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Form **990**

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)

OMB No. 1545-0047

2010

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 2010 calendar year, or tax year beginning _____ and ending _____

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

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**
F Name and address of principal officer: **BARBARA A. DEBUONO, MD, SAME AS C ABOVE**

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

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

G Gross receipts \$: **82,695,743.**

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)

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

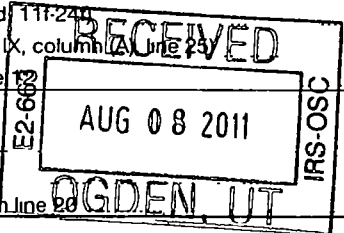
J Website: **WWW.ORBIS.ORG**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	PREVENTING BLINDNESS AND RESTORING SIGHT WORLD-WIDE.	
	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	12
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	60
	6	Total number of volunteers (estimate if necessary)	6	474
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	54,226,364.	78,443,310.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<60,959.>	207,213.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,783,386.	80,836,868.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,469,134.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,406,658.	9,371,198.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	104,500.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	4,919,859.	
17		Other expenses (Part IX, column (A), lines 11a-11d)	31,509,925.	63,075,570.
Net Assets or Fund Balances	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 24)	48,490,217.	78,236,450.
	19	Revenue less expenses - Subtract line 18 from line 12	7,293,169.	2,600,418.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	39,708,859.	42,588,797.
22	Net assets or fund balances - Subtract line 21 from line 20	1,365,223.	1,875,810.	
		38,343,636.	40,712,987.	



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.

Sign Here
 Signature of officer: *Barbara A. Debuono* Date: **8/1/11**
BARBARA A. DEBUONO, MD, MPH, PRESIDENT AND CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **MARTIN MAUCH** Preparer's signature: *Martin Mauch, CPA* Date: **07/28/11** Check if self-employed: PTIN: _____
 Firm's name: **TAIT, WELLER & BAKER LLP** Firm's EIN: _____
 Firm's address: **1818 MARKET STREET; SUITE 2400 PHILADELPHIA, PA 19103** Phone no: **(215) 979-8800**

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

SCANNED AUG 17 2011

916
22

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

ORBIS IS A NON-ALIGNED, NON-PROFIT GLOBAL DEVELOPMENT ORGANIZATION. OUR MISSION IS TO PRESERVE AND RESTORE SIGHT BY STRENGTHENING THE CAPACITY OF LOCAL PARTNERS TO PREVENT AND TREAT BLINDNESS.

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 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 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 \$ 67,612,063. including grants of \$ 5,789,682.) (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 ▶ 67,612,063.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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>	X	
b 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>		X
c 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>		X
d 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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		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	
b 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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	
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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? If "Yes," complete Schedule I, Parts I and II		X
22 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? If "Yes," complete Schedule I, Parts I and III		X
23 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? If "Yes," complete Schedule J	X	
24a 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26 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? If "Yes," complete Schedule L, Part II		X
27 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? If "Yes," complete Schedule L, Part III		X
28 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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable. <table border="1"><tr><td>1a</td><td>9</td></tr></table>	1a	9		
1a	9				
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable. <table border="1"><tr><td>1b</td><td>0</td></tr></table>	1b	0		
1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <table border="1"><tr><td>1c</td><td></td></tr></table>	1c			
1c					
2a	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. <table border="1"><tr><td>2a</td><td>60</td></tr></table>	2a	60		
2a	60				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) <table border="1"><tr><td>2b</td><td>X</td></tr></table>	2b	X	X	
2b	X				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <table border="1"><tr><td>3a</td><td></td></tr></table>	3a			X
3a					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. <table border="1"><tr><td>3b</td><td></td></tr></table>	3b			
3b					
4a	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)? <table border="1"><tr><td>4a</td><td>X</td></tr></table>	4a	X	X	
4a	X				
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <table border="1"><tr><td>5a</td><td></td></tr></table>	5a			X
5a					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <table border="1"><tr><td>5b</td><td></td></tr></table>	5b			X
5b					
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? <table border="1"><tr><td>5c</td><td></td></tr></table>	5c			
5c					
6a	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? <table border="1"><tr><td>6a</td><td></td></tr></table>	6a			X
6a					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <table border="1"><tr><td>6b</td><td></td></tr></table>	6b			
6b					
7	Organizations that may receive deductible contributions under section 170(c).				
a	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? <table border="1"><tr><td>7a</td><td></td></tr></table>	7a			X
7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? <table border="1"><tr><td>7b</td><td></td></tr></table>	7b			
7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <table border="1"><tr><td>7c</td><td></td></tr></table>	7c			X
7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year. <table border="1"><tr><td>7d</td><td></td></tr></table>	7d			
7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <table border="1"><tr><td>7e</td><td></td></tr></table>	7e			X
7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <table border="1"><tr><td>7f</td><td></td></tr></table>	7f			X
7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <table border="1"><tr><td>7g</td><td></td></tr></table>	7g			
7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <table border="1"><tr><td>7h</td><td></td></tr></table>	7h			
7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <table border="1"><tr><td>8</td><td></td></tr></table>	8			
8					
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966? <table border="1"><tr><td>9a</td><td></td></tr></table>	9a			
9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person? <table border="1"><tr><td>9b</td><td></td></tr></table>	9b			
9b					
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12. <table border="1"><tr><td>10a</td><td></td></tr></table>	10a			
10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <table border="1"><tr><td>10b</td><td></td></tr></table>	10b			
10b					
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders. <table border="1"><tr><td>11a</td><td></td></tr></table>	11a			
11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <table border="1"><tr><td>11b</td><td></td></tr></table>	11b			
11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <table border="1"><tr><td>12a</td><td></td></tr></table>	12a			
12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <table border="1"><tr><td>12b</td><td></td></tr></table>	12b			
12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. <table border="1"><tr><td>13a</td><td></td></tr></table>	13a			
13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <table border="1"><tr><td>13b</td><td></td></tr></table>	13b			
13b					
c	Enter the amount of reserves on hand. <table border="1"><tr><td>13c</td><td></td></tr></table>	13c			
13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year? <table border="1"><tr><td>14a</td><td></td></tr></table>	14a			X
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <table border="1"><tr><td>14b</td><td></td></tr></table>	14b			
14b					

