6,815	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	TRAINING/MEDICAL EQUIPMENT COSTS/TRAVEL/MISC	19,187	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/MED EQUIPMENT COSTS/VEHICLE	131,336	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/PRI	119,758	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	REPRODUCTION/MEDICAL					
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/MED EQUIPMENT COSTS/TRAVEL/MISC	117,592	WIRE TRANSFER	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/MED EQUIPMENT COSTS/TRAVEL/MISC	45,109	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/PRI MATERIALS/COMMUNICATI	78,770	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/TRA	19,264	OTHER CASH	0		
		SOUTH ASIA	SALARIES & BENEFITS/SMALL EQUIPMENT COSTS/TRAINING/TRAVEL	9,257	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/CONTRACT SERVICES/COMMUNICATIO	224,197	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/PRINTING/CON SERVICES/TRAINING/MIS	109,683	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/CONTRACT SERVICES/TRAINING/TRA SUPPLIES/MISC	26,588	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/MISC	8,556	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/CONTRACT SERVICES/COMMUNICATIO	72,067	WIRE TRANSFER	0		

Part II. Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRAMATERIALS/CONTRACT SERVICES/COMMUNICATIO	159,159	WIRE TRANSFER	9,681	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/RES WORK/COMMUNICATIONS & SHIPPING/OFFICE	12,872	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAVEL/MEDIC EQUIPMENT COSTS/MEDICAL	53,237	WIRE TRANSFER	6,749	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/MEDICAL SUPPLIES	7,866	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS	11,077	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRAMATERIALS/MEDICAL EQUIPMENT	71,123	WIRE TRANSFER	13,329	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES	14,499	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/MEDICAL SUPPLIES	8,272	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/MEDICAL EQUIPMENT	16,211	WIRE TRANSFER	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES	4,936	WIRE TRANSFER	4,314	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	TRAINING/TRAVEL/PRINT MATERIALS/SMALL EQUIPMENT COSTS/MEDICAL	9,965	WIRE TRANSFER	0		
		SOUTH ASIA	TRAINING/INSURANCE/TR MATERIALS/COMMUNICATI & SHIPPING/OFFICE SUPPLIES/MEDICAL	13,518	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/CONTRACT SERVICES/BUILDING	16,730	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/CONTRACT SERVICES/BUILDING	35,723	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/MEDICAL EQUIPMENT	17,313	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/MEDICAL EQUIPMENT	86,721	WIRE TRANSFER	18,824	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/MEDICAL EQUIPMENT	71,953	WIRE TRANSFER	3,241	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/MEDICAL EQUIPMENT	75,759	WIRE TRANSFER	4,257	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRAMATERIALS/MEDICAL EQUIPMENT	11,347	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/CONTRACT SERVICES/COMMUNICATIO	91,291	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRAMATERIALS/CONTRACT SERVICES/COMMUNICATIO	111,893	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRAMATERIALS/COMMUNICATI & SHIPPING/MEDICAL TRAINING/TRAVEL/PRINT MATERIALS/COMMUNICATI & SHIPPING/MEDICAL EQUIPMENT	117,747	WIRE TRANSFER	10,925	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	TRAINING/TRAVEL/PRINT MATERIALS/COMMUNICATI & SHIPPING/MEDICAL EQUIPMENT	141,232	WIRE TRANSFER	2,931	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/PRINTING MATERIALS/COMMUNICATI	120,554	WIRE TRANSFER	5,456	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/PRINTING MATERIALS/COMMUNICATI	5,455	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/PRINTING MATERIALS/COMMUNICATI	142,141	WIRE TRANSFER	1,399	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/INSURANCE/TR WORK/MEDICAL SUPPLIES/PRINTING	44,729	WIRE TRANSFER	3,825	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/RES WORK/MEDICAL SUPPLIES/PRINTING	142,575	WIRE TRANSFER	6,334		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/INS SUPPLIES/COMMUNICATIO SUPPLIES/TRAVEL/VEHIC	184,167	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	TRAINING/RESEARCH WORK/OFFICE SUPPLIES	26,499	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/CONTRACT SERVICES/TRAINING/COM & SHIPPING/OFFICE	14,254	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/REN WORK/MEDICAL SUPPLIES/PRINTING	80,793	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/PRINTING MATERIALS/COMMUNICATI	88,345	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/PRINTING MATERIALS/COMMUNICATI	91,409	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/CON SERVICES/BUILDING & RENOVATION	645,687	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	CONTRACT SERVICES/TRAINING/COM & SHIPPING/OFFICE SUPPLIES/SMALL	8,100	WIRE TRANSFER	0		



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NIGHT WALK (event type)	WALKATHON (event type)	3 (total number)		
Revenue	1	Gross receipts	766,259.	343,162.	486,737.	1,596,158.
	2	Less. Charitable contributions			105,661.	105,661.
	3	Gross income (line 1 minus line 2)	766,259.	343,162.	381,076.	1,490,497.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	162,551.	124,575.	204,219.	491,345.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 491,345.)
	11	Net income summary. Combine line 3, column (d), and line 10				999,152.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue		657,344.	657,344.	
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			95,188.	95,188.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( 95,188.)
	8	Net gaming income summary. Combine line 1, column (d), and line 7				562,156.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	X	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	X	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	X	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility	<b>13a</b> <b>100.00</b> %
<b>b</b> An outside facility	<b>13b</b> %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MAY POON  
 Address ▶ ROOM 12, 15 WATSON RD, NORTH POINT - HONG KONG, HONG KONG

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a** Yes No **X**

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ LEE TZE CHIU

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ PLANNING AND EXECUTION

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a** Yes No **X**

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

**PROJECT ORBIS INTERNATIONAL, INC**

Employer identification number

**23-7297651**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (j). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EDWARD T. CLOONAN	(i)	343,819.	0.	0.	583.	344,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.
MOHAN JACOB THAZHATHU	(i)	272,316.	0.	20,500.	23,269.	336,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.
EUGENE HELVESTON	(i)	237,900.	0.	0.	827.	238,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.
PAUL FORREST	(i)	208,153.	0.	10,955.	0.	230,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.
AZUCENA F. SANTA CATALIN	(i)	164,097.	0.	22,000.	7,907.	216,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DAVID HUNTER CHERWEK	(i)	155,774.	0.	16,500.	7,820.	196,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.
BRUCE JOHNSON	(i)	141,195.	0.	9,410.	15,340.	175,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization: **PROJECT ORBIS INTERNATIONAL, INC**  
Employer identification number: **23-7297651**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X		23,225,387.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROJECT ORBIS INTERNATIONAL, INC

Employer identification number

23-7297651

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

HONG KONG, ETHIOPIA, VIETNAM, INDIA,

CHINA, BANGLADESH

FORM 990, PART VI, SECTION A, LINE 2: CHAIRMAN ALBERT L. UELTSCHI IS THE  
FATHER OF TREASURER JAMES T. UELTSCHI

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE  
OFFICERS OF THE CORPORATION AND THEN PRESENTED TO THE FINANCE COMMITTEE AND  
THE BOARD OF DIRECTORS FOR ENDORSEMENT BEFORE IT IS FILED WITH THE INTERNAL  
REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES MUST COMPLETE THE  
CONFLICT OF INTEREST FORM ANNUALLY. NEW EMPLOYEES ARE ALSO REQUIRED TO  
COMPLETE THE CONFLICT OF INTEREST. OPERATIONS MONITORS AND ENFORCES  
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR CEO AND COO IS  
SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, RI, SC, TN, UT, VA, WA, WV, WI, PA, MD, HI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**  
Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**PROJECT ORBIS INTERNATIONAL, INC**

Employer identification number

**23-7297651**

**AVAILABLE TO THE PUBLIC UPON REQUEST.**

**FORM 990, PART XI, LINE 2C**

**THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**



**Project ORBIS International, Inc.  
Form 990**

**Part III – Attachment  
EIN – 23 - 7297651**

**For the year ended December 31, 2009**

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**Investing in Vision**

**Preventing Blindness & Restoring Sight**

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**1. Summary**

**Mission: ORBIS PREVENTS AND TREATS BLINDNESS BY PROVIDING QUALITY EYE CARE TO TRANSFORM LIVES.**

**Profile**

Since 1982, ORBIS has carried out programs in 88 countries, enhancing the skills of eye health care personnel and providing eye care treatment for millions. At the same time, ORBIS does this by partnering with and building the capacity of local eye care institutions through comprehensive long-term programs tailored to the specific needs in developing countries. In addition to clinical training aboard the ORBIS Flying Eye Hospital, in local hospitals, and through fellowships and Cyber-Sight (ORBIS's telemedicine program), ORBIS provides technical assistance to its partners in effective disease control, monitoring and evaluation, human resource and organizational development, infrastructure and ophthalmic technology. ORBIS delivers the resources and provides inspiration for people of diverse backgrounds to work together to prevent and cure avoidable blindness.