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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
7b	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		
8a	a The governing body?	X	
8b	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	
10b	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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	X	
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
16b	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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ROBERT F. WALTERS, M.D. CHAIRMAN	15.00	X		X				0.	0.	0.
JAMES R. PARKER VICE CHAIRMAN	10.00	X		X				0.	0.	0.
PETER HICKSON 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	5.00	X						0.	0.	0.
DESMOND G. FITZGERALD DIRECTOR	5.00	X						0.	0.	0.
THOMAS S. KNIGHT, JR. 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.
DINA MERRILL DIRECTOR	5.00	X						0.	0.	0.
JOHN S. SLATTERY DIRECTOR	5.00	X						0.	0.	0.
JAMES T. UELTSCHI DIRECTOR	5.00	X						0.	0.	0.
JOHN J. MCHALE PRESIDENT & CEO	40.00			X				197,259.	0.	16,515.
MOHAN JACOB THAZHATHU CHIEF OPERATING OFFICER	40.00			X				400,031.	0.	24,655.
ROBERT HOAK, JR. DIR. DEVELOPMENT OF THE AMERICAS	40.00					X		239,971.	0.	26,629.
EUGENE HELVESTON OPHTHALMOLOGIST IN CHIEF	40.00					X		237,900.	0.	834.
PAUL FORREST DIRECTOR GLOBAL DEV.	40.00					X		219,108.	0.	10,955.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
AZUCENA F. SANTA CATALINA DIRECTOR OF FINANCE	40.00					X		207,059.	0.	20,249.
DAVID HUNTER CHERWEK MEDICAL DIRECTOR	40.00					X		180,469.	0.	18,997.
1b Sub-total								1,681,797.	0.	118,834.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,681,797.	0.	118,834.

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 15

	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 or individual 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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	157,621.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	78285689.					
	g Noncash contributions included in lines 1a-1f \$		52728944.					
	h Total. Add lines 1a-1f			78443310.				
	Program Service Revenue	Business Code						
2 a _____								
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			132,372.			132,372.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			74,841.			74,841.
	8 a Gross income from fundraising events (not including \$ 157,621. of contributions reported on line 1c) See Part IV, line 18	a						
		b Less: direct expenses						
		c Net income or (loss) from fundraising events			1,308,480.			1308480.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less direct expenses								
c Net income or (loss) from gaming activities				804,906.			804,906.	
10 a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER		900099		72,959.	72,959.			
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d				72,959.				
12 Total revenue. See instructions.				80836868.	72,959.	0.	2320599.	

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	5,789,682.	5,789,682.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	640,774.	373,299.	72,231.	195,244.
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	7,519,546.	4,380,706.	847,625.	2,291,215.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	272,171.	176,432.	34,258.	61,481.
9 Other employee benefits	671,706.	435,864.	84,637.	151,205.
10 Payroll taxes	267,001.	172,428.	33,477.	61,096.
11 Fees for services (non-employees)				
a Management				
b Legal	38,875.	23,584.	4,834.	10,457.
c Accounting	48,713.	29,552.	6,058.	13,103.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	868,139.	526,657.	107,960.	233,522.
12 Advertising and promotion	148,225.	35,131.	14,307.	98,787.
13 Office expenses	53,169,702.	51,618,199.	256,395.	1,295,108.
14 Information technology				
15 Royalties				
16 Occupancy	966,167.	658,586.	101,398.	206,183.
17 Travel	2,400,456.	2,201,697.	48,927.	149,832.
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	549,466.	404,028.	55,561.	89,877.
23 Insurance	595,046.	537,321.	24,194.	33,531.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MISCELLANEOUS	4,149,312.	124,451.	4,007,933.	16,928.
b OTHER PROGRAM EXPENSES	141,469.	124,446.	4,733.	12,290.
c				
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	78,236,450.	67,612,063.	5,704,528.	4,919,859.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,689,501.	1	3,004,099.
	2	Savings and temporary cash investments	17,364,990.	2	17,885,216.
	3	Pledges and grants receivable, net	7,924,309.	3	3,923,965.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,813,782.	8	2,030,280.
	9	Prepaid expenses and deferred charges	895,923.	9	3,360,829.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 44,152,835.		
	b	Less: accumulated depreciation	10b 36,052,931.	10c	8,099,904.
	11	Investments - publicly traded securities	3,318,521.	11	3,601,697.
	12	Investments - other securities See Part IV, line 11	570,594.	12	612,589.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	57,465.	15	70,218.
16	Total assets. Add lines 1 through 15 (must equal line 34)	39,708,859.	16	42,588,797.	
Liabilities	17	Accounts payable and accrued expenses	1,365,223.	17	1,875,810.
	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	Total liabilities. Add lines 17 through 25	1,365,223.	26	1,875,810.
Net Assets or Fund Balances	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	25,881,682.	27	26,038,906.
	28	Temporarily restricted net assets	12,032,500.	28	14,244,127.
	29	Permanently restricted net assets	429,454.	29	429,954.
	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	Total net assets or fund balances	38,343,636.	33	40,712,987.	
34	Total liabilities and net assets/fund balances	39,708,859.	34	42,588,797.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	80,836,868.
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,236,450.
3	Revenue less expenses Subtract line 2 from line 1	3	2,600,418.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,343,636.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<231,067.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	40,712,987.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c 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.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a 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 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	40666407.	55013652.	77049377.	54226364.	78443310.	305399110
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	40666407.	55013652.	77049377.	54226364.	78443310.	305399110
5 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)						154845724
6 Public support. Subtract line 5 from line 4						150553386

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	40666407.	55013652.	77049377.	54226364.	78443310.	305399110
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	296,632.	475,033.	299,066.	156,191.	132,372.	1359294.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	163,290.	181,028.	141,171.	56,673.	72,959.	615,121.
11 Total support. Add lines 7 through 10						307373525
12 Gross receipts from related activities, etc. (see instructions)					12	10,876,485.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	48.98 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	51.68 %
16a 33 1/3% support test - 2010. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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 ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