**History – The ORBIS Story**

ORBIS was founded in the early 1970s. The founders' vision was to use aviation in a unique way -- to help those suffering from curable blindness in the developing world. Their goal was to create the world's first mobile eye hospital on board an aircraft. With a fully equipped airplane, volunteer doctors trained in the latest ophthalmic techniques could bring their surgical knowledge and skills to doctors in developing countries through hands-on training.

A donated DC-8 was secured from United Airlines and after nine years of planning and effort, and with the support of a great many individuals and corporations who kindly donated goods and services, the ORBIS Flying Eye Hospital embarked on its first mission to Panama in 1982. In 1994, the original plane was replaced with a DC-10, purchased for ORBIS by ORBIS Chairman Al Ueltschi, Hong Kong businessman Y.C. Ho, and an anonymous donor, and again transformed into a fully equipped operating hospital. Today, a further upgrade is in the works, thanks to the gift of a newer aircraft which will be modified to an MD-10 configuration and supported by FedEx, with the financial and gift-in-kind support of Al Ueltschi and a consortium of corporate partners, many of whom have been backing ORBIS for more than a quarter of a century.

In the late 1990s, ORBIS complemented the short-term clinical trainings with the launching of multi-year in-country-based programs. ORBIS currently has a long-term presence in five countries (Bangladesh, China, Ethiopia, India and Vietnam) and one region (Latin America/Caribbean), focusing on building capacity in a more comprehensive and sustainable way. Through a needs-based approach, ORBIS has built the capacity of its partners in multiple areas of ophthalmic care including: pediatric ophthalmology, cataract surgery, trachoma control, cornea and eye banking, diabetic retinopathy, rural eye care, and related interventions such as outreach, screening and referral.

Over the past 27 years, ORBIS has now grown into an effective and internationally respected blindness prevention organization, carrying out an increasingly broad range of sight-saving projects, all designed to provide training and sustainable eye care services to serve local needs.

## **2. ORBIS Scope**

The World Health Organization estimates that there are approximately 314 million people visually impaired across the world, of which 45 million people are blind.

For all the daunting statistics, one matters most of all: up to 80% of those who are blind don't have to be. Millions could be cured – right now – if they had access to proper eye care. ORBIS is currently targeting the following areas of blindness and visual impairment:

- Childhood blindness
- Trachoma
- Cataract
- Refractive Error
- Diabetic Retinopathy
- Corneal Blindness and eye banking

In addition, ORBIS will continue its ongoing strategies in:

- Increasing public awareness about eye health and prevention of visual disabilities
- Advocating for supportive national eye care services and policies

ORBIS implements its programs with an integrated approach through:

### **Country Programs**

In five priority countries – Bangladesh, China, Ethiopia, India and Vietnam – ORBIS develops and implements comprehensive eye care and blindness prevention efforts. Long-term regional projects are also underway in some countries of Latin America and the Caribbean.

### **ORBIS Flying Eye Hospital**

The world's only airborne ophthalmic training facility serves as a focal point for educational programs and advocacy efforts. On board, eye care professionals from developing nations work side-by-side with the international ORBIS medical team to perform surgery, learn new skills and restore sight.

### **Hospital-Based Training Programs and Fellowships**

ORBIS conducts intensive specialized training at local partner hospitals and supports fellowship training for talented eye care professionals as part of long-term projects to undertake advanced study with mentors at some of the world's leading eye care institutions.

### **Telemedicine - ORBIS Cyber-Sight®**

This cutting edge telemedicine initiative uses the Internet to connect doctors throughout the world with ORBIS volunteer ophthalmologists for professional mentoring, patient care e-consultation and online continuing medical education.

### **3. Income & Expenses Summary**

In FY2009, ORBIS's total operating income for the year ending December 31, 2009 was \$58.6 million, which was derived from corporations (\$29.7 million) and individual gifts (\$20.8 million) to support ORBIS programs and services worldwide. Additional sources of funding also included income from foundations (\$1.4 million), affiliates' support (\$5.0 million), net special events revenue (\$1.7 million). Included in FY2009 reported operating income were merchandising income and investment gain of \$.4 million and \$.6 million, respectively.

ORBIS operating expenses were \$50.6million in FY2009. ORBIS continued to make investments in program services and fundraising to continue fulfilling its mission. Expenditures on program services reached \$43.2 million. Expenses devoted to ORBIS direct charitable activities or program services are 85.3 percent of total expenses. Cost of ORBIS fundraising activities was \$5.4 million or 10.7 percent. As a result of ongoing cost-containment efforts, management and general expenses represented 4.0 percent of total expenses. These costs included investments in human resources, information technology and support services such as executive, office administration, finance and internal audit.

### **4. ORBIS Governance, Operating Structures & Membership**

Project ORBIS International Inc. (d/b/a ORBIS International) operates worldwide under the registered trademark of ORBIS. The global organization is governed by its International Board of Directors through its headquarters in New York, which provides management and operational support to ORBIS affiliate offices as well as its branch office in Hong Kong and country and regional program offices.

The independent affiliate offices located in Canada, Ireland, Macau, Taiwan and the United Kingdom are licensed to operate under the name of ORBIS for the sole purpose of supporting ORBIS's sight-saving programs worldwide. For the year ending December 31, 2009, ORBIS received contributions and paid expenses on behalf of these affiliates as follows:

<b>Affiliate Offices</b>	<b>Contributions Received (in US\$)</b>	<b>Expenses Paid (in US\$)</b>
United Kingdom	\$3,071,328	---
Ireland	\$483,634	---
Canada	\$415,560	\$20,878
Taiwan	\$600,000	\$3,282
Macau	\$444,253	\$83
<b>Total</b>	<b>\$5,014,775</b>	<b>\$24,243</b>

**4.1 ORBIS International Board of Directors and Officers**

<p><b>Chairman</b> Mr. Albert L. Ueltschi Chairman, FlightSafety International, Inc. Flushing, New York USA</p> <p><b>Vice Chairman</b> Mr. James R. Parker Senior Vice-President, Air Operations FedEx Express Memphis, TN USA</p> <p><b>Secretary</b> Mr. Peter P. Mullen Partner Skadden, Arps, Slate, Meagher &amp; Flom New York, New York USA</p> <p><b>Treasurer</b> Mr. James T. Ueltschi President James T. Ueltschi Foundation Vero Beach, Florida USA</p> <p><b>President/CEO</b> Mr. John J. McHale 520 Eighth Avenue, 11<sup>th</sup> Floor New York, NY USA</p> <p><b>Directors</b>  Brian C. Leonard, M.D. Professor of Ophthalmology University of Ottawa Eye Institute Ottawa, Ontario Canada</p>	<p><b>Directors</b>  Ms. Elaine Whitbeck Sr. Vice President, Chief Legal Officer Alcon Laboratories, Inc. Fort Worth, TX USA</p> <p>Mr. Bruce N. Whitman President and CEO FlightSafety International, Inc. Flushing, New York, USA</p> <p>Mr. Robert F. Walters Chairman ORBIS Charitable Trust Cardiff, United Kingdom</p> <p>Ms. Dina Merrill New York, New York, USA</p> <p>Mr. Arnold D. Palmer Latrobe, Pennsylvania USA</p> <p>Mr. John S. Slattery Dublin, Ireland</p> <p>Mr. Richard T. Lewis Riverside, Connecticut USA</p>
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**4.2 ORBIS Canada Board of Directors**