2010

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 education)	<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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 the 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	429,454.	427,594.	317,875.		
b Contributions	500.	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	429,954.	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:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | 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 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		1,502,769.	1,162,277.	340,492.
d Equipment		42,650,066.	34,890,654.	7,759,412.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				8,099,904.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) 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

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)	80,836,868.
2	Total expenses (Form 990, Part IX, column (A), line 25)	78,236,450.
3	Excess or (deficit) for the year Subtract line 2 from line 1	2,600,418.
4	Net unrealized gains (losses) on investments	247,262.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	<478,329.>
9	Total adjustments (net) Add lines 4 through 8	<231,067.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	2,369,351.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	83,799,811.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	247,262.
b	Donated services and use of facilities	2,715,681.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2,962,943.
3	Subtract line 2e from line 1	80,836,868.
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)	80,836,868.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	80,952,131.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	
a	Donated services and use of facilities	2,715,681.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	2,715,681.
3	Subtract line 2e from line 1	78,236,450.
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)	78,236,450.

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 X, LINE 2: ORBIS HAS REVIEWED THEIR TAX POSITIONS AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO UNCERTAIN TAX POSITIONS TAKEN ON FEDERAL AND STATE TAX RETURNS FOR THE OPEN TAX YEARS (2007-2009) OR EXPECTED TO BE TAKEN IN THE CURRENT YEAR.

PART XI, LINE 8 - OTHER ADJUSTMENTS: REDUCTION IN VALUE OF INVENTORY DUE TO OBSOLESCENCE -478,329.

**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

2010

Open to Public
Inspection

Name of the organization

Employer identification number

PROJECT ORBIS INTERNATIONAL, INC

23-7297651

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		70,105.
EAST ASIA AND THE PACIFIC	2	20	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,869,813.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		329,752.
SOUTH ASIA	2	13	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,027,687.
SUB SAHARAN AFRICA	1	20	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,362,176.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		90,191.
3 a Sub-total	5	53			5,749,724.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	5	53			5,749,724.

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

Schedule F (Form 990) 2010

Part II 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

Part II can be duplicated 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	SALARIES/MEDICAL EQUIPMENT COST	64,095	WIRE TRANSFER	0		
			MEDICAL EQUIPMENT & SUPPLIES/TRAINING/TRA SERVICES/COMMUNICATIO SHIPPING				GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH AMERICA		62,174	WIRE TRANSFER	4,787		
		SOUTH AMERICA	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/TRA MATERIALS/SALARIES/VE COST/CONSULTANT	141,093	WIRE TRANSFER	0		
		SOUTH AMERICA	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/TRA WORK/PRINTING & REPRODUCTION/COMMUNIC	121,698	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	TRAINING/PRINTING & REPRODUCTION/MEDICAL EQUIPMENT COST/MEDICAL	6,010	WIRE TRANSFER	0		
		EUROPE	TRAINING/RESEARCH/PRI & REPRODUCTION	90,191	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	TRAINING/SURGICAL TREATMENT COST/MEDICAL OPTICAL COST	60,268	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/TRA MATERIALS/MEDICAL EQUIPMENT COST	143,795	WIRE TRANSFER	0		

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 II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
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 EQUIPMENT	20,961	WIRE TRANSFER	0		
			EAST ASIA AND THE PACIFIC	MEDICAL EQUIPMENT & SUPPLIES/TRAINING/TRAMATERIALS/CONTRACT SERVICES/COMMUNICATIO	11,462	WIRE TRANSFER	0		
			EAST ASIA AND THE PACIFIC	TRAINING COSTS	96,530	WIRE TRANSFER	20,800	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
			EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/RES WORK/PRINTING MATERIALS/MEDICAL	27,073	WIRE TRANSFER	9,007	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
			EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/COMMUNICATIO & SHIPPING/MEDICAL	94,485	WIRE TRANSFER	7,906	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
			EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/COMMUNICATIO & SHIPPING/MEDICAL	36,933	WIRE TRANSFER	2,054	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
			EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/COMMUNICATIO & SHIPPING/MEDICAL	52,229	WIRE TRANSFER	0		
			EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/COMMUNICATIO & SHIPPING/MEDICAL	50,566	WIRE TRANSFER	0		
			EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/COMMUNICATIO & SHIPPING/MEDICAL	50,225	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	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/COMMUNICATIO & SHIPPING/MEDICAL	53,947.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/MEDICAL EQUIPMENT COSTS/MISC	279,538.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/MEDICAL EQUIPMENT COSTS/MISC	27,392.	WIRE TRANSFER	6,654.	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/MEDICAL EQUIPMENT	59,834.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/RES WORK/COMMUNICATION & SHIPPING/MEDICAL	124,114.	WIRE TRANSFER	11,926.	GIFT - IN KIND - MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/RES WORK/COMMUNICATION & SHIPPING/MEDICAL	43,128.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/MED EQUIPMENT COSTS/VEHICLE	52,010.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/MED EQUIPMENT COSTS/TRAVEL/MISC	82,870.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/MED EQUIPMENT COSTS/TRAVEL/MISC	141,068.	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/RES WORK/MEDICAL EQUIPMENT	74,371	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/MED EQUIPMENT COSTS/TRAVEL/MISC	30,979	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/MED EQUIPMENT COSTS/TRAVEL/MISC	32,590	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/COM & SHIPPING/OFFICE SUPPLIES/TRAVEL/MISC	55,272	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	CONTRACT SERVICES/TRAINING/TRA	59,827	OTHER CASH	0		
		EAST ASIA AND THE PACIFIC	CORNEA SALARIES & BENEFITS/SMALL EQUIPMENT	50,000	OTHER CASH	0		
		SOUTH ASIA	COSTS/TRAINING/TRAVEL TRAINING/TRAVEL/PRINT MATERIALS/CONTRACT SERVICES/COMMUNICATIO & SHIPPING/MISC	8,008	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAVEL/MEDIC SUPPLIES/MISC	221,971	WIRE TRANSFER	9,339	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SOUTH ASIA	SALARIES & BENEFITS/TRAVEL/MEDIC SUPPLIES/MISC	5,387	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)									
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/PRINTING/CON SERVICES/TRAINING/MIS	197,324	WIRE TRANSFER	0			
			SOUTH ASIA	SALARIES & BENEFITS/MEDICAL SUPPLIES	7,367	WIRE TRANSFER	0			
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/MISC	8,934	WIRE TRANSFER	0			
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/CONTRACT SERVICES/COMMUNICATIO	100,822	WIRE TRANSFER	0			
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/CONTRACT SERVICES/COMMUNICATIO	234,923	WIRE TRANSFER	513	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV	
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/RES WORK/COMMUNICATIONS & SHIPPING/OFFICE	20,576	WIRE TRANSFER	0			
			SOUTH ASIA	TRAINING/TRAVEL COSTS	9,976	WIRE TRANSFER	0			
			SOUTH ASIA	TRAINING/TRAVEL COSTS	5,086	WIRE TRANSFER	0			
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/COMMUNICATI EQUIPMENT	47,396	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)								
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 EQUIPMENT COSTS/BUILDING &	64,266	WIRE TRANSFER	5,224	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/MEDICAL SUPPLIES/MEDICAL	34,273	WIRE TRANSFER	11,609	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
			SOUTH ASIA	TRAINING/TRAVEL/PRINT MATERIALS/SMALL EQUIPMENT COSTS/BUILDING & TRAINING/INSURANCE/TR MATERIALS/COMMUNICATI & SHIPPING/OFFICE SUPPLIES/MEDICAL	145,870	WIRE TRANSFER	6,262	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/EQUIPMENT COSTS/SURGICAL	11,395	WIRE TRANSFER	0		
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/EQUIPMENT COSTS/SURGICAL	81,028	WIRE TRANSFER	2,113	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/EQUIPMENT COSTS/SURGICAL	67,821	WIRE TRANSFER	0		
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/MEDICAL EQUIPMENT	42,669	WIRE TRANSFER	10,025	GIFT-IN-KIND: MEDICAL SUPPLIES	FMV
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/MEDICAL EQUIPMENT	79,415	WIRE TRANSFER	0		
			SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/MEDICAL EQUIPMENT	66,120	WIRE TRANSFER	3,906	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV

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/PRI MATERIALS/COMMUNICATI EQUIPMENT	46,218	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/PRI MATERIALS/CONTRACT SERVICES/COMMUNICATIO	60,228	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/CONTRACT SERVICES/COMMUNICATIO	42,610	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/COMMUNICATI & SHIPPING/MEDICAL	43,644	WIRE TRANSFER	0		
		SOUTH ASIA	TRAINING/TRAVEL/PRINT MATERIALS/COMMUNICATI & SHIPPING/MEDICAL EQUIPMENT	58,826	WIRE TRANSFER	0		
		SOUTH ASIA	TRAINING/TRAVEL/PRINT MATERIALS/COMMUNICATI & SHIPPING/MEDICAL EQUIPMENT	70,071	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/COMMUNICATI & SHIPPING/MEDICAL	96,583	WIRE TRANSFER	0		
		SOUTH ASIA	SALARIES & BENEFITS/TRAINING/TRA MATERIALS/COMMUNICATI & SHIPPING/MEDICAL	49,056	WIRE TRANSFER	0		
		SOUTH ASIA	TRAINING/TRAVEL/PRINT MATERIALS/MEDICAL EQUIPMENT COSTS/MISC/SURGICAL	21,576	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)

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/SMALL EQUIPMENT	17,274	WIRE TRANSFER	0		
		SOUTH ASIA	TRAINING COST/SALARIES & BENEFITS/CONTRACT SERVICES/TRAVEL/SMALL	9,717	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/PRINTING MATERIALS/COMMUNICATI	53,293	WIRE TRANSFER	11,592	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SUB SAHARAN AFRICA	CONTRACT SERVICES/TRAINING/RES WORK/MEDICAL SUPPLIES/COMMUNICATIO	38,233	WIRE TRANSFER	11,381	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/RES WORK/MEDICAL SUPPLIES/PRINTING	67,263	WIRE TRANSFER	8,108	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/CONTRACT SERVICES/TRAINING/COM & SHIPPING/OFFICE	43,837	WIRE TRANSFER	2,988	GIFTS-IN-KIND: MEDICAL SUPPLIES	FMV
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/MED SUPPLIES/PRINTING MATERIALS/COMMUNICATI	38,186	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/REN WORK/MEDICAL SUPPLIES/PRINTING	313,245	WIRE TRANSFER	0		
		SUB SAHARAN AFRICA	CONTRACT SERVICES/TRAINING/MED SUPPLIES/EQUIPMENT COSTS	42,627	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)
		SUB SAHARAN AFRICA	CONTRACT SERVICES/TRAINING/BUI & RENOVATION WORK/MEDICAL	48,210.00	WIRE TRANSFER	0.		
		SUB SAHARAN AFRICA	SALARIES & BENEFITS/TRAINING/CON SERVICES/BUILDING & RENOVATION	666,828.00	WIRE TRANSFER	0.		
		SUB SAHARAN AFRICA	CONTRACT SERVICES/TRAINING/COM & SHIPPING/OFFICE SUPPLIES/SMALL	16,384.00	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable
Also complete this part to provide any additional information

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: MEDICAL EQUIPMENT &
SUPPLIES/TRAINING/TRAVEL/SALARIES/CONSULTANT/RESEARCH WORK/PRINTING &
REPRODUCTION/COMMUNICATIONS & SHIPPING/SUPPLIES/MISC

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TRAINING/PRINTING & REPRODUCTION/MEDICAL EQUIPMENT
COST/MEDICAL SUPPLIES/MISC

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/TRAVEL/PRINTING
MATERIALS/MEDICAL EQUIPMENT COST/MEDICAL SUPPLIES/SURGICAL TREATMENT COST