<p><b>President</b> Brian Leonard, M.D. University of Ottawa Eye Institute 501 Smyth Road Ottawa, ON K1H 8L7 Canada</p> <p><b>Secretary</b> Mr. J. Bruce Carr-Harris Borden Ladner Gervais LLP 100 Queen Street, Suite 1100 Ottawa, ON K1P 1J9 Canada</p>	<p><b>Directors</b>  Senator Vivienne Poy The Senate of Canada Ottawa, ON K1A 0A4</p> <p>Simon P. Holland, M. D. Clinical Associate Professor University of British Columbia 2550 Willor Street Vancouver, BC V5Z 3N9</p>
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<p><b>Treasurer</b> Mr. Peter Allen, FCA, FRAeS Export Development Canada 151 O'Connor Street, 14<sup>th</sup> Floor Ottawa, ON K1A 1K3 Canada</p> <p><b>Director, Ex-Officio</b> Mr. John J. McHale ORBIS, 520 Eighth Avenue, 11<sup>th</sup> Floor New York, NY 10018-6507 USA</p>	<p>Mr. Douglas Turnbull Deputy Chairman TD Securities Inc. TD Bank Tower, 8<sup>th</sup> Floor 66 Wellington Street West Toronto, ON M5K 1A2 Canada</p>
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#### 4.3 **ORBIS Ireland Board of Directors**

<p><b>Chairman</b> Dr. Maurice Cox ORBIS Ireland 59 Grosvenor Road, Rathgar, Dublin 6, Ireland</p> <p><b>Treasurer</b> Mr. Andrew Lowe Element Films 21 Mespil Road Dublin 4, Ireland</p> <p><b>Secretary</b> Tudor Trust Limited</p> <p>Mr. Michael Boyd Executive Chairman, Landell Mills Limited Bryer Ash Business Park Trowbridge Wiltshire BA14 8HE, UK</p> <p>Mr. Laurence Bradshaw Airlie Church Road 4<sup>th</sup> Floor, 80 Harcourt Street Dublin 2, Ireland</p> <p>Mr. Denis Brereton 59 Northumberland Road Dublin 4, Ireland</p> <p>Mr. Donal Brosnahan 35 Charlemont Clinic Charlemont Mall Dublin 2</p> <p>Mr. Edward Cloonan Greenwich, CT USA</p>	<p>Ms. Simone Corcoran 14 Ireland Malakoff 36 Palmerston Road Dublin 6, Ireland</p> <p>Mr. John Crowe Merrill Lynch Treasury Building Lower Grand Canal Street Dublin 2, Ireland</p> <p>Mr. Michael Holland 11 Fitzwilliam Square Dublin 2, Ireland</p> <p>Mr. Thomas O'Connor A L Goodbody IFSC North Wall Quay Dublin 1, Ireland</p> <p>Mr. Mark Pollock Co., Wicklow Ireland</p> <p>Dr. Ray Power Rockfield Medical Campus Balally, Dublin 2 Ireland</p> <p>Mr. Peter Lorcan Tiernan Dillon Eustace 33 Sir John Rogerson's Quay, Dublin 2 Ireland</p> <p>Mr. Ronan Traynor Verve 8 Appian Way Dublin 6, Ireland</p> <p>Ms. Carina Ryan Dublin, Ireland</p>
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#### 4.4 **ORBIS Macau Board of Directors**

<p><b>Chairman</b> Mr. John J. McHale, Chairman President and CEO</p>	<p><b>Director</b> Mr. Peter P. Mullen Esq. Partner</p>
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<p>Project ORBIS International, Inc. 520 Eighth Avenue, 11<sup>th</sup> floor New York, NY 10018</p> <p><b>Secretary</b> Mr. Mohan Jacob Thazhathu, Chief Operating Officer ORBIS International Eighth Avenue, 11<sup>th</sup> floor New York, NY 10018</p> <p><b>Treasurer</b> Mr. James T. Ueltschi, Treasurer President James T. Ueltschi Foundation 481 Indian Harbor Vero Beach, FL 32963</p>	<p>Skadden, Arps, Slate, Meagher &amp; Flom Four Times Square 35th Floor, Room 35-210 New York, NY 10036 USA</p> <p><b>Executive Director</b> Mr. Paul Forrest, Regional Director, Asia ORBIS International ORBIS, Room 12, 1/F Victoria Centre 15 Watson Road, Hong Kong, North Point</p>
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**4.5 ORBIS Taiwan Board of Directors**

<p><b>Chairman</b> Vacant</p> <p><b>Managing Directors</b> Mr. Mohan Jacob Thazhathu Chief Operating Officer ORBIS International, New York, NY USA</p> <p>Dr. Ray Jui-Fang Tsai, M.D. Professor of Ophthalmology Superintendent of Taipei Eye Center Taipei, Taiwan</p> <p><b>Directors</b> Mr. Ching-Tsai Chen Chairman ROC Eye Bank Foundation Taipei, Taiwan</p> <p>Mr. Cheng-chung, Dickens, Chen Secretary General International Cooperation &amp; Development Fund Taipei, Taiwan</p>	<p>Ms. Diana M.H. Chen Chair, Taipei Financial Center Corp. Taipei, Taiwan</p> <p>Dr. Jorn-Hon Liu Director, Cheng Hsin Rehabilitation Medical Center Taipei, Taiwan</p> <p>Dr. Liang-Yen Wen Ophthalmologist Chung-shan Hospital Taipei, Taiwan</p> <p>Dr. Brian C. Leonard ORBIS Canada Toronto, Canada</p>
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**4.6 UK ORBIS Charitable Trust – Board of Trustees**

<p><b>Chairman</b> Dr. Robert F. Walters Trevithyn House Bobviston, Cardiff CF5 6TS UK</p> <p><b>Trustees</b></p>	<p>Mr. Anthony Cowles Sandals, 34-36 Ives Street London SW3 2ND</p> <p>Peter P Mullen Esq. 4 Times Square, 35<sup>th</sup> Floor</p>
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<p>Mr. Larry Benjamin Wyecot House, Manor Road Penn, Buckinghamshire HP108HY UK</p> <p>Mr. Bruce Buck Skadden Arps, 40 Bank Street Canary Wharf, London E14 5DS</p> <p>Mr. Toby Young 34 Ethelden Road, London W12 7BG UK</p> <p>Ms. Mary Killen 5 Manor Cottages Huish, Wiltshire SN8 4JW UK</p> <p>Ms. Melanie Richards United Kingdom</p> <p>Charles Vyvyan United Kingdom</p>	
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**4.7 Meetings of the Board of Directors and Committees**

The International Board of Directors meets at least three times a year as well as the three Committees as given below:

- Executive and Governance Committee
- Audit and Finance Committee
- Program and Development Committee

The ORBIS Affiliate organizations are governed independently following the respective laws of their countries.

**4.8 Management and Operating Structures**

All ORBIS Offices, which are not affiliate offices, are set up as branch operations of ORBIS International, which is a 501 (c)(3) non-profit organization registered in New York, USA. The respective offices set up in countries enjoy local legal status based on specific agreements entered into by ORBIS International. The respective Country Representatives employed by ORBIS act on behalf of ORBIS and perform fiduciary and legal functions based on appropriate powers of attorney issued to them. Heads of each ORBIS office and the department heads in New York form the Global Team to coordinate the worldwide activities of ORBIS and advise the President/CEO on ORBIS program, fundraising and operational policies.

**4.9 Fiscal Policies**

ORBIS follows a risk-averse policy regarding its financial resources management. All financial management policies are directed by the Audit and Finance Committee of the Board. Apart from allocating maximum possible resources to program implementation, ORBIS maintains a conservative reserve for smooth financial operations.

**4.10 Currency**

ORBIS budget and expenditures are US Dollar denominated. The currency exchange rates for local currency funding for programs and operations as well as income are fixed for the year at

the beginning of the fiscal year. Budget adjustments are made to a fixed dollar budget in case of substantial revisions in exchange rates that may impact the local currency commitments.

**4.11 Liquidity**

As of December 2009, ORBIS has \$18 million in unrestricted net assets (excludes non-liquid assets) corresponding to 265 days of reserves. It is the Finance Committee and Board’s intention to increase the days of reserve to 300.

**4.12 Credit Risk**

ORBIS occasionally maintains deposits in excess of insured limits. Statement of Financial Accounting Standards N. 105 identifies these items as a concentration of credit risk requiring disclosure, regardless of the degree of risk. The risk is managed by maintaining all deposits in high-quality financial institutions.

**4.13 Pension Plan**

ORBIS sponsors defined contribution pension plans. All U.S. employees are eligible to participate in a 403(B) tax-sheltered annuity plan. Due to economic crisis, ORBIS did not implement the 403 B employer match until November 2009. All eligible employees who elected a salary deferral received a matching contribution of six (6) percent. Non-U.S. employees are offered similar plans according to the local laws and customs based on the country of employment. Pension expense amounted to approximately \$177,835 for the year ended December 31, 2009.