REGION: EAST ASIA AND THE PACIFIC

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

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/RESEARCH WORK/PRINTING
MATERIALS/MEDICAL SUPPLIES/SURGICAL TREATMENT COST

REGION: EAST ASIA AND THE PACIFIC

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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable
Also complete this part to provide any additional information

REGION: EAST ASIA AND THE PACIFIC

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

REGION: EAST ASIA AND THE PACIFIC

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

REGION: EAST ASIA AND THE PACIFIC

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

REGION: EAST ASIA AND THE PACIFIC

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

REGION: EAST ASIA AND THE PACIFIC

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

REGION: EAST ASIA AND THE PACIFIC

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable
Also complete this part to provide any additional information

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

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/RESEARCH WORK/COMMUNICATION & SHIPPING/MEDICAL EQUIPMENT COSTS/BUILDING & RENOVATION WORK/TRAVEL/MEDICAL SUPPLIES/MISC

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/RESEARCH WORK/COMMUNICATION & SHIPPING/MEDICAL EQUIPMENT COSTS/BUILDING & RENOVATION WORK/TRAVEL/MEDICAL SUPPLIES/MISC

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/RESEARCH WORK/MEDICAL EQUIPMENT COSTS/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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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/TRAVEL/MISC

REGION: SOUTH ASIA

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

MATERIALS/COMMUNICATIONS/SHIPPING/MEDICAL EQUIPMENT COSTS/TRAVEL/SURGICAL
TREATMENT SERVICES

REGION: SOUTH ASIA

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

COSTS/BUILDING & RENOVATION WORK/VEHICLE COST/SURGICAL TREATMENT
COST/MEDICAL & OPTICAL COST

REGION: SOUTH ASIA

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

MATERIALS/MEDICAL SUPPLIES/MEDICAL EQUIPMENT COST/TRAVEL/SURGICAL

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable
Also complete this part to provide any additional information

TREATMENT/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TRAINING/TRAVEL/PRINTING MATERIALS/SMALL EQUIPMENT COSTS/BUILDING & RENOVATION WORK/TRAVEL/MEDICAL SUPPLIES/MISC/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

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/EQUIPMENT COSTS/SURGICAL TREATMENT SERVICES/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SALARIES & BENEFITS/TRAINING/TRAVEL/PRINTING MATERIALS/EQUIPMENT COSTS/SURGICAL TREATMENT SERVICES/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

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

REGION: SOUTH ASIA

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable.
Also complete this part to provide any additional information

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

MATERIALS/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT

COSTS/MEDICAL SUPPLIES/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

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

MATERIALS/MEDICAL EQUIPMENT COSTS/OFFICE SUPPLIES/SMALL EQUIPMENT

COSTS/MEDICAL SUPPLIES/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

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

MATERIALS/COMMUNICATIONS/SHIPPING/MEDICAL EQUIPMENT COSTS/TRAVEL/SURGICAL
TREATMENT SERVICES

REGION: SOUTH ASIA

(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/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

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/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable
Also complete this part to provide any additional information

(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/SURGICAL TREATMENT/MEDICAL & OPTICAL
TREATMENT

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/SURGICAL TREATMENT/MEDICAL &
OPTICAL TREATMENT

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/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

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/MISC/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable
Also complete this part to provide any additional information

SUPPLIES/SMALL EQUIPMENT COSTS/BUILDING & RENOVATION WORK/VEHICLE

COSTS/MISC/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TRAINING/TRAVEL/PRINTING MATERIALS/MEDICAL

EQUIPMENT COSTS/MISC/SURGICAL TREATMENT/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

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

MATERIALS/SMALL EQUIPMENT COSTS/BUILDING & RENOVATION WORK/SURGICAL

TREATMENT/MEDICAL & OPTICAL TREATMENT

REGION: SOUTH ASIA

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

SERVICES/TRAVEL/SMALL EQUIPMENT COST/PRINTING/RESEARCH WORK

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: CONTRACT SERVICES/TRAINING/RESEARCH WORK/MEDICAL

SUPPLIES/COMMUNICATIONS & SHIPPING/TRAVEL/MISC/EQUIPMENT COSTS/VEHICLE

COST

REGION: SUB SAHARAN AFRICA

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(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/CONTRACT
SERVICES/TRAINING/COMMUNICATIONS & SHIPPING/OFFICE SUPPLIES/TRAVEL/MISC

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/RENOVATION
WORK/MEDICAL SUPPLIES/PRINTING MATERIALS/COMMUNICATIONS &
SHIPPING/SUPPLIES/VEHICLE COST/MEDICAL EQUIPMENT COSTS/TRAVEL/MISC

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONTRACT SERVICES/TRAINING/BUILDING & RENOVATION
WORK/MEDICAL SUPPLIES/EQUIPMENT COSTS

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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable
Also complete this part to provide any additional information

REGION: SUB SAHARAN AFRICA

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		NIGHT WALK (event type)	MID AUTUMN SALES (event type)	3 (total number)	(add col (a) through col. (c))	
Revenue	1	Gross receipts	895,423.	423,207.	346,952.	1,665,582.
	2	Less: Charitable contributions		119,415.	38,206.	157,621.
	3	Gross income (line 1 minus line 2)	895,423.	303,792.	308,746.	1,507,961.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	187,756.	155,356.	112,446.	455,558.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(455,558)
	11	Net income summary Combine line 3, column (d), and line 10				1,052,403.

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			101,780.
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)				(101,780)
8	Net gaming income summary Combine line 1, column d, and line 7				804,906.

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? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

**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

2010

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 from the organization or a related organization?
- 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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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 (ii). 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				
1 JOHN J. MCHALE	(i) 197,259.	0.	0.	0.	16,515.	213,774.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 MOHAN JACOB THAZHATHU	(i) 387,198.	0.	12,833.	10,519.	14,136.	424,686.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 ROBERT HOAK, JR.	(i) 223,471.	0.	16,500.	3,108.	23,521.	266,600.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 EUGENE HELVESTON	(i) 237,900.	0.	0.	0.	834.	238,734.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 PAUL FORREST	(i) 219,108.	0.	0.	0.	10,955.	230,063.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
AZUCENA F. SANTA	(i) 185,059.	0.	22,000.	12,004.	8,245.	227,308.	0.
6 CATALINA	(ii) 0.	0.	0.	0.	0.	0.	0.
7 DAVID HUNTER CHERWEK	(i) 163,969.	0.	16,500.	10,840.	8,157.	199,466.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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		49,228,944.	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (DONATED AIRPL)	X	1	3,500,000.	FAIR MARKET VALUE
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 Acknowledgement: **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?		X
b If "Yes," describe the arrangement in Part II		
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?		X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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: AS OF DECEMBER 31, 2010, AL

UELTSCI IS EMERITUS CHAIRMAN (EMERITUS BOARD MEMBER - NON VOTING MEMBER)

IS THE FATHER OF BOARD MEMBER JAMES 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

Name of the organization

PROJECT ORBIS INTERNATIONAL, INC

Employer identification number

23-7297651

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 247,262.

REDUCTION IN VALUE OF INVENTORY DUE TO OBSOLESCENCE -478,329.

TOTAL TO FORM 990, PART XI, LINE 5 -231,067.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 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	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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 Paperwork Reduction Act Notice, see Instructions.



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

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

For the year ended December 31, 2010

Investing in Vision

Preventing Blindness & Restoring Sight

1. Summary

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

We envision a world in which no one is needlessly blind, where quality eye care, education and treatment are available to every human being. ORBIS provides the tools, training and technology necessary for local partners to assess their needs and develop workable and lasting solutions to the tragedy of unnecessary blindness. By building their long-term capabilities, ORBIS helps its partner institutions take action to reach a state where they can provide, on their own, quality eye care services that are affordable, accessible and sustainable.

Since its first program in 1982, ORBIS has worked in 87 countries, enhanced the skills of over 262,000 health care personnel and helped establish services that have provided quality eye care treatment to more than 12.5 million people.

ORBIS programs have expanded both in scale and scope over the past decade. Our portfolio now includes more than 100 multi-year projects running simultaneously and managed in six country / regional program locations; an average of eight Flying Eye Hospital programs annually; an ophthalmic telemedicine-based initiative; utilization of more than 500 volunteer medical professionals in our education and training efforts; and large scale public awareness and advocacy campaigns. Through a needs-based approach, ORBIS builds the capacity of its partners in multiple areas of ophthalmic care including cataract surgery, trachoma control, pediatric ophthalmology, eye banking, rural eye care and related essential interventions such as outreach, screening and referral.

ORBIS uses different strategies to provide comprehensive training and resources, and key to this is the provision of ophthalmic training by our Volunteer Faculty through short term training programs. On average, ORBIS deploys an average of 150 Volunteer Faculty a year to its partner institutions and/or to work aboard the ORBIS Flying Eye Hospital.

NEEDS STATEMENT: BLINDNESS WORLDWIDE

According to the World Health Organization, every five seconds a person in the world goes blind and a child goes blind every minute. Of the nearly 39 million blind people worldwide the vast majority (90%) live in developing countries, where quality eye care is scarce and difficult to access.

In the developing world, the loss of sight is far more disastrous than simply not being able to see. Blindness often leads to social and economic exclusion, leaving blind people vulnerable to abuse, increased poverty and diminished health—devastating individuals, families and communities. By the year 2020, avoidable blindness is expected to double unless adequate eye care infrastructure is developed to address the problem.

What inspires ORBIS the most is that an estimated 75% of blindness can be reversed or prevented with medical technologies, techniques and services routinely available in the developed world. Responding to this opportunity and to the needs of communities across the world, ORBIS develops strategic alliances with partners in developing countries to create comprehensive and sustainable eye care services.

ORBIS' INTEGRATED APPROACH TO ELIMINATE AVOIDABLE BLINDNESS

ORBIS improves the quality and accessibility of eye care by strengthening eye care institutions, training eye care staff, introducing ophthalmic technology and related management systems, advocating for supportive national and global policies and increasing public awareness about eye health and the prevention of visual disabilities. Much of our work focuses on childhood blindness prevention and treatment and on increasing access to eye care for rural populations. We empower communities at the grassroots level and introduce cost-recovery mechanisms to help maintain service delivery in the long term.

ORBIS carries out its efforts through multiple platforms, each of which is critical to our integrated approach to building greater global vision care and blindness prevention capacity:

WORKING IN PARTNERSHIP: Country Programs

Eliminating avoidable blindness requires comprehensive solutions in countries where there is limited vision care. ORBIS carries out long-term programs in Bangladesh, China, Ethiopia, India, South Africa, Vietnam and the Latin America and Caribbean region—where we collaborate with and build the capacity of local partners in order to best design and implement multi-year programs focusing on the prevention and treatment of their most critical eye diseases.

DEVELOPING EXPERTS: The ORBIS Flying Eye Hospital

ORBIS operates the world's only airborne ophthalmic training facility. A unique tool in the fight against avoidable blindness, the ORBIS Flying Eye Hospital is the focal point for ORBIS' educational programs and advocacy. During training programs, ophthalmologists, nurses and anesthesiologists from developing nations work side-by-side with ORBIS volunteers to perform surgery, learn new skills and restore sight.

SHARING KNOWLEDGE: Hospital-Based Training, Fellowships and Cyber-Sight®

Hospital-based training programs and fellowships provide intensive, specialized training at local partner hospitals or with mentors at some of the world's leading eye care institutions. ORBIS' award-winning Cyber-Sight program extends training opportunities to physicians throughout the world through an Internet-based telemedicine initiative.

With nearly 30 years of experience as a global leader in saving sight, ORBIS is uniquely qualified to address the problem of avoidable blindness in developing nations. Our programs have an immediate and lasting impact on the quality of eye care services in the world's most under-served areas.