**4.14 Legal and Risk Management**

ORBIS complies with US Patriot Act intended to strengthen US measures to prevent, detect, and prosecute international money laundering and the financing of terrorism. ORBIS takes all reasonable steps to ascertain the identity of the nominal and beneficial owners of partner accounts to which funds are transferred to and materially verify the expected purpose and use of the funds. All ORBIS incoming and outgoing financial transactions are verified to prevent any transactions with individuals included in the database of Specially Designated Nationals (SDN) maintained by the US Treasury’s Office of Foreign Asset Control (OFAC).

**5 Program Investments and Results**

The following table summarizes the core program indicators results for the year ended December 31, 2009.

<b>ORBIS Program</b>	<b>Ophthalm’gists Trained</b>	<b>Eye care Workers Trained</b>	<b>Persons Examined</b>	<b>Persons Treated</b>	<b>Eye Surgeries Performed</b>	<b>Expenditure (\$)</b>
<b>Bangladesh</b>	88	539	336,427	308,385	13,809	<b>\$897,814</b>
<b>China</b>	2,242	3,518	1,034,892	562,092	61,358	<b>\$2,200,659</b>
<b>Ethiopia &amp; East Africa</b>	149	6,663	231,804	1,137,180	28,566	<b>\$25,080,370</b>
<b>India</b>	982	8,459	683,057	149,262	23,002	<b>\$1,767,455</b>
<b>L. America &amp; Caribbean</b>	189	842	77,177	36,594	2,935	<b>\$397,847</b>
<b>Vietnam</b>	273	2,793	648,179	174,126	21,351	<b>\$1,405,971</b>

<b>Flying Eye Hospital Faculty &amp; Telemedicine</b>	1,051	580	2,387	15	491	<b>\$11,449,923</b>
<b>Total</b>	<b>4,974</b>	<b>23,394</b>	<b>3,013,923</b>	<b>2,367,654</b>	<b>151,512</b>	<b>\$43,200,039</b>

Continuing investments are being made in further strengthening monitoring and evaluation and quality assurance of ORBIS program.

**5.1 ORBIS Program Partners**

ORBIS long term programs in countries and regions are implemented through partner organizations – non-profit, for profit and governmental. During 2009, ORBIS worked with 88 partners worldwide. ORBIS partners are chosen based on a detailed criteria and rigorous review process.

**6 ORBIS Staff and Volunteers**

ORBIS has 158 paid employees worldwide. In addition, ORBIS has on its roster 538 ophthalmologic faculty and 22 aviation professional volunteers.

**7 BBB Wise Giving Alliance**

The Better Business Bureau Wise Giving Alliance (BBB WGA) has licensed to ORBIS the use of its seal designed to assist donors in making informed giving decisions, following rigorous testing of ORBIS’s structure and systems to ensure compliance with the BBB WGA’s standards.

**8 Trademarks**

ORBIS owns the following trademarks and devices:

- ORBIS
- ORBIS saving sight worldwide (also French and Spanish versions)
- ORBIS Alliance for Sight
- ORBIS Saving Sight Worldwide & design (also all Chinese versions)
- Cyber-Sight
- Sightflight
- The Ophthalmology Minute
- The Strabismus Minute
- ORBIS Flying Eye Hospital
- Kids Sight (Asia)
- Statesight (Asia)

**9 Contact**

For additional information on ORBIS Form 990 and related documents, please contact:

Zena F. Santa Catalina, Director of Finance  
 Telephone: 646-674-5517  
 Email: [zena.santacatalina@orbis.org](mailto:zena.santacatalina@orbis.org)

John J. McHale, President/CEO  
 Telephone: 646-674-5504  
 Email: [jack.mchale@orbis.org](mailto:jack.mchale@orbis.org)

**Address:**

Project ORBIS International, Inc.  
 520 Eighth Avenue – 11<sup>th</sup> Floor  
 New York, NY 10018

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>PROJECT ORBIS INTERNATIONAL, INC</b>	Employer identification number <b>23-7297651</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>520 8TH AVENUE, 11TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

### ZENA F. SANTA CATALINA

• The books are in the care of ▶ **520 8TH AVENUE, 11TH FLOOR - NEW YORK, NY 10018**  
Telephone No. ▶ **646-674-5500** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2009** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.