2. Income & Expenses Summary

In FY2010, ORBIS's total operating income for the year ending December 31, 2010 was \$83.8 million, which was derived from corporations (\$56.6 million) and individual gifts (\$18.3 million) to support ORBIS programs and services worldwide. Additional sources of funding also included income from foundations (\$1.2 million), affiliates' support (\$4.5 million), and net special events revenue (\$2.3 million). Included also in FY2010 reported operating income were merchandising income and investment gain of \$.4 million and \$.5 million, respectively.

ORBIS operating expenses were \$80.9 million in FY2010. ORBIS continued to make investments in program services and fundraising to continue fulfilling its mission. Expenditures on program services reached \$69.5 million. Expenses devoted to ORBIS direct charitable activities or program services are 85.8 percent of total expenses. Cost of ORBIS fundraising activities was \$5.7 million or 7 percent. Management and general expenses of \$5.8 mil represented 7.2 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.

3. 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, 2010, ORBIS received contributions and paid expenses on behalf of these affiliates as follows:

Affiliate Offices	Contributions Received (in US\$)	Expenses Paid (in US\$)
United Kingdom	\$1,661,591	---
Ireland	\$416,770	---
Canada	\$654,148	\$25,039
Taiwan	\$1,034,368	---
Macau	\$750,000	---
Total	\$4,516,877	\$25,039

4.1 ORBIS International Board of Directors and Officers

<p>OFFICERS</p> <p>Chairman Mr. Robert F. Walters, M.D. Chairman ORBIS Charitable Trust Trevithyn House Bonvilston, Cardiff Vale of Glamorgan CF56TS United Kingdom</p> <p>Vice Chairman Mr. James R. Parker Senior Vice-President, Air Operations FedEx Express 3610 Hacks Cross – Bldg. A Memphis, TN USA 38125</p> <p>Secretary Mr. Peter P. Mullen Partner Skadden, Arps, Slate, Meagher & Flom Four Times Square, 35th Floor New York, New York USA 10036</p> <p>Treasurer Mr. Peter Hickson 12 Crescent Road Wimbledon London SW20 8EX United Kingdom</p> <p>President and CEO Mr. John J. McHale 520 Eighth Avenue, 11th Floor New York, NY USA 10018</p>	<p>Directors</p> <p>Brian C. Leonard, M.D. Professor of Ophthalmology University of Ottawa Eye Institute 501 Smyth Road Ottawa, Ontario Canada K1H 8L7</p> <p>Mr. Desmond G. FitzGerald 25 Carrington Drive Greenwich, CT 06830</p> <p>Mr. Thomas S. Knight Jr. 340 North Street Greenwich, CT 06831</p> <p>Ms. Elaine Whitbeck Sr. Vice President, Chief Legal Officer Alcon Laboratories, Inc. 6201 South Freeway, TA7-1 Fort Worth, TX USA</p> <p>Mr. Bruce N. Whitman President and CEO FlightSafety International, Inc. Marine Air Terminal, La Guardia Airport Flushing, New York, USA 11371</p> <p>Ms. Dina Merrill 870 U.N. Plaza, Apt. 35D New York, New York, USA 10017</p> <p>Mr. John S. Slattery Chief Executive Officer GreenStone Aviation Ltd. Fitzwilliam Hall, Fitzwilliam Place Dublin 2, Ireland</p> <p>Mr. James T. Ueltschi President James T. Ueltschi Foundation 481 Indian Harbor Vero Beach, Florida USA 32963</p>
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4.2 ORBIS Canada Board of Directors

<p>President Brian Leonard, M.D. University of Ottawa Eye Institute 501 Smyth Road Ottawa, ON K1H 8L7 Canada</p>	<p>Directors Senator Vivienne Poy The Senate of Canada Suite 205, Victoria Building Ottawa, ON K1A 0A4</p>
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<p>Secretary Mr. J. Bruce Carr-Harris Borden Ladner Gervais LLP 100 Queen Street, Suite 1100 Ottawa, ON K1P 1J9 Canada</p> <p>Treasurer Mr. Peter Allen, FCA, FRAeS Chief Financial Officer BTI Systems 50 Northside Road Ottawa, ON K2H 5Z6 Canada</p> <p>Director, Ex-Officio Mr. John J. McHale ORBIS, 520 Eighth Avenue, 11th Floor New York, NY 10018-6507 USA</p>	<p>Simon P. Holland, M. D. Clinical Associate Professor University of British Columbia 2550 Willow Street Vancouver, BC V5Z 3N9 Canada</p> <p>Mr. Douglas Turnbull Deputy Chairman TD Securities Inc. TD Bank Tower, 8th Floor 66 Wellington Street West Toronto, ON M5K 1A2 Canada</p>
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4.3 ORBIS Ireland Board of Directors

<p>Chairman Dr. Maurice Cox Rockfield Medical Campus Balally, Dundrum, Dublin 14, Ireland</p> <p>Treasurer Mr. Andrew Lowe Element Films 21 Mespil Road Dublin 4, Ireland</p> <p>Secretary Mr. Peter Lorcan Tiernan Dillon Eustace 33 Sir John Rogerson's Quay Dublin 2, Ireland</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 4th Floor, 80 Harcourt Street Dublin 2, Ireland</p> <p>Mr. Denis Brereton RKD Architects 59 Northumberland Road Dublin 4, Ireland</p> <p>Mr. Donal Brosnahan 35 Charlemont Clinic Charlemont Mall</p>	<p>Mr. Paul Dobey KPMG 1 Stokes Place, St. Steven's Green Dublin 2, Ireland</p> <p>Mr. John Crowe Merrill Lynch Treasury Building Lower Grand Canal Street Dublin 2, Ireland</p> <p>Mr. Michael Holland Ampleforth 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 Alinya, Ballynagrawn, Glenealy Co., Wicklow Ireland</p> <p>Dr. Ray Power Rockfield Medical Campus Balally, Dublin 14 Ireland</p> <p>Mr. Ronan Traynor Verve 8, 72 Upper Leeson Street Dublin 6, Ireland</p> <p>Ms. Carina Ryan AWAS. Block B Riverside IV Sir John Rogerson's Quay Dublin 4, Ireland</p>
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Dublin 2, Ireland

4.4 ORBIS Macau Board of Directors

<p>Chairman Mr. John J. McHale, Chairman President and CEO Project ORBIS International, Inc. 520 Eighth Avenue, 11th floor New York, NY 10018</p> <p>Treasurer Mr. James T. Ueltschi, Treasurer President James T. Ueltschi Foundation 481 Indian Harbor Vero Beach, FL 32963</p>	<p>Director Mr. Peter P. Mullen Esq. Partner Skadden, Arps, Slate, Meagher & Flom Four Times Square 35th Floor, Room 35-210 New York, NY 10036 USA</p> <p>Executive Director 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>Chairman Dr. Ray Jui-Fang Tsai, M.D. Professor of Ophthalmology Superintendent of Taipei Eye Center 1F, No. 117, Sec. 1, He-Ping E. Road Taipei, Taiwan 10078</p> <p>Managing Director Mr. Paul Douglas Forrest Regional Director, Asia, ORBIS International Room 12, 1/F, Victoria Centre 15 Watson Road North Point, Hong Kong</p> <p>Directors Mr. Ching-Tsai Chen Chairman ROC Eye Bank Foundation 3F, No. 15, Sec. 3, Minsheng E. Road Taipei, Taiwan 10473</p> <p>Mr. Cheng-Chung, Dickens, Chen President, Shinefood Corporation 3F, No. 88, Sec. 2., Chien Kuo N. Road Taipei, Taiwan 10479</p> <p>Mr. Greg Gibb Chief Operation Officer 26F, No. 118, Sec. 4, Ren-ai Road Da-an District, Taipei, Taiwan 106</p>	<p>Ms. Diana M.H. Chen Chairman, E-DA World 4F, No. 369, Fusing N. Road Taipei, Taiwan 10488</p> <p>Dr. Jorn-Hon Liu Superintendent Cheng Hsin Rehabilitation Medical Center 45, Cheng-Hsin Street, Peitou Taipei, Taiwan 11220</p> <p>Dr. Liang-Yen Wen Ophthalmologist, Chung-Shan Hospital No. 11, Sec. 4, Ren-ai Road Taipei, Taiwan 10692</p> <p>Ms. Amy Ou Chief Executive Director I-IMEI Cultural & Education Foundation 10F, No. 88 Hsin Yi Road, Sec. 2 Taipei, Taiwan 106</p> <p>Mr. Min-Muh-Sheu Director, Department of Medical Education TZU CHI University Duddhish TZU CHI Medical Center 701, Sec. 3, Chung-Yang Road Hualien, Taiwan 970</p>
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4.6 UK ORBIS Charitable Trust – Board of Trustees

<p>Chairman Mr. Robert F. Walters, M.D. Trevithyn House Bobviston, Cardiff CF5 6TS UK</p>	<p>Mr. Anthony Cowles 17 The Pines Sunbury, Middlesex TW16 6HT</p>
<p>Trustees Mr. Larry Benjamin Wycot House, Manor Road Penn, Buckinghamshire HP108HY UK</p>	<p>Peter P Mullen Esq. Skadden, Arps, Slate, Meagher & Flom 4 Times Square, 35th Floor Room 35-210, New York, NY 10036 USA</p>
<p>Mr. Bruce Buck Skadden Arps, 40 Bank Street Canary Wharf, London E14 5DS</p>	<p>Dr. Maurice Cox 59 Grosvenor Road, Rathgar Dublin 6, Ireland</p>
<p>Mr. Toby Young 17 Shaa Road, London W3 7LW UK</p>	<p>Mr. Desmond Fitzgerald 25 Carrington Drive CT, 06831 USA</p>
<p>Ms. Mary Killen 5 Manor Cottages Huish, Wiltshire SN8 4JW UK</p>	<p>Mr. Peter Hickson 12 Crescent Road London SW208EX UK</p>
<p>Ms. Melanie Richards 8 Salisbury Square London EC4Y 8BB UK</p>	<p>Executive Director Rebecca Cronin</p>
<p>Charles Vyvyan 75 Richborne Terrace London SW8 1AT UK</p>	<p>Company Secretary Vacant ORBIS UK</p>

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 and Nominating Committee
- Finance and Audit 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 and 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 Finance and Audit 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 2010, ORBIS has \$18.4 million in unrestricted net assets (excludes non-liquid assets) corresponding to 231 days of reserves(eight months). It is the Finance and Audit Committee and Board's intention to increase the days of reserve to 270(eight to nine months).

4.11.1 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.

4.12 Pension Plan

ORBIS sponsors defined contribution pension plans. All U.S. employees are eligible to participate in a 403(B) tax-sheltered annuity plan. 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 \$282,699 for the year ended December 31, 2010.

4.13 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, 2010.

ORBIS PROGRAM	Doctors Trained (include Ophthalmologists, other physicians)	Other Eye Care Workers (Trained Nurses, Paramedics, Community Teachers, Inc.)	Persons Screened / Examined	Persons Medically/Optically Treated	Eye Surgeries Performed (Adults & Children)	Expenditure (US\$)
ASIA Region						
Bangladesh	61	552	360,171	343,046	15,850	\$1,016,090
China	541	3,324	901,015	533,927	62,343	\$1,570,447
India/Nepal	1,804	10,043	1,449,707	225,052	11,139	\$1,722,600
Vietnam/Laos	324	1,541	382,384	98,057	8,470	\$1,309,809
AFRICA Region						
Ethiopia & Southern & Eastern Africa	184	7,306	194,177	2,031,547	22,552	\$50,181,115
Latin America & Caribbean						
Peru, Jamaica, Haiti + Region-wide	105	994	101,731	39,455	3,271	\$549,495
GLOBAL Program Services						
Flying Eye Hospital (in 8 locations)	1,083	643	1,746	75	464	\$ 13,110,200
Cybersight/Telemedicine	515	0	1,747	na	na	
PROGRAM Support (No OUTPUTS only Program INPUTS to all programs)	na	na	na	na	na	
TOTAL	4,617	24,403	3,392,678	3,271,159	124,089	\$ 69,459,756

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 2010, ORBIS worked with 74 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

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